

**DURBAN UNIVERSITY OF TECHNOLOGY**

**THE INFLUENCE OF HIV/AIDS PREVENTION MARKETING COMMUNICATION  
CAMPAIGNS ON YOUNG ADULTS IN IMBALI, PIETERMARITZBURG**

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**AUGUST 2025**



**THE INFLUENCE OF HIV/AIDS PREVENTION MARKETING COMMUNICATION  
CAMPAIGNS ON YOUNG ADULTS IN IMBALI, PIETERMARITZBURG**

Submitted in fulfilment of the requirements of the  
degree of Master of Management Sciences  
Specialising in  
*Marketing*  
in the  
Faculty of Management Sciences  
at the Durban University of Technology

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**AUGUST 2025**

**FINAL SUBMISSION**

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## DECLARATION

I, Kabelo Mkhize, hereby declare that the dissertation herewith submitted for the Master in Management Sciences (Marketing) at the Durban University of Technology (DUT) is my original work and has not been previously submitted for degree purposes at any other university. All work from other sources is cited as such.

17/08/2025

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Signature:

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Date:

## **ACKNOWLEDGEMENTS**

I would like to thank God for guiding and blessing me with the opportunity of furthering my studies.

I would like to thank Prof Moodley, may her dear soul rest in perfect peace, and Dr Madondo, my supervisors who guided me and were patient with me along the years.

A special thank you goes to my whole family, particularly my mother (Dr B T Mkhize) for continuously and tirelessly encouraging me. A special thank you goes to my dear Cebza, who supported me tirelessly through this journey. This would not have been possible without all of you. This is also dedicated to my daughter (Maya Phiwokuhle Mkhize), I am hoping that this will inspire you in the future.

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## **ABSTRACT**

The human immunodeficiency virus (HIV) infection continues to plague the world, with the virus continually spreading in many regions. The latest published HIV/AIDS statistics indicate that 38 million individuals were living with HIV globally in 2019. In South Africa, HIV-infected individuals were estimated at 8.2 million in 2021, with a prevalence of 19.5% within the 15-49 age group. Reducing HIV incidence is imperative as a potential catalyst for decreasing HIV prevalence in young adults.

The objectives of the study were to examine the influence of HIV/AIDS prevention marketing communication campaigns on young adults; to determine the level of awareness of HIV prevention marketing communication campaigns employed by the government and NGOs; to investigate the influence of HIV marketing communication campaigns in reducing HIV risky sexual behaviour; to determine the challenges that young adults face in reducing risky sexual behaviour; and to develop HIV/AIDS marketing communication prevention strategies.

The study was conducted in Imbali, a peri-urban area in the uMsunduzi Municipality in Pietermaritzburg, KwaZulu-Natal. This was a cross-sectional, descriptive study using a quantitative research approach amongst young adults. The data was analysed using SPSS version 29. Participants were recruited using a purposive sampling strategy. Validity was ensured by using a validated questionnaire, which measured the impact of communication campaigns and the contributions of knowledge and attitudes towards HIV to reduce risky behaviour.

A key study finding was noting participants reporting a positive change in risky sexual behaviour, including adopting safe sex practices and halting engaging with multiple partners after hearing or seeing an HIV prevention marketing communication advert, highlighting the effectiveness of these campaigns in some of the participants. Also, a significant proportion of participants recognised HIV as a serious problem within the community.

The study highlighted the need for more advocacy programs focusing on males, to encourage more HIV testing to potentially change risky sexual behaviour. Men

reported reluctance to access HIV testing services. The significance of this study was identifying the benefit of HIV prevention marketing communication campaigns in changing risky sexual behaviour. Although this was from a sample that was purposively selected, there is merit in determining such a benefit in a large sample, that would be randomly selected. Generally, awareness regarding HIV infection is a major preventive tool for reducing the spread of the HIV pandemic.

# CHAPTER ONE

## ORIENTATION OF THE STUDY

### 1.1 Introduction

This chapter introduces the study by outlining the research aims, objectives, problem statement and rationale for the study. At the end of this chapter, the structure of the study is outlined. The chapter sets the stage for a brief exploration into the influence of HIV/AIDS prevention through marketing and communication campaigns on the behaviour of young adults in Imbali, Pietermaritzburg, KwaZulu-Natal. Highlighting the persistent global challenge of HIV infection, the chapter emphasizes the gravity of the issue, with a focus on the Eastern and Southern African region, particularly South Africa. The prevalence of HIV amongst young women and girls and its potential repercussions for public health and societal well-being are discussed, revealing the urgency for effective prevention strategies. The chapter emphasizes the significance of reducing HIV incidence and transmission rates and the challenges posed by the continued high prevalence in South Africa, despite various prevention efforts.

Moreover, the aim and objectives of the study are outlined, highlighting the goal to assess the impact of marketing communication campaigns, understand challenges faced by young adults, and develop effective prevention strategies. Delimitations and limitations are acknowledged, emphasizing the study's specific focus on Imbali and potential constraints in sample size and generalizability.

Rooted in a theoretical framework namely the transtheoretical model of health behaviour change that highlights the role of marketing communication campaigns in driving behaviour change, the chapter paves the way for the subsequent exploration into the effectiveness of HIV/AIDS prevention efforts and their potential to reshape risky behaviour patterns among young adults.

### 1.2 Background to the study

Human immunodeficiency virus (HIV) infection continues to plague the world, with the virus continually spreading in many regions (WHO, 2024a). The latest published HIV/AIDS statistics indicate that 38 million individuals were living with HIV globally in

2019 (UNAIDS, 2020). In 2020, the Eastern and Southern Africa region had 20.6 million people living with HIV, with 310 000 AIDS-related deaths (UNAIDS, 2021). In South Africa (SA), the number of HIV-infected people in 2021 was estimated at 8.2 million, with a prevalence of 19.5% within the 15-49 years age group (StatsSA, 2021). This HIV burden was observed in a community-based survey conducted in Vulindlela and Greater Edendale areas (mainly in townships including Imbali), in uMgungundlovu district in Pietermaritzburg, where the HIV prevalence was found to be substantially high (Kharsany *et al.*, 2018). The survey noted a 36.3% prevalence in 15–49-year-old males and females, which is significantly high in relation to the country's HIV prevalence rate. No data was found on the HIV prevalence in Imbali where the current study was conducted when literature was searched. However, based on the reported HIV prevalence in the Vulindlela and Greater Edendale areas, it was presumed that the HIV prevalence would be even higher in Imbali (Kharsany *et al.*, 2018).

Furthermore, it was found that more females are infected with HIV, particularly young women between the age of 15 to 24 years, with a prevalence that may be up to six times that of their male counterparts (Mabaso *et al.*, 2019; UNAIDS 2017; Zuma *et al.*, 2016). A high HIV incidence was reported in South Africa to be approximately 12.4% in young girls (15 to 19 years old) and about 13.2% in young women (who were sex workers and were 18 to 24 years old) (Abdool Karim and Baxter, 2019). In the Umgungundlovu district, a study carried out by Kharsany *et al.* (2018) found the HIV prevalence to be 22.3% amongst women aged 15-24 years in contrast to males at 7.6% within the same age group. This high prevalence is reported to be perpetuated by the risks that young females are exposed to, which include and are not limited to, pressure from older partners to not use condoms during sexual acts and thus be unable to protect themselves from HIV infection (Mabaso *et al.*, 2019). Furthermore, risky behaviour such as engaging in sexual activities whilst under the influence of alcohol and drugs has been suggested to increase the HIV prevalence as this contributes to poor choices regarding safer sexual practices (Setshedi and de la Monte, 2011).

One of the efforts to reduce HIV prevalence amongst adolescent girls and young women in the sub-Saharan region led to the introduction of the DREAMS programme in the latter part of 2015. The acronym stands for Determined, Resilient, Empowered,

AIDS-free, Mentored and Safe, and the chosen countries for this program were South Africa, Mozambique, Malawi, Lesotho, Eswatini, Kenya, Zambia, Uganda, Tanzania and Zimbabwe (Saul *et al.*, 2022). DREAMS paints a picture that boys and young men are at a lower risk of HIV infection. A study by Mabaso *et al.* (2019) supports this viewpoint as they report lower HIV prevalence in young males, especially those who were Black African, compared to their female counterparts. However, the current study postulates that the low HIV prevalence statistics in adolescent boys and young men may perhaps be due to not enough HIV prevention marketing communication campaigns being focused on them, which may lead to low HIV testing and hence low statistics (Govender *et al.*, 2018). An investigation conducted in Mozambique, including adolescents aged 16-20 years who were selected from two educational institutions, revealed that male participants exhibited a lower likelihood of having undergone HIV testing (19.1% compared to 46.7% for female participants). However, male participants showed a higher perception of susceptibility to HIV infection (46% compared to 28.6% for female participants) (Hector *et al.*, 2018).

Characterised as the "overlooked fifty percent" (Varga, 2001), the neglect of adolescent boys and young men (ABYM) has been evident. This can be attributed due to the disproportionate prioritization of HIV interventions for adolescent girls and young women which has resulted males' marginalisation and underserving (Kanyemba *et al.*, 2023). HIV prevention strategies and programs often fail to adequately address the needs of ABYM. Numerous scholarly evaluations have examined the overall effects of HIV on adolescents, although limited attention has been given to ABYM (Gittings *et al.*, 2020). Accordingly, HIV prevention measures have mostly targeted adolescent girls and young women (AGYW), while adolescent boys and young men (ABYM) have received comparatively little attention. Although the prevalence of HIV amongst men in sub-Saharan Africa (SSA) reaches its highest point at a later age compared to women, it is important to note that ABYM individuals are not completely immune to the virus (Mantell *et al.*, 2020). Therefore, the need for effective marketing communication HIV prevention campaigns is critical.

Marketing communication campaigns involve activities and actions that seek to promote a product, service or business by spreading a message through different media platforms, such as television, the internet, newspapers/magazines, etc

(Krizanova *et al.*, 2019). Social marketing campaigns educate people about decreasing reckless behaviour, as well as attempting to influence more responsible behaviour (Appel *et al.*, 2020). The use of marketing communication HIV prevention campaigns is aimed at inducing risky sexual behaviour change, encouraging condom use to decrease new infections, as well as enhancing the uptake of antiretroviral treatment (ARV) for people living with HIV (Olawepo, Pharr and Kachen, 2019). In support of this view, Clarke *et al.* (2021) conducted a study using social media and traditional communication channels, seeking to promote and examine attitudes towards condom use by 18–24-year-old Hispanics in the United States (US). It was revealed that approximately 70% of the participants that were first-time test takers reported learning about HIV testing from the marketing communication campaign, from which confidence in condom use and perceived benefits of testing increased significantly, as noted during a one-month follow-up. Furthermore, a comprehensive review conducted by Friedman *et al.* (2016) also supports this viewpoint. The review examined the effects of US media campaigns promoting sexually transmitted infection (STI) testing or prevention on behavioural outcomes as reported in 26 articles that had been published on STI testing and preventive initiatives. The review concluded that campaigns can promote STI prevention and testing in high-risk populations, as well as that health communication and social media campaigns can address STI prevention gaps by targeting social or behavioural variables.

HIV/AIDS does not only affect individuals, but also families, societies and the economy at large. Therefore, HIV/AIDS prevention is critical in ending the HIV/AIDS epidemic. Particularly, ending the HIV/AIDS epidemic would benefit communities as young girls are sometimes heading households at a young age due being orphaned by AIDS, which is likely to negatively impact their upbringing (Makuyana, Mbulayi and Kangethe, 2020). Therefore, effective marketing communication efforts are essential in promoting the early detection of HIV to prevent deaths. McDaid *et al.* (2019) indicate that a successful marketing communication campaign would be measured by an increase in HIV testing and the uptake of treatment as well as reduction of HIV transmission. Hence, this study aimed to determine whether HIV marketing communication campaigns have an influence in reducing risky sexual behaviour in young adults in Imbali. In so doing, the study set out to determine the level of awareness of these HIV

marketing communication campaigns, and to explore participants' perceptions of the causes of sexual risky behaviour that may increase the risk of acquiring HIV infection.

### **1.3 Rationale for the study**

Reducing HIV incidence amongst young women and girls is imperative, not only for their own health but also as a potential catalyst for decreasing HIV prevalence in young males, their partners, thereby benefiting the broader public health system (McKinnon and Karim, 2016). The global health community's ambitious target, encapsulated in the 95-95-95 strategy introduced by UNAIDS, aims to ensure that 95% of the population is tested for HIV; 95% of those testing 'positive' are enrolled in antiretroviral treatment (ARV); and 95% of those on ARVs achieve viral suppression by 2030 (Heath, Levi and Hill, 2021). Despite these efforts, the burden of HIV remains substantial, with a prevalence rate of 13.9% amongst the general South African population (SAGov, 2022).

While several HIV/AIDS prevention marketing communication campaigns like the "LoveLife campaign" and "SheConquers" have been launched by both governmental and non-governmental entities in South Africa, the challenge to decrease the prevalence endures. The implementation of initiatives such as the United States President's Emergency Plan for AIDS Relief (PEPFAR) DREAMS program in South Africa in 2015 aimed to empower young women and girls through HIV/AIDS education and school retention, striving to shield them from the influence of older partners and associated gender-based violence that heighten the risk of contracting HIV (Saul *et al.*, 2022). Conversely, there are African countries that have managed to decrease their HIV incidence rate. A study by Martial, Mubarik and Yu (2021) aimed to examine the longitudinal pattern of HIV/AIDS prevalence between 1990 and 2019 in four nations located in the central part of the African continent. The results of the study indicate a decline in the occurrence of HIV/AIDS in Cameroon, Central African Republic, Chad and the Democratic Republic of Congo between 1990 and 2019. In addition, Boah *et al.* (2023) launched a study that investigated the patterns of HIV/AIDS prevalence in Ghana prior to 1990–2004 and after 2004–2020, with the introduction and augmentation of antiretroviral therapy (ART). The analysis revealed a significant decline in HIV incidence, prevalence, and AIDS-related mortality in the

period following the implementation of antiretroviral therapy (ART). This was due to the rising population-level ART coverage, which rose from 1% in 2004 to 60% in 2020. Nevertheless, South Africa continues to grapple with the highest HIV infection rates, even though there has been a decrease from 7.9 million individuals infected in 2017 to 7.8 million in 2022 (HSRC, 2023).

Given the persistent gap between prevention efforts and desired outcomes, a critical evaluation of the impact of HIV prevention marketing communication campaigns on young adults was imperative. It was noted in a study conducted in Zambia that HIV prevention efforts require a transformative approach in communities, which would reduce the HIV risk and transmission (Nesamoney *et al.*, 2022), and no such studies were noted in KwaZulu-Natal, specifically in Pietermaritzburg. Furthermore, De Jager and Ayikwa (2025), highlighted this need to address the HIV prevention efforts employed by social marketing strategists in South Africa in reducing the continued spread of HIV transmission. Therefore, this study aimed to investigate the perceived impact of marketing communication initiatives on increasing the awareness of HIV preventive measures amongst young adults whilst potentially reducing risky sexual behaviours and lowering the occurrence of HIV. Additionally, it aimed to unearth the perceived complex difficulties faced by young adults in curbing risky sexual behaviour. Amongst these challenges, poverty which leads to food insecurity, a lack of education and inequality in South Africa are some of the main attributes that predispose one to risky sexual behaviour and thus contribute to the spread of HIV (Duarte and Hancock, 2017). Psychosocial factors that young adults are exposed to include mental health challenges, illness and deaths of parents (Kalomo *et al.*, 2021), having multiple sex partners (Figueroa, Kincaid and Hurley, 2014) and limited access to sexual reproductive health service, which would allow them to know their HIV status (Kalomo *et al.*, 2021; Tshivhase, Makuya and Takalani, 2022).

In a qualitative study conducted by Mthembu, Maharaj and Rademeyer (2019), it was discovered that a group of 20 university students, aged between 18 and 24 years, exhibited a greater concern for unwanted pregnancy rather than the risk of acquiring HIV infection, despite their awareness of the potential consequences of engaging in risky sexual behaviour and not consistently using condoms. Moreover, the research revealed that the students did not use condoms during their initial sexual experience

because they were unprepared and lacked trust in government-issued condoms, which they linked with a lower social status according to their partners. Men are supposed to demonstrate their appreciation for their spouses by utilizing condoms of superior quality.

Hence, the present study was interested in determining the level of awareness of HIV marketing communication campaigns as they are expected to impart this knowledge of what may potentially cause sexual risky behaviour. The current study hypothesised that despite the marketing communication HIV prevention campaigns being implemented, they are not directed efficiently to the target audience. This was also discovered in a study (de Salazar, 2020) which looked at the effectiveness of HIV infection prevention and health promotion marketing communication campaigns where results showed that behaviour changes were not achieved due to the wrong channels used. The researcher also postulates that there would be a difference in the exposure to the HIV/AIDS marketing communication prevention campaigns between different age groups, as well as between the different genders.

The anticipated findings of this study were poised to play a pivotal role in informing the HIV prevention strategies of the South African Department of Health and supporting Non-Governmental Organizations in reaching the correct target audience effectively. By pinpointing potential impediments to the reach of HIV communication campaigns and soliciting recommendations from the participants, the study aimed to contribute to the enhancement of impactful and effective communication initiatives. Through this research, a comprehensive understanding of the interplay between HIV prevention campaigns and young adults' behaviour was expected, ultimately advancing the battle against HIV/AIDS.

#### **1.4 Aim of the study**

This study aims to examine the influence of HIV/AIDS prevention marketing and communication campaigns on young adults in Imbali, Pietermaritzburg, KwaZulu-Natal (KZN).

### **1.4.1 Objectives**

This study aims to achieve the following objectives:

- To determine the level of awareness of HIV prevention marketing communication campaigns implemented by the government and Non-Government Organisations in Imbali;
- To investigate the influence of HIV marketing communication campaigns in reducing risky sexual behaviour;
- To determine the challenges that young adults face in reducing risky sexual behaviour in Imbali; and
- To suggest HIV/AIDS marketing communication prevention strategies in Imbali.

### **1.4.2 Research questions**

- What is young adults' level of awareness of HIV prevention marketing communication campaigns?
- What are the effects of HIV communication campaigns on reducing risky sexual behaviour in young adults?
- What challenges do young adults face in reducing HIV risky sexual behaviour?
- What are the HIV/AIDS marketing communication prevention strategies in Imbali, Pietermaritzburg, KwaZulu Natal?

## **1.5 Delimitations**

The delimitation in this study is that the researcher has targeted community members aged 18-24 years in the Imbali area in Pietermaritzburg.

## **1.6 Theoretical background**

The current study hypothesises that young adults lack knowledge of the causes of risky sexual behaviour, which may perpetuate HIV. Therefore, gaining knowledge on HIV prevention and the need to decrease new infections is paramount and may lower risky sexual behaviour. The theoretical framework underpinning the current study was based on the Transtheoretical model, which describes the steps of behaviour change (Astroth *et al.*, 2002). The Transtheoretical Model (TTM) is a comprehensive framework for comprehending and facilitating behaviour modification, especially in

health-related domains (Velicer *et al.*, 1998). Tweneboah-Koduah and Owusu-Frimpong (2013) conducted a study seeking to understand the usage of condoms amongst commercial drivers in Accra, Ghana, using the Transtheoretical Model. A study by Noar (2017) examined the many phases involved in health and risk communication by employing the Transtheoretical Model, which postulates that the willingness to change behaviour is not immediate but may take time, with it being cyclical and continuous (Zimmerman, Olsen and Bosworth, 2000). Hence, effective HIV marketing communication campaigns may bring societal awareness and apprehension towards HIV prevention modalities.

Atkins and Rice (2012) intimated that audiences respond to campaigns stimuli, which can be attained as they undergo stages of exposure and processing before effects can be achieved at the learning, yielding and behaviour levels. The authors further mention that exposure includes receiving a campaign message with due attention, processing it and reacting cognitively to it. Thereafter, learning will ensue which comprises information attainment and the acquisition of skills, which may yield change in attitudes, beliefs and values. The current study was underpinned by this theory, wherein it aimed to determine the influence of HIV/AIDS prevention marketing communication campaigns in changing risky sexual behaviour amongst young adults in Imbali. The necessity to decrease new infections was in the backdrop of the high HIV infection rates in South Africa (Kim *et al.*, 2021).

Lowering sexual risky behaviour is paramount in decreasing new infections in South Africa, and the aim of this investigation was to determine whether marketing communication campaigns can achieve this. It is the South African National Department of Health's mission to improve people's health status by preventing illnesses and promoting healthy living, whilst also improving the efficiency, sustainability and quality of the healthcare system (NDoH, 2024). As South Africa is the epicentre of HIV infection, the National Department of Health (NDoH) prioritises the reduction of new infections (NDoH, 2024). This reduction of the high HIV prevalence in South Africa may be realised by targeting the areas where high HIV incidence exists. Kim *et al.* (2021) indicate that the high HIV prevalence in South Africa varies geographically, with Umgungundlovu as one of the districts in its KwaZulu-Natal province being one of the areas that require targeting for HIV prevention. Highlighting

the effect of marketing communication campaigns in reducing sexually risky behaviour in the Imbali region of the Umgungundlovu district was the premise of this study, in order to determine the influence of these campaigns.

## **1.7 Research methodology**

### **1.7.1 Research design**

This was a cross-sectional, descriptive study using a quantitative research approach amongst young adults of Imbali. According to Creswell and Creswell (2017), a survey design is ideal for measuring trends, attitudes and perceptions. The study design allowed the researcher to gather numerical data, which can be quantifiable and transformed into usable statistics. The descriptive method was utilised in conjunction with the quantitative design since it employs numbers in describing data.

## **1.8 Target population**

The study was conducted in Imbali, a peri-urban area in the uMsunduzi Municipality, in Pietermaritzburg in KZN, which comprises a population of 30 157 individuals (StatsSA, 2012). The selection of Imbali as the study site was driven by its distinctiveness, as it encompasses urban, peri-urban and rural communities within its boundaries. Furthermore, it is the epicentre of the HIV epidemic in Pietermaritzburg. The study population of 380 consisted of 18-24-year-old young adults, male and female.

### **1.8.1 Recruitment and sampling method**

Participants were recruited using a purposeful sampling strategy, which is a non-probability sampling technique. Non-probability sampling is a technique where the chances of any participant being chosen for a sample cannot be determined, whilst probability sampling is a technique where chances can be determined (Vehovar, Toepoel and Steinmetz 2016). Andrade (2021) refers to purposive sampling as selecting individuals from a population depending on the researcher's expertise and discernment. Since this type of method is of a non-probability nature, the findings of this study may not be generalised to the population.

### **1.8.2 Sample size**

The sample size for this study comprised 380 participants from a total population of 30 157 individuals, with a confidence level of 95% and a margin of error of 5% using an online sample size calculator (Creative Research Systems, 2021).

### **1.9 Data collection method**

A validated questionnaire was used to collect data from the participants, administered by the researcher in person. This questionnaire was used in a national Human Sciences Research Council (HSRC) study that measured the impact of communication campaigns and the contributions of knowledge and attitudes towards HIV to reduce risky behaviour (Peltzer *et al.*, 2012). The questionnaire was adapted for use to collect data in the current study in alignment with the study objectives. Multi-response and binary questions were used to assess the exposure of HIV communication campaigns amongst young people and the effect thereof on the reduction of HIV risky behaviour. Since the questionnaire was adapted to the study objectives, it was pre-tested to ensure validity. The pre-test group consisted of five expert individuals that included members from an HIV support group, a statistician and a published research investigator, who were selected for their involvement in the HIV and marketing communication spheres. Feedback obtained indicated no changes to the questionnaire as it was reported not to be ambiguous.

### **1.10 Data analysis**

The data was analysed using the Statistical Package for the Social Sciences (SPSS) version 29. The study employed descriptive as well as inferential statistics including chi-square test, to measure the outcomes, and to make recommendations based on the data collected.

### **1.11 Validity and reliability**

Heale and Twycross (2015) define validity as a process of ensuring that the questionnaire accurately measures what it is meant to. Face validity will be ensured by pre-testing the survey. A pre-test was conducted with the questionnaire being issued to a panel of expert participants in order to ensure the instrument's validity. Furthermore, O'Dwyer and Bernauer (2013) define reliability as the level to which a

tool gives consistent data. In this study, reliability was assessed using Cronbach's coefficient alpha, which is a measure of internal consistency within a questionnaire.

### **1.12 Ethical considerations**

Prior to the commencement of the study, ethical approval was obtained from the Durban University of Technology's Institutional Ethics Committee (IREC). The collected data will be kept confidential, stored for five years and disposed of after the study completion. Permission to recruit in the community was requested from the Ward Councillor. Participation in the study was voluntary, and the data was collected while observing COVID-19 safety protocols.

### **1.13 Geographic area of the study**

The choice of Imbali as the study location was motivated by its uniqueness in that it features urban, peri-urban and rural areas within its borders. Moreover, it is within the epicentre of HIV in Pietermaritzburg (Kim *et al.*, 2021). The area also features a community health centre (CHC) and two tertiary education institutions, which increase the young adult population in the area.

### **1.14 Summary of chapters**

#### **Chapter 1: Introduction and overview of the study**

Chapter One provides a concise introduction and background to the study. Included in the chapter are the research aims, objectives, problem statement and rationale for the study.

#### **Chapter 2: Literature Review**

Chapter Two provides an extensive overview of recent literature related to HIV/AIDS marketing communication campaigns globally and in South Africa. The challenges encountered by marketing and communication managers in relation to creating these campaigns and measuring their effectiveness are addressed. A theoretical framework in support of the study is also included.

### **Chapter 3: Research Methodology**

In this chapter, the research design and methodology employed for the study are provided and discussed. Justifications and discussions around the methods used in conducting this research are included. In relation to the aims and objectives of the study, the research method, population, sampling and data collection tool are addressed.

### **Chapter 4: Results and Discussion**

This chapter presents all the findings gathered, which are interpreted and discussed in relation to the aims and objectives of the study.

### **Chapter 5: Conclusion and recommendation**

This chapter provides recommendations as well as conclusions based on the findings of the study.

## **1.15 Conclusion**

Chapter One provided an overview of the research background and the rationale for the study, including the research aim, research objectives and questions, delimitations and limitations. The outline of all five chapters was also clearly presented.

The next chapter covers the literature review with the intention of providing a comprehensive understanding of what other researchers have uncovered concerning the effectiveness of HIV marketing communication campaigns around the world.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter examines literature pertaining to the constructs of the study. It explores at the prevalence of HIV/AIDS globally, making a notable shift to South Africa. The chapter then focuses on HIV prevention marketing communication campaigns and the influence of these campaigns in reducing risky sexual behaviour. Moreover, it examines the challenges that young adults face in reducing risky sexual behaviour and explores the current HIV/AIDS marketing communication campaigns implemented in the prevention of HIV/AIDS. Furthermore, the theoretical framework that underpins this study is brought into focus to align with the objectives and constructs applied in this study.

#### **2.2 The prevalence of HIV/AIDS**

The Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS) has been a challenge to humankind ever since it was discovered in the United States of America in 1981 (Bosh *et al.*, 2021). HIV/AIDS continues to plague the world (WHO, 2024a). The proportion of people living with HIV globally is estimated to be 39 million, with Eastern and Southern Africa being heavily affected with an HIV prevalence of 20.8 million (UNAIDS, 2023). Notably, global strategies for reducing HIV prevalence have been reported (WHO 2024b), one of which is the global health community's ambitious target, encapsulated in the 95-95-95 strategy introduced by UNAIDS. The strategy aims to ensure that 95% of the population is tested for HIV; that 95% of those testing positive are enrolled in antiretroviral treatment (ARV); and that 95% of those on ARVs achieve viral suppression by 2030 (Heath, Levi and Hill, 2021).

Of the countries in the Eastern and Southern African regions, Zimbabwe, Rwanda, Swaziland, Tanzania and Botswana are reported to have already attained their 95-95-95 objective (UNAIDS, 2023). The campaigns benefitting the decline in the prevalence of HIV are reported to include mandatory HIV testing and treatment (Chowdhury *et al.*, 2023). Although these strides have been realised in ensuring the decline in HIV prevalence in some of the Eastern and Southern African countries, South Africa

remains the epicentre of HIV infection (UNAIDS, 2023). The first case of HIV was reported in South Africa in 1982 (Sato and Boyer, 2019). In 1991, South Africa already had an estimated HIV prevalence of 1.7% of the population (Allen, Simelela and Makhubalo, 2000) and the prevalence was noted to be increasing, affecting 3.78 million people living with HIV (8.1%) in 2002 (StatsSA, 2021). In 2011, the prevalence was hovering around the region of 5.75 million individuals (11%), with 8.23 million individuals (13.7%) in South Africa in 2021 (StatsSA, 2021).

South Africa continues to grapple with the highest HIV infection rates despite a decrease from 7.9 million individuals being infected in 2017 to 7.8 million in 2022 (HSRC, 2023). In a study by Kharsany *et al.* (2018) in the Umgungundlovu district, the HIV prevalence was noted to be higher than the South African prevalence rate, where 22.3% of young women aged 15-24 years were infected, in contrast to males at 7.6% within the same age group. It was therefore viewed essential that the current study determines the effectiveness of HIV prevention marketing communication campaigns on young adults as they are at the highest risk of contract or spreading HIV (Ganapathi *et al.*, 2019).

### **2.3 Factors contributing to the transmission of HIV**

The most common means of HIV transmission is through behavioural factors such as sexual intercourse, whereby the virus in the semen enters through the mouth, rectum, penis or the lining of the vagina. Another way in which HIV can be spread is through blood by the sharing of needles and syringes due to drug or substance abuse, a behaviour noted mostly in young people (WHO, 2015). Risky sexual behaviour through having multiple sexual partners, inconsistent condom use, and alcohol and drug abuse are some of the examples of behaviour that may increase the risk of HIV transmission (Swahn *et al.*, 2025; De Jager and Ayikwa, 2025). The risk of HIV transmission may also be exacerbated by the presence of co-infections with sexually transmitted infections (STIs), where male circumcision is critical as it has been reported to lower the risk of HIV transmission from female to male (Larke, 2010). Emphasizing sex education and safe sexual practices are some of the critical components of the prevention of HIV transmission, and critical anti-stigma initiatives are needed to address the effects of HIV in communities. These HIV prevention strategies may

benefit the reduction in mother-to-child HIV transmission, where HIV can be passed from the infected mother to her child through breastfeeding.

Healthcare institutions in communities where the prevalence of HIV is high are under strain due to the demand for HIV testing, treatment and care (Genberg *et al.*, 2019). Communities are also impacted by stigma and prejudice, which may cause an unwillingness to test and seek treatment (Akaturkwasu *et al.*, 2021). In addition, healthcare workers are at risk of HIV transmission through coming into contact with infected blood or bodily fluids, but protective gear is supposed to be issued to minimise the risk of transmission (Tekalign *et al.*, 2022). Kapila *et al.* (2016) suggest that HIV gradually pounces on a weak immune system, which should be protecting the body against infections. Opportunistic infections then ensue due to a vulnerable defence, which may lead to acquired immunodeficiency syndrome (AIDS). AIDS has an extensive range of effects in communities, including the passing away of bread-winners in families, child-headed households due to the death of parents, as well as the loss of a skilled labour force (Simtowe and Kinkingninhoun-Medagbe, 2011).

With the annual rapid increase in the HIV prevalence rate in South Africa, containment is a plausible course of action (Sirunwa, 2019). Since there is no cure or vaccine for HIV infection, antiretroviral (ARV) treatment is reported to be the best option (Kadia *et al.*, 2021). ARV treatment is meant to slow the spread of the infection, which may lead to a long-life expectancy, but the sub-optimal uptake of ARV treatment in the youth has been reported (Kadia *et al.*, 2021). The factors that contribute to reduced ARV uptake include a lack of social support, fear or stigma, substance abuse and limited youth-friendly services (Allan-Blitz, Mena and Mayer, 2020). This poses a challenge to the efforts that are put in place to retard the perpetual HIV transmission. Moreover, the poor use of condoms has been reported amongst the youth, where HIV prevention campaigns have advocated for the use of condoms (Govender, Naidoo and Taylor, 2020). Wang *et al.* (2021) found that when the partner is under the influence of alcohol or drugs, condom use dropped significantly due to possible judgement impairment. According to Toska *et al.* (2015), adolescent pregnancy may be caused by the incapacity to negotiate condom use in age-disparate sexual relationships and poses a threat of HIV transmission should one partner be infected. It was therefore

considered imperative to prioritise the impact of behaviour modification when developing HIV prevention marketing communication strategies.

## **2.4 Marketing communication campaigns employed**

In the global efforts to inhibit the spread of HIV, extensive programs have been designed to increase the knowledge and alter behaviour that would lower HIV transmission (Zyl-Cillie and Vries, 2024). Governments, non-governmental organizations, international organizations and community-based groups usually lead these efforts, which include and are not limited to HIV testing, education and awareness through mass communication, medical male circumcision, condom promotion, stigma and discrimination elimination, and pre-exposure prophylaxis (PrEP). Substantial gains from these advocacy programs have been made, especially in sub-Saharan Africa (Ward *et al.*, 2019), although new HIV infections still persist.

The United States President's Emergency Plan for AIDS Relief (PEPFAR) in 2016 implemented a program called DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) in sub-Saharan countries due to the region having the highest HIV prevalence rates in the world (PEPFAR, 2018). The purpose of this program was to empower young women and girls through HIV/AIDS education, keeping girls at school and keeping them safe from gender-based violence (PEPFAR, 2018; Cluver *et al.*, 2025). Countries that would benefit from this initiative were South Africa, Zimbabwe, Malawi, Mozambique, Tanzania, Uganda, eSwatini, Kenya, Lesotho and Zambia. The project sought to increase HIV testing, treatment and male circumcision to reduce the spread of the disease (USAID, 2021). Of the countries that were included in the DREAMS program, Zimbabwe, eSwatini and Tanzania are reported to have already attained their 95-95-95 objective (UNAIDS, 2023).

Furthermore, World AIDS Day is a campaign to guarantee that people living with HIV and AIDS are not discriminated against because of their status. The day is commemorated every year on December 1<sup>st</sup> globally and is an occasion for everyone to unite against HIV, show support for HIV-infected people and pay respects to those who have passed on due to the pandemic (SAGov, 2022). In South Africa, this campaign is driven by the South Africa National AIDS Council (SANAC), which is led

by the President as the Chairperson. SANAC is a collaboration between the government, private sector and civil society to combat the spread of HIV, STIs and TB in South Africa (SANAC, 2022). Its objectives are to encourage communication between stakeholders, civil society and government to combat HIV, TB and STIs while assisting the government with strategies and policies to eradicate HIV, TB and STIs at national, provincial and local levels.

Cheka-impilo was an intervention introduced by the President of South Africa in 2018 to increase people on HIV treatment by 2 million by 2020. The main drive of this initiative was to increase the testing and screening of tuberculosis, HIV and STIs, as well as other conditions such as diabetes (UNAIDS, 2018). Another advocacy program in South Africa includes the 'She Conquers', a governmental campaign with the objective to better the lives of South African adolescent girls and young women. This campaign has a group of programmes that are run at schools and tertiary institutions, with a focus on ensuring that girls are healthy, educated and safe from brutality (Sheconquers, 2021). As indicated by Simbayi *et al.*, (2019), stakeholders need to also place more intense focus on male interventions to achieve the same success that has been witnessed with female-focused interventions.

Interestingly, 'Brothers for life' was a governmental HIV awareness mass media campaign focused on men over 30 years old in South Africa, with a specific focus on factors that can perpetuate the increase of HIV and AIDS, namely alcohol abuse, gender-based violence and multiple sex partners (Genderjustice, 2021). Another campaign that was geared towards men, focusing on their behaviour, is 'Phila Ndoda', an initiative based on fighting against gender-based violence and improving the lives of men. The organization that drives this initiative hosts dialogues and mentoring sessions in schools in Port Elizabeth (Heraldive, 2020). The founder of the organization, Zolile Dayimani, believes that men can be better citizens by teaching them how to behave and to be protectors of children and women (Heraldive, 2020). With the introduction and execution of the HIV prevention campaigns mentioned above, amongst others, South Africa has seen a decline from 7.9 million individuals infected in 2017 to 7.8 million (17.1%) in 2022 (HSRC, 2023). However, the HIV prevalence rate in South Africa is still quite high when compared to other African countries like the Ivory Coast (1.8%), Ghana (1.5%), Togo (1.6%) and Mali (0.8%)

(UNAIDS, 2023). A study in the Ivory Coast revealed that the main cause for the low prevalence was high condom use, which was promoted by marketing communication campaigns and religion in some areas of the country (Essis *et al.*, 2022).

**Table 1: Some HIV prevention campaigns implemented in South Africa**

Name of campaign	Year launched	Objective of campaign
Nakanjani (No Matter What)	2012	Encouraging safe sexual choices and reduction of risky sexual behaviours
Make Your Move	2008	Aimed to educating young about sexual health through mass and digital media
Zazi	2013	Focused on young girls and women to reduce risky sexual behaviour
MTV Shuga	2019	Broadcast through TV, Radio and digital platforms to address risky behaviour
Brothers for Life	2009	Focused on men to encourage responsible masculinity
Dual Protection	2015	Promotes the use of condoms and other form of contraceptions at the same time
DREAMS Initiative	2015	Targeted at adolescent girls and young women to reduce risky behaviours
Soul City (One Love)	2008	Used mainly traditional media to address safe sex practices
You Only Live Once (YOLO)	2017	Teenagers encouraged to make responsible decisions regarding sex
Max Condoms	2016	National campaign aimed at promoting condom use
Cheka Impilo	2018	Promoted HIV testing, treatment and prevention through traditional and mass media
Health4Men	2008	Promotes safe sex practices among men who have sex with men
She Conquers	2016	Empowering women about HIV through media and community involvement
Treatment Action Campaign	1998	Uses media to raise awareness about HIV/AIDS
Adherence Clubs	2007	Focused on treatment adherence and retention in care

Below are some of the campaigns that have been implemented in South Africa:

### **Love Life Campaigns**

Love Life has consistently targeted the youth with messages about safe sexual practices:

- **"Nakanjani" (No Matter What):** This campaign emphasizes the importance of making safe sexual choices and reducing risky behaviours by using multimedia platforms to reach young people (Issuu, 2023).
- **"Make Your Move":** Aimed at empowering young people to take control of their sexual health, this campaign uses TV, radio, social media and community events to promote safe sex practices and regular HIV testing (PMG, 2011).

### **ZAZI Campaign**

- **"ZAZI"**: Launched in partnership with the South African National AIDS Council (SANAC) and other stakeholders, this campaign targets women and girls to make informed choices about their sexual health, reduce risky behaviours, and promote condom use and HIV testing (Genderjustice, 2021).

### **MTV Shuga**

- **"MTV Shuga"**: This multimedia campaign uses an edutainment approach through a TV series, radio programs and digital content to address issues of risky sexual behaviour, HIV prevention and safe sex practices. The series portrays real-life scenarios and consequences of risky behaviours, aiming to influence young people's attitudes and behaviours (Mulwa *et al.*, 2024).

### **Brothers for Life**

- **"Brothers for Life"**: Targeting men, this campaign focuses on reducing risky sexual behaviour by promoting responsible masculinity, condom use and regular HIV testing. It uses media campaigns, community mobilization and peer education to spread its message (Genderjustice, 2021).

### **National Department of Health Campaigns**

- **"Dual Protection"**: This campaign promotes the use of both condoms and another form of contraception to prevent both HIV and unintended pregnancies. It uses media outreach, community events and partnerships with healthcare providers to spread awareness.

### **DREAMS Initiative**

- **"DREAMS" (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe)**: This initiative focuses on adolescent girls and young women, aiming to reduce HIV infections by addressing factors that contribute to risky sexual behaviours, such as a lack of education and empowerment. It combines health services with community mobilization and media campaigns (PEPFAR, 2018).

## **Soul City**

- **"Soul City"**: Using a combination of TV dramas, radio shows and print materials, Soul City addresses various social issues, including risky sexual behaviour. The campaign promotes safe sex practices, HIV testing and condom use through relatable storytelling (Silvestre, Weiner and Hutchinson, 2016).

## **Yolo Campaign**

- **"You Only Live Once" (YOLO)**: Aimed at teenagers and young adults, this campaign encourages responsible decision-making regarding sexual behaviour. It uses social media, school programs and community outreach to promote messages about safe sex and HIV prevention (Campaigns4Youth, 2024).

## **National Condom Distribution Program**

- **"Max" Condoms**: The South African government's distribution of free condoms, branded as "Max", is part of a broader campaign to reduce risky sexual behaviour and was launched in 2016. The program includes widespread distribution and promotional campaigns to encourage consistent condom use (UNFPA, 2016).

## **SANAC (South African National AIDS Council) Campaigns**

SANAC has been instrumental in coordinating national responses to HIV/AIDS:

- **"Cheka Impilo"**: Launched in 2018, this campaign aimed to scale up HIV testing, treatment and prevention. It used a combination of traditional media, digital platforms and community outreach programs to encourage South Africans to know their HIV status and start treatment, if necessary (SANAC, 2022).

## **ANOVA Health Institute Campaigns**

ANOVA focuses on promoting men's health and HIV prevention amongst high-risk populations:

- **"Health4Men"**: This initiative targets men who have sex with men (MSM) with HIV prevention and care messages using online platforms, social media and community engagement (Anova Health Institute, 2024).

## **National Department of Health Campaigns**

The South African National Department of Health has implemented several nationwide campaigns:

- **"She Conquers"**: Launched in 2016 and continued into subsequent years, this campaign addresses HIV prevention, gender-based violence and the empowerment of young women through media and community outreach (Sheconquers, 2021).
- **World AIDS Day Campaigns**: Every year, on December 1<sup>st</sup>, various campaigns are launched to mark World AIDS Day using TV, radio, print media and social media to spread awareness and promote HIV testing and treatment (SAGov, 2022).

## **TAC (Treatment Action Campaign) Initiatives**

TAC has been a vocal advocate for HIV treatment and prevention:

- **Community Mobilization**: TAC uses community outreach, demonstrations and media campaigns to raise awareness about HIV/AIDS, access to treatment and the importance of adherence to antiretroviral therapy (ART) (Treatment Action Campaign, 2024).

## **Right to Care Campaigns**

Right to Care is another prominent organization working on HIV/AIDS awareness:

- **"Adherence Clubs"**: This campaign focuses on treatment adherence and retention in care using peer support groups and community outreach to encourage people living with HIV to stay on treatment (Right to Care, 2020).

The South African government must keep this momentum of a declining HIV prevalence rate and ensure that funds are managed correctly to see the desired impact relating to the fight against HIV (Duarte and Hancock, 2017). Since the 1980s, billions of dollars have been donated by foreign countries to assist South Africa in combating the HIV/AIDS pandemic. Although corruption has not been proven within the government regarding funding, there are suspicions that it has occurred, thus preventing maximum impact on HIV prevention strategies for the people (Duarte and Hancock, 2017). Although there may be sufficient funding in South Africa, the rate of

new infections is not reducing at the required pace. People responsible for these donor funds should be held to account and should there be any misappropriation of funds, they should be punished severely (Duarte and Hancock, 2017). According to research conducted in Tanzania focusing on adolescent girls and young women, directing funds appropriately can have an impact on risky sexual behaviour (Kuringe *et al.*, 2022). In addition, De Gaetano *et al.* (2025) suggest that swift HIV prevention marketing communication strategy execution may contribute to a reduction in risky sexual behaviour.

## **2.5 Risky sexual behaviour and possible causes**

Risky sexual behaviour is described as activities that will increase the possibility of the person engaging in sexual intercourse with a person who is infected with a sexually transmitted infection to be infected (Fleming *et al.*, 2019). These activities include multiple sexual partners, premarital sex and unprotected sex. Fetene and Mekonnen (2018) suggest that risky sexual behaviour endangers and exposes the youth to sexually transmitted diseases such as HIV/AIDS, which can lead to detrimental health, economic and social consequences. It appears that when people think that their friends are practising less risky sexual behaviours, they are likely to follow suit (Fearon *et al.*, 2019).

Numerous variables can contribute to risky sexual behaviour, which is usually a result of a combination of psychosocial, socioeconomic and environmental factors. The absence of sex education may result in the ignorance of sexually transmitted infections and the importance of safe sex conduct, therefore resulting in risky sexual behaviour and poor decision-making. Social norms and attitudes towards sex may have an influence on a person's decision-making and sexual behaviour (Buller *et al.*, 2020). Young adults may expose themselves to risky sexual behaviour due to peer pressure caused by wanting to blend in a group. Psychological factors such as anxiety and depression can lead humans to poor decision-making, leading to risky sexual behaviour. Kalomo *et al.* (2021) state that psychosocial factors amongst youth living with HIV in sub-Saharan Africa include mental health challenges, food insecurity, illness and death of parents, and limited access to sexual reproductive health services. The use of drugs and alcohol may also cloud a person's judgement, which may lead

to risky sexual behaviour such as random sex partners, unsafe sex and other risky behaviours. Young adults facing socio-economic difficulties may be susceptible to engaging in risky sex due to financial gain. Zakeyo and Nyashano (2023) indicate that poverty, a lack of education and inequality in South Africa are some of the main attributes that contribute to the spread of HIV. The complexity of factors such as healthcare access, education and societal norms should be taken into consideration as these are critical in reducing risky sexual behaviour.

## **2.6 Challenges faced by young adults in reducing risky sexual behaviour**

Even though the problem of risky sexual behaviour can be addressed, some challenges are faced by young adults. Reducing unsafe sexual activity is a major difficulty for young adults, and it is frequently made worse by substance abuse (Ahankari *et al.*, 2019). Studies reveal a correlation between higher levels of alcohol and marijuana consumption throughout adolescence, and riskier sexual behaviour during early adulthood (Storholm *et al.*, 2018). Cultural norms, the acceptance of casual sex and the prevalence of binge drinking amongst young people are important influencing variables (Kuntsche *et al.*, 2017).

Interventions that target several risk behaviours at once and emphasize resilience and positive influences have the potential to reduce these behaviours (Edalati and Conrod, 2019). Interventions that combine alcohol and sexual risk reduction have been shown to be successful in reducing teens' and young adults' risky sexual behaviour and harmful alcohol intake (Ahankari *et al.*, 2019). Nevertheless, important environmental and affective factors that impact sexual health, namely developmental stage, desire for pregnancy and emotional reactions to past relationships, are frequently overlooked by current intervention programs (Alexander *et al.*, 2015).

According to research, risky sexual behaviour can be greatly impacted by unemployment, especially in young adults and adolescents (Austin, Choi and Berndt, 2017). Male youth without jobs may turn to drugs, feel sadness and have low self-esteem, which can result in aggressive conduct toward women and unprotected sex (Kheswa, 2017). Young adults aged 15-24 years old in South Africa were reported to

have an unemployment rate of 60.7%, which means that a high percentage of the 18–24-year-olds are unemployed and cannot fend for themselves (StatsSA, 2023). Developing empathy, communication and respect through community mobilisation can promote gender equality and discourage HIV-risk behaviours (MacPhail *et al.*, 2019).

## **2.7 Community mobilisation and its impact in decreasing risky sexual behaviour**

Community mobilization involves uniting all stakeholders to create awareness about a particular initiative or programme within a community (Bhuiya, 2017). Community mobilization concepts are pivotal to promoting health interventions, including the uptake of HIV prevention strategies (Lippman *et al.*, 2013). Communities are empowered by mobilization as they take the initiative and responsibility of the intended outcome. A study using community mobilisation to enhance dengue virus prevention in Ecuador emphasised the importance of integrating resources and efforts to reach a common objective (Mitchell-Foster *et al.*, 2015). Lippman *et al.* (2017) conducted a study in Mpumalanga province and found a significant intervention effect on HIV testing in individuals who were exposed to community mobilization. There are currently community mobilization interventions being implemented by the NDoH, NGOs and other stakeholders such as the Ward-based Primary Health Care Outreach Team (WBPHCOT) which consists of generalist community health workers (CHWs) who are supervised by nurse team leaders and connected to local primary healthcare (PHC) facilities through referral, assistance and supervision (Schneider *et al.*, 2018). The involvement of local government with long-established and continued community-oriented political action has been linked to successful community mobilisation (Kooma, 2021). Furthermore, community mobilization seems to be more impactful when the targeted group is of the same characteristics (such as the same age group or gender) as opposed to focusing on the wider population (Robinson and Zayed, 2021).

In a study conducted in the North-West province, findings were that participants still felt that there was stigmatization within the community and from healthcare workers, hence the reluctance to seek healthcare (Treves-Kagan *et al.*, 2016). To avoid being seen at the nearest clinic, people would rather seek healthcare in other facilities regardless of the distance and transport costs (Fonner *et al.*, 2021). It is therefore

essential to ascertain whether the NDoH and NGOs and other stakeholders' interventions are effective in eliminating stigmas, reducing HIV risky behaviours and changing gender-based habits, particularly amongst the youth.

## **2.8 The role of mass media in reducing risky sexual behaviours**

Unlike community mobilisation, which can only reach people within the community, mass media is a mechanism of reaching as many people in the population by using channels such as television and radio (broadcast media), as well as newspapers and magazines (print media) and the internet (electronic media) (Pratama, 2024). Broadcast media features television, radio, film and recorded music, whereby images and sounds are transferred electronically. Broadcast media play a pivotal role in the transmission of information as it can reach a larger audience. Shamu *et al.* (2020) indicated that after exposure to HIV prevention marketing communication campaigns through mass media, respondents received messages for changing beliefs and attitudes towards the virus favourably. Yessenbekova (2018) refers to television as crucial communication tool as millions of people around the world tune in daily to watch their favourite programmes. In a study in China, which investigated the exposure of female sex workers to mass media and HIV/AIDS campaigns, a significant proportion of the participants agreed to having been exposed to HIV/AIDS information on television, which left a positive feeling on them (Xiao *et al.*, 2015). MTV Shuga, an educational entertainment program broadcast on television between 2019 to 2020 focused on HIV prevention amongst youth, has demonstrated encouraging outcomes in several African communities. Research indicates that exposure to MTV Shuga correlates with enhanced knowledge, attitudes and behaviours linked to HIV (Mulwa *et al.*, 2024).

Radio as a communication medium is important as it also has a large reach, but more so in rural areas where people do not have access to the internet or television (Fombad and Jiyane, 2019). Another aspect that makes radio appealing is that it is cheaper than TV sets, thus making them more accessible to people earning minimum wages (Sumira and Wahyuni, 2018). A South African reproductive health initiative was introduced using a radio campaign that focused on HIV/AIDS awareness where the target demographic comprised young women aged 16–20 years in Soweto,

Johannesburg, South Africa. It addressed safe sexual practices and risk mitigation. The intended audience appreciated weekly radio discussion broadcasts and the HIV/AIDS-focused program was broadcast weekly for 12 months before transitioning to other health topics for four to five years (Schroeder, 2016).

On the other hand, print media, which refers to publications such as magazines and newspapers, is said to have a high reach within the population, particularly in the rural areas. Therefore, the accuracy on shared information about HIV/AIDS is crucial (Koundal, 2019). Stories published on newspapers are often used by television and radio news editors for their daily content, proving that print media is still highly influential (Asare, Aikins and Afrakomah Laurice Ofori-Atta, 2016). HIV/AIDS coverage by print media in Africa has been marked by inconsistency and an emphasis on political issues rather than the immediacy of the crisis (Mogambi, Kiai and Ndati, 2013). In a study conducted in Tanzania, which aimed to examine the dissemination of HIV/AIDS information in Tanzania through two prominent newspapers, the Daily News and Mwananchi, results showed that the coverage of HIV/AIDS in the two publications was minimal (Kanyika and Elia, 2021). Stevens and Hornik (2014) analysed the coverage of HIV/AIDS news in specific newspapers across the United States of America (USA). The research indicated that the coverage of HIV/AIDS narratives was minimal and diminished over time. However, Mapuranga, Garura and Zebron (2015) suggest that print media's capacity to influence public opinion and facilitate communication between governments and the populace renders it a formidable instrument in the fight against HIV/AIDS.

In another study in China, which investigated the exposure of female sex workers to electronic mass media and HIV/AIDS campaigns, 50.3% of the participants agreed to not having been exposed to HIV/AIDS information on the internet, whereas 43% reported seeing HIV/AIDS information, but were not influenced by these campaigns (Xiao *et al.*, 2015). Nevertheless, social media has the capability of promoting disease prevention, treatment uptake and adherence, as well as safe sexual health. However, it can also perpetuate risky behaviour, disease spread and compromised social skills (Holloway *et al.*, 2014). Social media is a cluster of applications that uses the internet to generate and exchange content. In a study in rural Uganda, the youth who owned mobile phones and used them frequently were involved in drugs and risky sexual

behaviour (Swahn, Braunstein and Kasirye, 2014). Rice *et al.* (2015) found that the likelihood of being sexually active and being approached for sex online was more prominent with the youth that had internet on their mobile phones (smartphones) compared to those that did not. Furthermore, Xiao *et al.* (2015) propose that when mass media delivers HIV/AIDS information, there is a positive viewpoint relating to condom use. Okware (2021) suggests that exposure to the media reinforces other aspects of HIV/AIDS information and may facilitate interpersonal talks on the disease through media agenda-setting, which in turn influences safe practices and a positive attitude toward the disease.

## **2.9 Social media and its impact on the reduction of risky sexual behaviour**

Even though social media is perceived to induce sexually risky behaviour, it can also be used positively as there are people who use it to seek health information (Gilliam, Chor and Hill, 2014). Since the youth are accessing health information online, it is imperative to ensure that the information is accurate, suitable and effortlessly available (Wartella *et al.*, 2016). Government HIV intervention programs through social media can reach the youth, more especially those who do not have access to conventional health interventions, such as those accessed in public health facilities (Gilliam, Chor and Hill, 2014). In a study conducted in rural Uganda, despite a high degree of poverty, the youth showed high ownership and usage of cellular phones (Swahn, Braunstein and Kasirye, 2014). The internet has surpassed other forms of media as a place of health information, making it easier for the youth to access while remaining anonymous as no one can see them on the internet (Wartella *et al.*, 2016). An exciting part of using social media to influence behaviour is when a health campaign goes viral through the excellent use of the tools of the application (Mayer *et al.*, 2016). In Peru, Young *et al.* (2015) invited participants to an HIV prevention private group on Facebook, an application to receive insight in behaviour change, which led to 43 out of 252 participants getting tested for HIV at the end of the study. Interestingly, in a study seeking to understand whether men who have sex with men would use HIV-prevention smartphone applications, 80% of the participants indicated that they would (Holloway *et al.*, 2014). In explanation, Ybarra and Mitchell (2014) suggest that lesbians, gays and bisexual people who send each other sexual pictures do so as a

way of creating intimacy due to being unable to be intimate publicly. This suggests that the use of smartphones may afford privacy that otherwise may not be available in some other forms of mass media. Technology is evolving at such a rapid pace that the inception and execution of a health intervention should be aligned with technology evolution, especially when disseminating information from study and intervention results (Muessig *et al.*, 2015). With the advantages and disadvantages of the various forms of mass media mentioned above, mass media still has a massive role to play regarding HIV prevention. HIV prevention interventions targeted at the South African youth should focus on decreasing multiple relationships, minimising age-disparate relationships and increasing condom usage (Kaufman *et al.*, 2014).

## **2.10 Marketing communications and its impact in reducing risky sexual behaviour**

Marketing communications is a crucial instrument that can be utilised to change the perceptions held by customers, stakeholders and prospective clients. Marketing communication campaigns involve activities and actions that seek to promote a product, service or business by spreading a message through different media platforms, including television, the internet, newspapers and magazines (Krizanova *et al.*, 2019). However, Kyalo and Mberia (2022) reveal that the implementation of abstinence communication programs, which encompass many platforms such as social media, can have a beneficial effect on HIV/AIDS prevention within the university student population. According to Wojdan *et al.* (2021), people spend most of their time on social media networks, including Facebook, Twitter(X) and Instagram. More recently, Instagram and Tik Tok have surpassed Facebook as the more popular social media platform among young adults, with the latter perceived as being outdated (Chen *et al.*, 2025). Hence, it is advisable for the National Department of Health (NDoH) and non-governmental organisations (NGOs) to synchronise traditional and social media in their HIV prevention marketing communication campaigns in order to gain maximum exposure and results. Both the NDoH and the NGOs are primary stakeholders in the combat against the spread of HIV, particularly amongst the youth. Raja (2020) defines marketing communication as an instrument that plays a crucial role in increasing competence in designing a more polished marketing mix, as well as greater comprehension that allows the implementation of relationship marketing. Hence, the

next section is focused on the promotion (marketing communication) component of the marketing mix.

## **2.11 Marketing communication strategies in relation to reducing risky sexual behaviour**

### **2.11.1 Advertising**

Armstrong *et al.* (2014) define advertising as a strategy of dispersing information which is paid for to the intended targeted market to persuade the targeted person to purchase a product or service. A marketer may however not only influence a purchase but may also advertise services that bring value to audiences with the intended outcome of changing behaviour (Lahtinen, Dietrich and Rundle-Thiele, 2020). Advertising is ideal for reaching wider audiences as it entails the use of mass media to disseminate communication effectively (Elrod and Fortenberry, 2020). Thus, in HIV prevention campaigns, the NDoH and the NGOs post advertisements on television, radio, magazines and newspapers (Peltzer *et al.*, 2012) (Mail and Guardian, 2018). However, this current study aimed to investigate the impact of advertising HIV prevention campaigns on the youth.

It is critical to customize communications for certain populations by employing culturally pertinent language and imagery that resonates with the intended audience (La Ferle and Lee, 2019). Diverse mediums (social media, films, brochures) should be utilised to disseminate information regarding HIV transmission, treatment and prevention (Ibrahim *et al.*, 2024) and dispel prevalent beliefs regarding HIV to mitigate stigma (Alemi and Stempel, 2019). Collaboration with reputable individuals or local influencers who can share their personal experiences and promote safe sex methods and HIV testing ensures authenticity (Yang *et al.*, 2021). Well-known individuals should be involved to spread HIV prevention messages and increase their relatability to the public (Jones *et al.*, 2023).

HIV prevention campaigns must be developed on social media to encourage people to share personal stories or safe HIV prevention practices (Olawepo, Pharr and Kachen, 2019). Using interesting forms to educate and gauge knowledge about HIV, such as surveys and quizzes, is another valuable tool (Ferreira *et al.*, 2022). A quiz on

HIV myths and facts can help break down stereotypes, and webinars can provide in-person opportunities for Q&A with medical experts (Reid, Flam and Tsiouris, 2012). It is also pivotal to collaborate with healthcare providers to develop all-encompassing outreach initiatives that centre on HIV prevention (Tanner, Philbin and Ma, 2014). Moreover, NGOs and stakeholders should work jointly with companies to support community-wide HIV prevention awareness campaigns or events, thereby expanding the reach of these campaigns (Marshall *et al.*, 2022).

Additionally, available media channels should be used to promote HIV testing locations that are free or inexpensive (Lacroix *et al.*, 2014). People must be encouraged to visit websites and call centres where they can acquire private information about HIV (Agarwal *et al.*, 2015). Furthermore, community health programs that include HIV testing and education should be advertised strategically to reach the targeted audience (Setyani and Indrawati, 2020). Additionally, the promotion of self-testing services that are personalised could further encourage an increased uptake of the HIV testing programs (Gu *et al.*, 2025; Macapagal *et al.*, 2025). Instructional seminars with a focus on HIV positive living, treatment options and preventive tactics should also not be disregarded (Duarte *et al.*, 2024).

The “Know your status” campaign was introduced in 2007 to ensure that people realise the importance of knowing their HIV status, as well equipping them with the knowledge of how to get tested (Asare, Yeboaa and Dwumfour-Asare, 2020). The “Break the chains” advertising campaign was a series of advertisements that appeared in online media and focused on men who have sex with men, with the aim to get more gay people to test for HIV and practice safe sex (Frey *et al.*, 2020).

### **2.11.2 Public Relations**

According to Kotler (2018), public relations is a plan of action that seeks to administer relationships between the corporation and the public, ensuring that both benefit and that goodwill is maintained. Furthermore, Ferguson (2018) states that public relations is responsible for increasing awareness and shaping public perception of the company by the public. Hence, the NDoH and NGOs can benefit in their endeavour to change sexual risky behaviour by utilising good public relations in their HIV prevention campaigns (Nxumalo, 2015). Faust and Yaya (2018) suggest the development of

customized educational materials for various demographic groups, employing concise and precise language to elucidate the definition, transmission, preventative and therapeutic measures of HIV. Public involvement involves collaborating with local organizations, health agencies and community leaders to coordinate and support HIV support groups in exchanging experiences, offering assistance and organizing events, conferences and seminars to educate the public and offer free HIV testing and counselling (Revelle and Phillips, 2021).

Periodically publishing news releases regarding recent research, awareness initiatives or noteworthy achievements in HIV treatment and prevention can strengthen the relationship with the public. Moreover, Jones *et al.* (2023) posit that engaging with journalists and media organizations to showcase narratives on HIV awareness, encompassing interviews with specialists and first-hand accounts is crucial. Leveraging social media tools to provide information is critical, as is interacting with followers to dispel misconceptions regarding HIV (Nielsen *et al.*, 2017). NGOs and stakeholders should implement free testing at easily reachable sites or at community gatherings and generate comprehensive guidebooks that showcase local testing and treatment services (Mabuto *et al.*, 2021).

Programs that confront preconceived notions and foster comprehension should be implemented, while also enabling candid conversations on the subject of stigma and its consequences for individuals living with HIV (Danielle, Kyle and Jacen, 2019). Metrics to evaluate the efficacy of HIV campaigns and projects must be incorporated to collect input to enhance and optimize future plans (Hightown-Weidman and Bauermeister, 2020). Sustaining momentum with regular updates, communications and establishing HIV discussion boards or support groups to foster continuing communication and assistance is key (Kako *et al.*, 2021).

The “Safe Together” HIV campaign based in South Africa was an initiative that focused on men and aimed to confront the fears that men have when it comes to knowing their HIV status and seeking treatment (Orr *et al.*, 2017). The “PrEP4Love” was a campaign focusing on promoting the uptake of pre-exposure prophylaxis (PrEP) in the community of Chicago. Upon review in 2016, the campaign had managed just more than 40 million views across all social media platforms, which is a significant

achievement when spreading information about HIV awareness and prevention (Dehlin *et al.*, 2019).

### **2.11.3 Content marketing**

To attract and hold on to a precisely specific audience, content marketing focuses on producing and disseminating interesting, timely and consistent material (Chakravarti, 2024). By providing reliable and interesting information in a variety of formats, content marketing may play a major role in raising HIV awareness and reducing risky sexual behaviour amongst the targeted population. Infographics are a useful tool for presenting complex information in an easily understood visual format. They can draw attention to data on HIV prevalence, safe sex practices and the benefits of regular testing. Infographics can be shared through social media, included in blog entries and included in email newsletters (Smiciklas, 2012). In addition, email newsletters can provide subscribers with updates regularly about upcoming events, new content and HIV-related information. Informational articles, infographics, videos and podcast links can all be included in newsletters to keep readers informed and interested (Järvinen and Taiminen, 2016).

Distributing concise material on social media platforms can maintain audience engagement and awareness. Posts may encompass guidelines for safe sexual practices, notifications for routine testing, and advancements in HIV research and therapies. Employing hashtags and promoting sharing can enhance the dissemination of these messages (Holliman and Rowley, 2014). Podcasts offer a platform for in-depth conversations about issues relating to HIV. Podcasts with medical experts, HIV-positive people and local government officials can offer listeners enlightening information and compelling stories about themselves. Podcasts can be made available to a wide audience by using platforms like Spotify, Google and Apple (McClung and Johnson, 2010).

Composing interesting blog posts and articles regarding HIV prevention, testing and treatment can enhance public education and mitigate stigma. These posts may encompass personal narratives, expert interviews and pragmatic guidance. Consistently refreshing blogs with novel information can maintain audience engagement and awareness, advises Pulizzi (2012). Creating informative movies

about HIV prevention, testing, treatment and transmission helps spread the word about the disease and encourages responsible sexual activity. Videos can be posted on websites like Facebook, Instagram and YouTube to reach a large audience. High-calibre educational films also have a significant impact on people's knowledge and attitudes about HIV (Gould *et al.*, 2010).

The Centres for Disease Control and Prevention supplies an extensive range of information and content about HIV prevention strategies and treatment through the use of journal articles and videos. This organisation ensures that the correct information is always easily accessible and shareable on all media platforms (CDC, 2020). Avert is a global HIV and AIDS NGO that uses content marketing creatively. Their interactive website also provides educational videos and well-presented articles designed to increase HIV awareness and comprehension (Avert, 2020).

#### **2.11.4 Social media marketing**

This strategy involves utilizing social media channels to engage people and increase brand recognition through the use of paid advertising, influencer collaborations and community engagement (Arumugam, 2023). Social media allows for targeted advertising to specific demographics, such as young people, who are often at higher risk of HIV. Tailoring messages to specific audiences can increase the effectiveness of the campaigns (Griffith *et al.*, 2024). Social media enables the creation of online communities where people can exchange and share experiences while providing interactive assistance. These online communities can assist in promoting healthy behaviours, decreasing stigma and offering emotional support (Sweet *et al.*, 2020). Social media platforms have the ability to motivate user participation through being creative in encouraging online engagement with medical experts and creating health quizzes. The incorporation of these interactive components may enhance both campaign recall and engagement levels (Greene *et al.*, 2020).

Through social media, informative and engaging educational content regarding HIV prevention, testing and treatment can be dispersed (Smith, 2017). Forming collaborations with health organizations and leveraging their social media channels can greatly enhance the credibility of the campaign and broaden its audience reach. These organisations are able to offer trustworthy data and materials to help achieve

the campaign's objectives (Centres for Disease Control and Prevention, 2018). Real-time information and reminders for HIV testing, medication adherence and safe sex practices can be distributed via social media. This can be especially useful in reaching those who might otherwise overlook or forget about these crucial health-related behaviours (Young *et al.*, 2014).

Furthermore, working closely with well-known personalities and influencers who possess a substantial following on social media can effectively promote awareness regarding safe sex practices and HIV prevention. Through their authenticity and trustworthiness, these influencers can connect with audiences that conventional health advertisements may struggle to engage (Freeman *et al.*, 2019). The “Start Talking. Stop HIV.” Campaign initiated by the CDC employed social media to encourage open dialogue between people in relationships about preventing the spread of HIV. The campaign used social media platforms to share testimonials from different individuals, as well as informative videos. The “endHIV” campaign was run through YouTube popular influencers to promote HIV awareness amongst the lesbian, gay, bisexual, transgender and queer (LGBTQ) youth (abzyme research foundation, 2024).

### **2.11.5 Influencer marketing**

Influencer marketing involves organisations collaborating with influential people who have a significant social media following and have the ability to influence a specific demographic (Singh, Tiwari and Tiwari, 2023). In order to create awareness about a brand's products or services, these influencers create and spread relevant content. Exploiting influencer marketing to raise awareness about HIV and decrease risky sexual behaviour can be quite successful because of the trust and credibility that influencers possess amongst their followers. Employing these tactics, influencer marketing can markedly improve the efficacy of HIV awareness efforts, engaging broader and more specific audiences while promoting positive health behaviours and diminishing hazardous sexual practices.

Influencers frequently possess distinct demographics within their fan base. Therefore, collaborating with influencers whose audience aligns with the target demographic for HIV awareness campaigns guarantees that the message effectively reaches those

most at risk or in need of knowledge. Influencers focusing on young adults, a demographic frequently at elevated risk for HIV, can be especially impactful, according to Brown and Tiggemann (2016). Influencers may create relatable and captivating content that resonates with their audience. This may include personal experiences, instructional videos, question-and-answer sessions, and live broadcasts addressing the significance of HIV awareness and safe sexual behaviour. The truthfulness and personalised character of this content can enhance its impact (Abidin, 2016).

Influencers can also encourage and promote HIV testing and safe sexual behaviour by genuinely sharing their personal experiences or endorsing these behaviours. They can also collaborate with health institutions to disseminate the correct information and resources to their followers (Lou and Yuan, 2019). By normalizing discussions about the illness and encouraging empathy and understanding, influencers can significantly contribute to the reduction of the stigma attached to HIV. In addition, their impact can stimulate more candid conversations about HIV prevention and treatment and help change public attitude (Sunguya *et al.*, 2016). The reputation and trust that influencers have built up with their audience makes them perfect allies in getting the word out about vital health topics. Messages about safe sex practices, HIV testing and prevention from influencers are more likely to be taken seriously and implemented by their followers (Freberg *et al.*, 2011). Social media platforms are where influencers are mostly active by creating and posting content regularly. A larger audience and broader coverage of HIV prevention campaign communication are made possible by the presence in these platforms. Tailoring communication material to the specific social media platform is critical to ensure maximum utilisation (De Veirman *et al.*, 2017).

The #DoingIt campaign was executed by the CDC in collaboration with influencers. The campaign, which focused on promoting HIV testing, used influencers to post on their social media platforms to reach a new audience (CDC, 2020). The AIDS Healthcare Foundation (AHF) worked with influencers to highlight HIV prevention awareness and safe sexual behaviour through appealing content on social media platforms where they were sharing their personal experiences (AHF, 2019).

### **2.11.6 Direct marketing**

Elrod and Fortenberry (2020) define direct marketing as a strategy that employs the use of telephones, emails, post mail and other non-personal tools to reach the targeted consumer to receive a direct response. According to Ladyzynski, Zbikowski and Gawrysiak (2019), direct marketing is an essential part of marketing communications as it employs the correct media to reach the correct consumer. The National Department of Health and Non-Government Organisations can use telemarketing and emails as a direct marketing tool. This involves sending relevant messages to a list of subscribers to encourage purchases, provide updates and develop leads through the use of segmentation and personalisation.

Personalized email campaigns in direct marketing can deliver customized information regarding HIV prevention, testing and treatment to individuals. Emails may contain educational material, notifications for routine HIV testing, and details regarding local health services. Customizing these emails to cater to the recipient's particular requirements or behaviours might enhance engagement and efficacy (Chaffey and Smith, 2017). Short message texting initiates the immediate transmission of reminders, tips and updates to people's cell phones. This strategy ensures that messages are delivered on time and is especially effective in engaging younger audiences who often utilize mobile devices. Studies reveal that using short message texting communication to spread HIV prevention information can enhance healthy sexual behaviours and results (Hall *et al.*, 2015).

Despite being less common in the era of social media, direct mail advertising can remain efficient, particularly in targeting people with limited internet access. Distributing brochures, booklets and instructional materials regarding HIV directly to individuals' residences can furnish essential information and resources. These materials may encompass information regarding safe sexual behaviours, the significance of HIV testing, and accessible healthcare (Kotler and Armstrong, 2018). Telemarketing entails contacting individuals through telephone calls to disseminate information and promote behaviours such as HIV testing and safe sexual practices. This approach facilitates direct engagement and the capacity to resolve inquiries or issues instantaneously. Telemarketing can be especially efficacious for follow-up notifications and tailored health guidance (Futrell and Hartley, 2010).

Another useful strategy to initiate conversations about HIV awareness and safe sexual behaviour is to use direct messaging on social media applications. Direct messages can be sent by health influencers and organizations to their followers, offering them resources, encouragement and information. This method permits one-on-one conversations, which often have a greater effect since it is private and direct (Kaplan and Haenlein, 2010). Direct marketing via targeted web advertising entails positioning advertisements that engage particular persons according to their demographics, behaviours and interests. These advertisements can enhance HIV awareness initiatives, advocate for testing and disseminate information regarding safe sexual behaviours. Employing data-driven targeting guarantees that the message is delivered to those most vulnerable (Lamb *et al.*, 2012).

The “Be in the KNOW” campaign targeted specific individuals by sending emails and texts to motivate for HIV testing and safe sexual behaviour (Be in the KNOW, 2020). A campaign called “Text4Baby”, which concentrated on maternal well-being, used text reminders to disseminate health information, and such endeavours can be employed for HIV prevention and safe sexual behaviour efforts (Text4Baby, 2016).

### **2.11.7 Event marketing**

Event marketing refers to the strategic use of organised events to directly engage with the intended audience and promote products or services (Setiawan, Wibisono and Purwanegara, 2022). According to Zinger and Carroll (2017), exhibitions and roadshows are used by HIV campaign companies to provide people with information and offer them opportunities to ask questions regarding the disease and its prevention strategies. Event marketing can be a powerful tool to educate the public, dispel myths, and encourage safe sexual practices.

Coordinating community health fairs and exhibitions also offers an opportunity to convey information regarding HIV prevention, testing and treatment. These conventions may feature health screenings and counselling, as well as presentations that provide people with knowledge about HIV in a friendly setting. Zinger and Carroll (2017) state that this strategy increases awareness and decreases stigma related to the disease. Roadshows include conducting the marketing communication campaign at multiple venues to engage a larger audience. These mobile events may include

motivational talks, live demonstrations of safe sex practices, and the dissemination of informational materials. Roadshows engage people with limited access to health information and services efficiently (Zinger and Carroll, 2017).

Conducting workshops and seminars focused on HIV awareness offers comprehensive education on subjects like HIV transmission, prevention strategies, and the significance of routine testing. These events can be tailored for specific audiences, including young people, medical professionals or community leaders, to guarantee that the information is relevant and prominent (Edelman and Mandsager, 2017). Arranging or engaging in conferences centred on public health and HIV can enhance awareness amongst a wider audience encompassing policy-makers, healthcare professionals and the general public. Conferences serve as a place for releasing pioneering findings, strategies and creative approaches in the world of HIV prevention and treatment (Fisher and Fisher, 2018). Additionally, incorporating HIV awareness into cultural and entertainment events has the prospect to engage large and diverse audiences. Collaborating with famous musicians, sports personalities or influencers to spread HIV prevention communication during these events can increase the visibility and efficiency of the campaign (Anderson *et al.*, 2018).

The Love Life Festival, which is based in South Africa, focuses primarily on young people and features HIV education, music and other forms of entertainment. The festival includes well-known musicians, informative sessions, and creating an enjoyable and educational environment for people attending (Love Life, 2020). Moreover, the AIDS Healthcare Foundation (AHF) creates a series of events that seek to highlight HIV prevention awareness and reduce sexual risky behaviours through roadshows and health exhibitions (AHF, 2019).

### **2.11.8 Branding**

Branding is an important aspect of marketing, concentrating on the creation of a unique identity and perception for a product, service or company within the public's point of view (Vaja, 2022). It epitomises the perceptions and affiliations that customers have about a particular brand in its entirety. On the subject of HIV awareness creation and prevention, efficient branding can create a noticeable and credible identity that resonates with the target audience and encourages positive sexual behaviours.

A consistent and unified message is critical for branding as a strategy. The marketing communication campaign should have a keynote idea or slogan that sums up its objectives and associates with the targeted audience. This message should be highlighted across all communication channels to ensure that it is both memorable and effective (Aaker, 2014). Branding may create trustworthiness and credibility by linking the campaign to correct information and respectable sources. Collaborating with prestigious institutions, healthcare experts and influencers with notable brands helps boost the marketing communication campaign's authenticity and cultivates people to spread the message (Gobe, 2010).

Branded products like merchandise can spread the campaign's message and foster a sense of community amongst supporters. These items work effectively as constant reminders of the marketing communication campaign and can stimulate discussions around HIV awareness and prevention (Landa, 2010). Creating a strong visual identity is critical and particularly includes the use of colour palettes, logos and design elements that facilitate the formation of an unforgettable and unified campaign. This visual identity must be applied uniformly across all products, including brochures, posters, websites and social media profiles, to establish recognition and confidence (Kotler and Keller, 2016).

Social media platforms serve crucial elements for branding. Creating branded content is critical when wanting to embody the marketing communication campaign's visual identity and message. It also increases recognition and engagement. Using hashtags and tagging relevant people can enhance the campaign's reach (Kapferer, 2012). Collaborating with influential people that resonate with the campaign's brand can potentially attract a larger audience. Influencers can create branded content that advocates the campaign's message and encourages their followers to participate by capitalising on the established trust and credibility with their followers (Kotler and Keller, 2016).

The Red Ribbon campaign uses a globally identifiable symbol, which is a red ribbon for HIV consciousness. In the efforts to encourage cohesiveness amongst people living with HIV and increase awareness about prevention and treatment, the campaign employs a simple but effective symbol that is famously recognisable (UNAIDS, 2020).

Love Life is a South African initiative aimed at HIV prevention amongst the youth. The advert employs vivid colours, a robust logo and a coherent message centred on healthy lifestyles and safe sexual behaviours. Love Life's unique and consistent branding initiatives have established it as one of the most prominent HIV prevention campaigns in South Africa (Love Life, 2020).

### **2.11.9 Word-of-mouth marketing**

This highly effective and credible strategy involves motivating happy customers to spread positive information about a product or service through social media by personal recommendations (Tavukcuoglu, 2018). This strategy plays a crucial role in spreading HIV prevention information and promoting safe sexual behaviours. Promoting the sharing of positive experiences and knowledge regarding HIV prevention on social media can substantially enhance the marketing communication campaign's reach. Social media platforms facilitate user engagement through the sharing of personal narratives, educational content and participation in campaign hashtags. The normalization of discussions regarding HIV and safe sex behaviour may be encouraged by this authentic sharing (Kaplan and Haenlein, 2010). Referral programs that enable individuals to recommend friends and family for HIV testing or educational workshops can improve word-of-mouth marketing strategies. Trusov, Bucklin and Pauwels (2009) state that Incentives like branded merchandise and discounts can effectively motivate people to make referrals.

Another effective approach to disseminate the message is by including personal stories and testimonies from people affected by HIV, or who have profited from preventive programs. Motivated people can share these experiences on films or shows, thereby encouraging others to act in a responsible manner and spread the message (Sweeney, Soutar and Mazzarol, 2012). Collaborating with influencers possessing significant followings and established credibility within the community can enhance word-of-mouth marketing. Influencers have the capacity to share personal stories, advocate for campaign messages and motivate their followers to engage in positive action regarding HIV prevention and the reduction of risky sexual behaviour. Endorsements by highly influential people enhance the credibility and trustworthiness of the campaign (Kotler and Keller, 2016). A HIV prevention marketing communication campaign can increase its effectiveness by collaborating with local HIV awareness

groups and influential members of the community. These prominent members of the public can spread information through their networks and give speeches at community events (Ryu and Feick, 2007).

The “Positive Project” is an initiative that promotes individuals living with HIV to convey their narratives via video testimonies. Personal experiences are disseminated on social media and the campaign's website, aiding in the reduction of the stigma attached and the promotion of HIV awareness and prevention. The credibility of these experiences motivates people to disseminate and interact with the content (The Positive Project, 2020). The CDC introduced a campaign called “Let’s Stop HIV Together”, which employs people’s experiences and testimonials to enhance HIV awareness and prevention efforts. Participants disseminate their experiences via short films and posts on social media, which are subsequently shared by followers, thereby generating more awareness (CDC, 2020).

#### **2.11.10 Guerilla marketing**

Guerrilla marketing is a different and inventive approach to marketing that uses low-budget, high-impact techniques to attract customers and create talk about a brand, service or product (Xavier and Jayan, 2021). It involves thinking creatively and utilizing non-traditional approaches to connect with the target audience in unique ways (Khare, 2017). Creating creative and captivating street art or murals in heavily populated cities can capture attention and stimulate conversations. These striking artworks display and deliver messages regarding HIV awareness, prevention and testing, thus motivating onlookers to acquire further knowledge and participate in HIV prevention marketing communication campaigns (Levinson, 2007). Coordinating flash mobs in public venues can garner instant attention and generate excitement. These unplanned performances can be structured to communicate themes on HIV prevention, safe sexual practices and the significance of testing. The event may be documented and disseminated on social media to expand its audience reach (Hutter and Hoffmann, 2014).

Stickers with strong, memorable statements on HIV prevention and awareness can be placed in prominent places like bus stops, college campuses and public toilets to boost awareness and inspire others to spread the word. According to Levinson (2007),

stickers can be made to look interesting and pique people's curiosity. Public stunts, such as a flash freeze in which volunteers suddenly freeze in place with HIV messaging, can have a significant visual impact. These stunts can be recorded and published online to spark additional debate and awareness (Hutter and Hoffmann, 2014).

Creating immersive experiences with augmented reality can captivate tech-savvy audiences. For example, according to Kotler and Keller (2016), an augmented reality app that depicts the effects of HIV on the body or illustrates safe sex practices can be a great educational tool. Pop-up clinics in unexpected locations, such as festivals, concerts or congested streets, can give on-the-spot HIV testing and education. These clinics can attract patients who would not normally visit a typical health centre, and provide rapid help and resources (Levinson, 2007).

Condom Couture is a ground-breaking campaign in South Africa that showcased fashion shows in which models donned garments constructed completely from condoms. This unique and controversial event elicited substantial media attention and conversation regarding safe sex and HIV prevention in South Africa (UNAIDS, 2015). Project (RED) is an international campaign that employs diverse guerilla marketing strategies, including pop-up stores and unexpected events, to generate donations and increase awareness about HIV/AIDS. Their innovative and unforeseen strategies have effectively captivated a broad audience and generated significant financial support (Project (RED), 2020).

## **2.12 Behaviour change**

Behaviour change can be referred as the process whereby people or groups modify their attitudes, behaviours or routines to achieve a desired objective (Scott and Mars, 2020). It includes a range of strategies aimed at influencing environmental, social and individual factors on behaviours connected to health (Scott and Mars, 2020). The most important step in the process of behaviour change is to realise the need for change and to be aware of the advantages of embracing new behaviours (Prusaczyk *et al.*, 2023). Rubinelli and Diviani (2020) suggest that another critical factor for behaviour change is motivation, which is linked to social influences and personal goals.

Designing successful interventions and comprehending the elements driving behaviour change is made easier by behaviour change theories such as the Transtheoretical model, Health Belief model and Social Cognitive theory (Medlock and Wyatt, 2019). Although behaviour change interventions can effectively avert significant health problems, the swift generation of evidence requires sophisticated methods for evaluation and synthesis (Norris *et al.*, 2017). Health applications that incorporate clinician involvement, intrinsic motivators and extrinsic factors such as social networking are generally more effective in promoting health behaviour modification (Kelly and Barker, 2016).

### **2.13 The best interventions to decrease risky sexual behaviour**

Reducing risky sexual behaviour frequently necessitates a multidimensional strategy that takes into consideration the different aspects impacting people's choices and behaviours. Changing HIV risky behaviours like having multiple sex partners implies that psychosocial factors and viewpoints need to be well-researched (Mangold *et al.*, 2019). Sex education programs that educate students and community members on healthy relationships, consent, STI prevention, sexual health and contraception should also be implemented (Goldfarb and Lieberman, 2021). It is also crucial to create interventions that promote the regular and proper use of condoms to avoid HIV transmission, getting pregnant and contracting STIs (Evans *et al.*, 2020). Initiating public campaigns that dispel sexuality-related prejudices and social conventions; support healthy relationships; and call for appropriate sexual behaviour through media outlets such as the internet, social media, radio and television, should be prioritised (Stead *et al.*, 2019; Condran, Gahagan and Isfeld-Kiely, 2017). Local leaders, religious institutions and community-based groups can mobilise their communities to address systemic issues such as prejudice, poverty, gender inequality and limited access to resources that lead to risky sexual behaviour. Airhihenbuwa, Ford and Iwelunmor (2014) suggest that in order to tackle the HIV pandemic, it is critical to focus health interventions on culture as it has an impact on family and individual behaviour. Health interventions seeking to decrease sexual risky behaviour need to factor in peer behaviours and attitudes when creating their programs (Young and Jordan, 2013). Using strategically focused interventions such as counselling services, substance addiction prevention programs and harm reduction techniques to address substance

use and its influence on sexual decision-making could be key to reducing risky sexual behaviour. Lastly, to produce impactful HIV prevention interventions targeting men, researchers should put more emphasis on studying the relationship between men's HIV risky behaviour and masculine norms (Gibbs, Sikweyiya and Jewkes, 2014). The development of interventions to enhance decision-making should be employed by using behavioural decision science tools, more specifically a mental model (Downs *et al.*, 2015). A mental model consists of a set of ideas and beliefs that shape how a person comprehends how the world functions (Holtrop, Scherer and Matlock, 2021).

## **2.14 Influence of HIV marketing communication campaigns in reducing HIV risky sexual behaviour**

Current HIV prevention marketing communication campaigns play a critical role in creating awareness and education and inducing good sexual behaviour, possibly leading to HIV prevention. The success of HIV prevention marketing communication campaigns might differ greatly depending on the target audience, the cultural setting and the particular strategies used. HIV prevention campaigns seek to educate people about the importance of condom use, regular testing for HIV and practising safe sex. National HIV prevention marketing communication campaigns in South Africa have been associated with an increase in condom use, particularly amongst the youth, despite the fact that the number of sexual partners has not decreased noticeably as a result of the programs (Peltzer *et al.*, 2012). Additionally, creative initiatives like "She Conquers", which aims to reach young women and teenage girls, highlight the significance of customized messaging in addressing particular populations at higher risk of HIV transmission (Subedar *et al.*, 2018). Eliminating misconceptions and myths is paramount when creating HIV prevention campaigns, as well as influencing behaviour change. Therefore, HIV prevention marketing communication campaigns are specifically designed to resonate with the intended target group for maximum effectiveness. In a culturally diverse country such as South Africa, successful campaigns ensure the involvement of the community to create communication that the people can comprehend (Hyland-Wood *et al.*, 2021). Studies demonstrate that community-driven efforts seen in Tanzania and Uganda markedly improve health-seeking behaviours and testing rates by synchronizing services with local health goals (de Klerk *et al.*, 2021; Kabami *et al.*, 2017). Long-term cultural and social

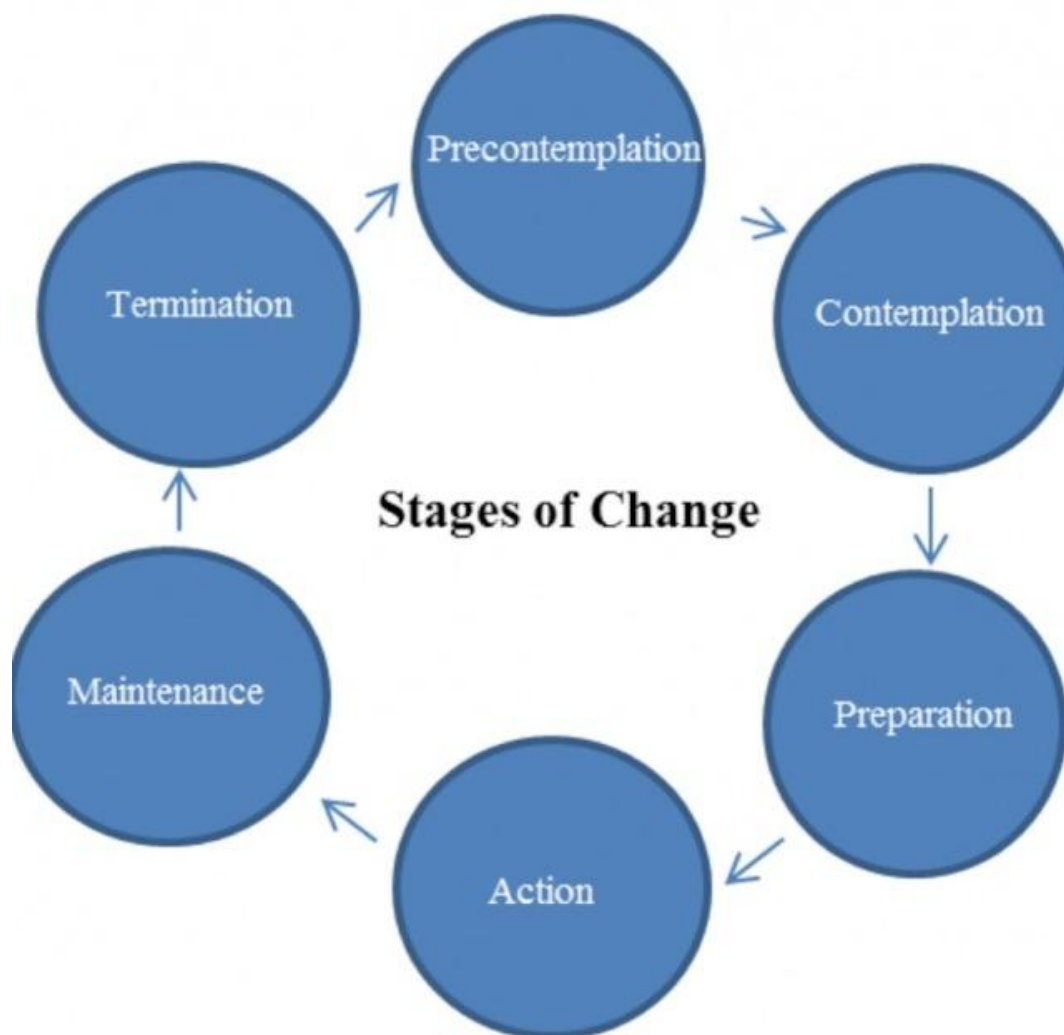
transformations can be achieved through unrelenting and well-implemented HIV prevention campaigns. Through well-executed HIV prevention marketing communication campaigns, African countries such as Zimbabwe, Rwanda, Swaziland, Tanzania and Botswana have been reported to have already achieved their 95-95-95 goal (UNAIDS, 2023). To ensure that these campaigns are effective in addressing the desired outcomes, ongoing review and adaptation is necessary. In summary, HIV preventive marketing communication initiatives are essential instruments in public health, especially when they are culturally attuned, community-oriented and utilize novel messaging techniques. The success of these campaigns depends on their ability to recognize the particular requirements of various populations and to use evidence-based strategies to encourage participation and the modification of behaviour.

## **2.15 Theoretical frameworks**

### **2.15.1 The Transtheoretical Model**

The theoretical framework adopted for this study is called The Transtheoretical Model. This model highlighting behaviour change was developed by Prochaska and DiClemente (1986). The intention of developing this model was to describe the steps of changing behaviour in relation to addictive behaviours. The model encapsulates that individuals do not change behaviours immediately and decisively (Craig and D'Souza, 2018), instead they take time. This model further elucidates the individual's willingness to change their behaviour as being cyclical and continuous. The model (Figure 1) is cyclical, which supposes that the steps in realising changes in behaviour are ongoing. The steps include the *pre-contemplation stage*, whereby people have no intention of altering their actions in the foreseeable future. People in this stage may not know the consequences of their actions due to being underinformed or misinformed (Yarmarathi and Kannuri, 2019). The next stage in this cycle is *contemplation*, wherein the willingness of people to change in the foreseeable future is involved. In this stage, people are aware of the advantages and disadvantages of making the required behavioural change (Rew, 2004). The next stage speaks to *preparation*, whereby people have decided to make the necessary behaviour change soon. These people have done research and most have designed a plan of action (Mitchell, 2005). Strategies to recruit them to change to the desired behaviour should be put in place immediately. Next is the *action stage*, which is when people have made

specific behaviour changes immediately after deciding (Prochaska, Norcross and DiClemente, 2013). After these changes is the *maintenance stage*, whereby people are determined to prevent relapsing and the temptation to relapse is at a minimum. Lastly, the *termination stage* is when people have no temptation and have an increased self-perception. Regardless of their current emotional state, they are certain that they will not regress to their old ways of risky behaviour (Prochaska, 1995).



**Figure 1: The Transtheoretical Model indicating that the stages of change are continuous (Prochaska and DiClemente, 1986)**

### 2.15.2 The Health Belief Model

The Health Belief Model (HBM) is a prominent paradigm for comprehending individual health behaviours. It asserts that individuals make health-related decisions based on

their perceptions of vulnerability, severity, advantages and obstacles associated with a health hazard or behaviour (Green, Murphy and Gryboski, 2020). In sub-Saharan Africa, the Health Belief Model (HBM) has been effective in forecasting HIV preventive behaviours and treatment adherence, with perceived benefit, susceptibility, self-efficacy and barriers as critical determinants (Tarkang *et al.*, 2023). Nonetheless, despite a high perceived susceptibility, research on teenagers in Nigeria exposed false beliefs about HIV transmission and the severity of AIDS, emphasizing the need for focused education (Agu *et al.*, 2020). The model's efficacy differs amongst demographics, with obstacles significantly influencing males and advantages for females in forecasting HIV risk behaviours (Carpenter, 2010). The current study objectives were aligned to theory as follows:

- **Objective I:** The level of awareness can be linked to the perceived susceptibility and perceived severity components of the HBM. Higher awareness may correlate with higher perceived susceptibility to HIV and perceived severity of the disease.
- **Objective II:** The influence of marketing communication campaigns can be evaluated through the perceived benefits and cues to action.
- **Objective III:** Challenges in reducing risky behaviour can be associated with perceived barriers.
- **Objective IV:** Developing strategies would involve enhancing perceived benefits, reducing perceived barriers, and providing cues to action.

#### **2.15.2.1 Perceived severity**

Perceived severity denotes the subjective evaluation of the seriousness of a health issue and its possible repercussions. The Health Belief Model posits that persons who see a certain health issue as significant are more inclined to adopt activities aimed at preventing the occurrence of the health problem or mitigating its severity (Huang and Yang, 2020). Perceived seriousness includes perceptions of the disease's nature (e.g., its potential to be life-threatening or to induce disability or suffering) and its wider effects on occupational and social functioning.

#### **2.15.2.2 Perceived susceptibility**

Perceived susceptibility denotes an individual's subjective evaluation of the risk associated with developing a health issue. The Health Belief Model posits that

individuals who recognize their susceptibility to a specific health issue would adopt activities aimed at mitigating their risk of getting that issue (Walpole and Wilson, 2021). Individuals with a diminished perception of susceptibility may reject the notion that they are at danger of developing a specific sickness. Some individuals may see the potential for sickness development, but consider it improbable (Carter and Woodward, 2020). Individuals who perceive themselves as at less danger for illness are more inclined to partake in unhealthy or hazardous behaviours (Arni *et al.*, 2021). However, individuals who recognize a significant danger of being directly impacted by a specific health issue are more inclined to adopt activities aimed at mitigating their chance of having the ailment. The amalgamation of perceived severity and perceived susceptibility is termed 'perceived threat'. The perceived severity and susceptibility to a specific health issue are contingent upon one's awareness of that ailment. The Health Belief Model posits that an increased perception of threat correlates with a greater propensity to participate in health-promoting behaviours (Bashapoor *et al.*, 2018).

#### **2.15.2.3 Perceived benefits**

Health-related behaviours are impacted by the perceived advantages of taking action. Perceived benefits denote an individual's evaluation of the worth or effectiveness of participating in a health-enhancing practice to mitigate disease risk (Dickie *et al.*, 2022). If an individual perceives that a specific action may mitigate vulnerability to a health issue or lessen its severity, they are inclined to pursue that behaviour irrespective of the objective evidence concerning the action's efficacy (Maguire and Looi, 2022).

#### **2.15.2.4 Perceived barriers**

Health-related behaviours are influenced by perceived obstacles to action. Perceived barriers denote an individual's evaluation of the impediments to behavioural modification. Even if one views a health state as perilous and believes that a specific action will effectively mitigate the hazard, obstacles may hinder participation in the health-promoting behaviour (Kelly *et al.*, 2016). The perceived advantages must surpass the apparent obstacles for behavioural change to transpire. Perceived obstacles to action encompass the perceived inconvenience, cost, risk (e.g., side-effects of a medical procedure) and discomfort (e.g., pain, mental distress) associated

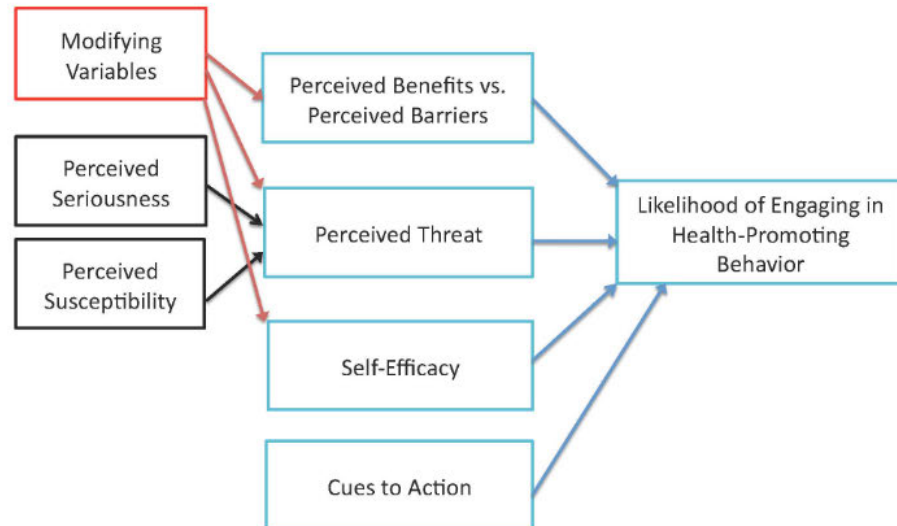
with the conduct. For example, limited access to inexpensive healthcare and the belief that a flu vaccine can induce considerable pain may serve as obstacles to vaccination.

#### **2.15.2.5 Modifying variables**

Personal attributes, encompassing demographic, psychosocial and structural factors, might influence perceptions (i.e., perceived severity, vulnerability, advantages and obstacles) of health-related behaviours (Zorbas *et al.*, 2018). Demographic factors encompass age, gender, race, ethnicity and educational attainment, amongst others. Psychosocial variables encompass personality, socioeconomic class and the influence of peer and reference groups, amongst others. Structural variables encompass information regarding a certain disease and previous exposure to the disease, amongst other factors. The Health Belief Model posits that changing variables influence health-related behaviours indirectly by impacting perceived severity, susceptibility, benefits and obstacles (Amankwah-Poku, 2020).

#### **2.15.2.6 Cues to action**

The Health Belief Model asserts that a cue or trigger is essential for initiating health-promoting activities. Cues to action may be categorized as either internal or external (Azadi *et al.*, 2021). Physiological signals (e.g., pain, illness) exemplify internal prompts to action. External cues encompass events or information from acquaintances, the media or healthcare professionals that encourage participation in health-related behaviours. Instances of cues to action encompass a reminder postcard from a dentist, the illness of a friend or family member, and health warning labels on products. The degree of cues required to elicit action differs amongst persons based on perceived sensitivity, severity, advantages and obstacles (Vincenzo *et al.*, 2022). For instance, individuals perceiving themselves as at an elevated risk for a severe illness and possessing a rapport with a primary care physician may be readily influenced to undergo screening following exposure to a public service announcement. Conversely, those who consider themselves at minimal risk of contracting HIV and lack dependable access to healthcare may need more substantial external stimuli to prompt HIV testing (Alexovitz *et al.*, 2018).



**Figure 2: The Health Belief Model (Janz and Becker, 1984)**

### 2.15.3 The Theory of Planned Behaviour

The Theory of Planned Behaviour (TPB) has been extensively utilized to examine behaviours related to the prevention and management of HIV/AIDS. The Theory of Planned Behaviour asserts that behavioural intention is affected by attitudes, subjective norms and perceived behavioural control (La Barbera and Ajzen, 2020). This theoretical model has been successfully utilized in diverse contexts of HIV research, offering insights into individual decision-making concerning HIV testing, treatment adherence and preventative behaviours (Ashrafi *et al.*, 2020). Studies have consistently shown that attitudes regarding safe sex practices have a major impact on intentions to conduct HIV prevention. For example, a study by Shamsolahi *et al.*, (2021) showed that educational interventions based on TPB effectively boosted married women's knowledge of and preventive behaviours toward STIs, including HIV. Similarly, Goldsberry *et al.* (2016) discovered that college students' attitudes and intentions toward safe sex activities increased when they received information enhancement through educational programs based on TPB principles.

Research amongst university students in Nigeria indicated that the dimensions of the Theory of Planned Behaviour, especially attitude and perceived behavioural control, are important predictors of HIV testing intentions (Ayodele, 2017). In Ethiopia, TPB accounted for 9.2-16.4% of the variance in HIV testing intentions amongst prenatal care attendance, with subjective norms and attitudes serving as significant predictors

(Mirkuzie *et al.*, 2011). Research in sub-Saharan Africa indicated that elements of the Theory of Planned Behaviour, especially subjective norms and attitudes, substantially impacted intentions to comply with antiretroviral therapy and consistently utilize condoms (Tarkang *et al.*, 2024).

In summation, the TPB offers a comprehensive framework for comprehending the intricacies of HIV-related behaviours. By clarifying the interaction amongst attitudes, subjective norms and perceived behavioural control, researchers and practitioners can create more effective treatments to enhance HIV prevention and care participation. The use of the TPB in many studies underscores its adaptability and significance in tackling the complex issues related to HIV.

- **Objective I:** Awareness levels can influence attitudes towards HIV prevention.
- **Objective II:** The influence of campaigns can be assessed by changes in attitudes, perceived norms and perceived control over safe behaviours.
- **Objective III:** Challenges faced by young adults can be explored through perceived behavioural control and subjective norms.
- **Objective IV:** Strategies can be developed by targeting attitudes, subjective norms and enhancing perceived behavioural control.

### **2.15.3.1 Attitudes**

This aspect articulates an individual's sentiment regarding the behaviour in question. The more positive an individual's perception of the necessary change, the higher the probability of embracing this behaviour (Hassan *et al.*, 2021). An enthusiastic smoker who relishes the habit is likely to exhibit a negative disposition towards any "stop smoking campaigns" and would be less inclined to diminish their smoking.

### **2.15.3.2 Norm**

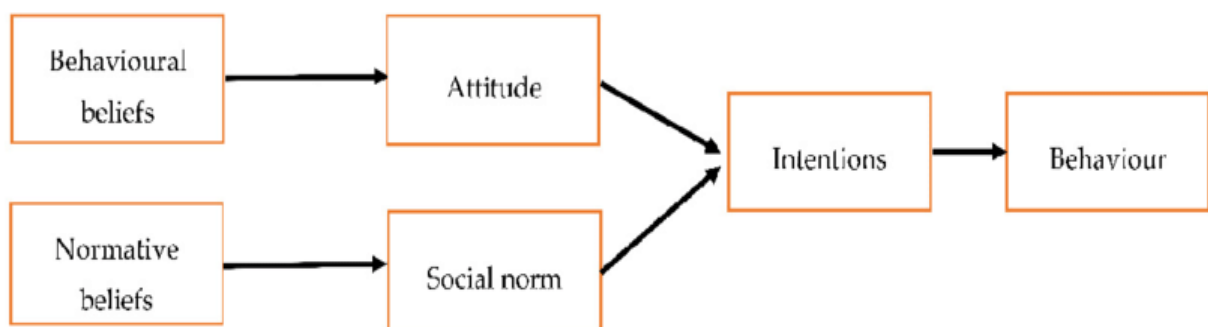
This factor delineates an individual's perception of social pressures regarding the adoption or abstention from the requisite behavioural modification (Wenzel and Woodyatt, 2024). For example, the societal standards of smoking in the UK have undergone significant transformation over the past thirty years. An increasing number of individuals oppose it, representing a significant deviation from the social norms surrounding smoking in developing nations.

### 2.15.3.3 Control

This component explains a person's capacity to carry out a behaviour modification. It covers a person's assurance in carrying out the change as well as any potential roadblocks (Mansell, 2020). Continuing with the smoking theme, one may observe that the UK has outlawed smoking in public areas, making it far more difficult for people to 'light up'.

### 2.15.3.4 Intention

This factor serves to determine whether the individual will indeed exhibit the required behaviour (Ajzen, 2020). The sole method to ascertain if the behaviour will be adopted is through observation. In research contexts, this is not always feasible. Therefore, the alternative is to inquire whether the individual intends to implement the necessary behavioural change.



**Figure 3: The Theory of Planned Behaviour Model (Alhamad and Donyai, 2021)**

## 2.16 Conclusion

This chapter highlighted the global and local impact of the spread of HIV, and the evolution of mass media and social media in dissemination information regarding HIV awareness and prevention. Several HIV prevention campaigns that have been executed in South Africa were mentioned. Marketing communication strategies that have been employed to increase HIV awareness and prevention were discussed. This was significant when looking at some of the objectives of the study. Although HIV can potentially increase, effective HIV prevention marketing communication campaigns can be employed to reduce the HIV prevalence or retard the continuing HIV transmission. The success of the campaigns would be achieved by the change in risky

sexual behaviour among young adults. The three theoretical frameworks mentioned in this chapter underscore the principles of behaviour change, wherein behavioural change is underlined by willingness and attitude to the change based on knowing the outcomes of risky behaviour. The campaigns are to be planned to effectively reach the target audience, with the message being directed to influence the change in risky sexual behaviour. The current study postulated that despite the marketing communication HIV prevention campaigns being implemented, they are not directed efficiently to the target audience. The next chapter, the methodology, will indicate how the current study was planned to achieve the objectives based on the literature that was reviewed.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

The previous chapter reviewed the literature on marketing communication and its influence on risky sexual behaviour. This chapter will present the research study design and research methodology employed when data was collected and analysed in this study, which led to the research findings that will be presented in the next chapter. Included in this chapter will be a description of the study setting, research approach, the population, the sample, the sampling strategy, how data validity and reliability were ensured, and ethical considerations.

#### **3.2 Research design**

This study employed the quantitative research paradigm, which is based on the philosophy that assumes that reality is objectively given and measurable, using attributes that are independent of the researcher and the data collection instrument (Antwi and Hamza, 2015). Being quantitative, the study allowed the researcher to gather numerical data, which can be quantifiable and transformed into usable generalisable statistics (Hasan, 2024). The study design of this current study was cross-sectional and descriptive, using a survey approach. A cross-sectional study is the most appropriate design when evaluating attitudes and knowledge amongst a population of interest at a given point in time (Kesmodel, 2018). Being cross-sectional, this current study allowed the collection of knowledge, attitudes and perceptions from the study participants who were 18-24-year-old young adults in order to make inferences about this population. Furthermore, the descriptive design was utilised in conjunction with the quantitative design since it employed numerical data in painting a picture of the social conditions and to identify problems that exist in the population of interest (Siedlecki, 2020). In addition, a survey was viewed as an ideal data collection method in this study. According to Creswell and Creswell (2017), a survey design is ideal for measuring trends, attitudes and perceptions. The survey was aimed at determining the knowledge, attitudes and perceptions of 18-24-year-old young adults to HIV/AIDS marketing communication prevention campaigns, using a

questionnaire. The study participants had to indicate whether the HIV marketing communication campaigns have an influence in reducing HIV risky sexual behaviour.

### **3.3 Target population**

The study location of Imbali, a peri-urban area, was selected from uMsunduzi Municipality enumeration areas in Pietermaritzburg for its uniqueness in that it features urban, peri-urban and rural areas within its jurisdiction. The rationale behind this convenience selection was that there are two tertiary education institutions and a Community Health Clinic (CHC) in Imbali. Imbali township is reported to have a population size of 30 157 individuals, and covers 4.33km<sup>2</sup> of land (StatsSA, 2012). The township of Imbali comprises 12 units, namely Unit 1, Unit 2, Unit 3, Unit 13, Unit 14, Unit 15, Unit 18, Unit AA, Unit BB, Unit CC, Slangspruit and Azalea. This study area was randomly selected from uMsunduzi Municipality enumeration areas. The study population consisted of 18–24-year-old young adults, male and female. This age range was chosen because The NDoH (2019) and Speizer *et al.* (2020) reported a lower prevalence rate of HIV infection amongst children (less than 18 years old), whereas the 18-24-year-old group (young adults) has a higher HIV prevalence. Since the objectives of the study were to determine the impact of the exposure of HIV/AIDS marketing communications campaigns amongst young adults, this study location was deemed appropriate for such research.

#### **3.3.1 Sample size**

According to Hair *et al.* (2013), the study sample should be representative of a population that would consist of a sufficient number of participants to be generalisable to that population. According to Sekaran and Bougie (2019), a population size of 30 000 requires a sample size of 379 in order to provide accurate responses from participants. Using an online sample calculator, the sample size was calculated to be 380 participants from a population size of 30 157, with the confidence level of 95% and a margin of error of 5% (<https://www.surveysystem.com/sscalc.htm>). The study sample was 380, which consisted of 18–24-year-old young adults.

The sample size calculator formula used is as follows:

$$X = Z(c / 100) \sqrt{r(100-r)}$$

$$n = N \times \frac{X^2}{(N-1)E^2 + X^2}$$

$$E = \text{Sqrt}[(N - n) \times X^2 / n(N-1)]$$

X is the sample mean

n is the sample size

E is the margin of error

N is the population size

r is the fraction of responses interested in (50%)

Z(c/100) is the critical value for the confidence level c

### **3.3.2 Sampling technique**

Purposive sampling was used in the study to access the young adult sample population from within this community. Obilor (2023) refers to purposive sampling as a method where participants are deliberately selected based on their capacity to clarify a well-defined theme, concept or phenomenon. Since this type of method is of a non-probability nature, the findings of this study may not be generalised to the population, where inferences can be made about this population.

### **3.3.3 Participant recruitment**

Four hundred and fifty potential participants were purposively approached from within the community of Imbali, Pietermaritzburg. Wang (2024) defines non-probability sampling as a method where the chances of selection cannot be determined. The study used a non-probability sampling technique, whereby potential participants were targeted purposively within the community of Imbali in Pietermaritzburg. This recruitment method was chosen for this study as it is suitable when the researcher possesses a well-defined understanding of the features or qualities they wish to investigate and intends to choose a sample that accurately represents those features. Moreover, the advantage of using this recruitment strategy is that it allowed continued recruitment when potential participants who did not meet the inclusion criteria were excluded, until the sample size of 380 participants was achieved. The participants were approached as they were walking within the community. The researcher asked potential participants whether they fell within the 18-24-year age group.

Participants were recruited by the researcher wearing a mask as the study took place during the COVID-19 pandemic. Before giving them a letter of information in their preferred language (Appendix C1 in English or Appendix C2 in isiZulu), their hands were sanitised. After going through the information letter which explained the study, the questionnaire as well as the fact that their confidentiality would be maintained, and addressing any further questions that they had, interested individuals were asked to participate. Upon agreement, they were requested to sign an informed consent form (Appendix D1 in English or Appendix D2 in isiZulu).

### **3.4 Inclusion and exclusion criteria**

Inclusion and exclusion criteria describe which participants can be involved or rejected to participate in a study sample (Garg 2016). As stated by Patino and Ferreira (2018) and Garg (2016), the inclusion criteria describe the essential characteristics of the target population that the study needs to address its objectives in a consistent and reliable manner. The exclusion criteria comprise elements that may make the recruited participants ineligible for the study. The participants had to be between the age of 18 – 24 years old and of any gender, in accordance with the target population of the study. Additionally, due to the outbreak of the COVID-19 virus during data collection, the willingness to wear a mask and sanitising before and after completion of the questionnaire for qualified participants to partake in the survey was mandatory.

Participants who were not 18-24 years old and not willing to adhere to COVID-19 safety regulations were excluded from the study. In addition, potential participants who refused to sign a consent form were also prohibited from the study.

### **3.5 Measuring instrument**

Multi-response and binary questions were employed in the structured part of the questionnaire to assess the exposure and influence of HIV prevention marketing communication campaigns amongst young people, and the effect thereof on the reduction of HIV risky sexual behaviour. Questionnaires offer a systematic method for gathering data that may be subjected to statistical analysis (Roopa and Rani, 2012). In addition, open-ended questions were also used to determine participants'

perceptions of the effects of marketing communication HIV prevention campaigns. The questionnaire consisted of 39 questions, with five sections as follows:

In Section A the participants were to indicate the date of participation in the study; Section B indicated their demographics with six questions; Section C was on their socioeconomic status, with one question; Section D determined their use of different communication media with nine questions; and Section E had 13 semi-structured and four structured questions on the effects of HIV/AIDS prevention communication campaigns and potential causes of risky sexual behaviour.

### **3.6 Data collection process**

The potential participants that were approached in the streets and thereafter selected, as they met the selection criteria, were then led to the data collection site. A portable table and chairs were set up to allow participants to fill in the questionnaire. The questionnaire was administered by the researcher to each participant. The estimated completion time for each questionnaire was 25 minutes. The questionnaire was collected immediately after its completion to avoid loss to follow-up, if the participants were to be allowed to bring the questionnaires at a later date. A total of 380 questionnaires were collected.

### **3.7 Pre-test**

According to AL-Sinani (2020), a pre-test is a valuable method for evaluating a data collection tool since it highlights the weaknesses, if any, of the questions in a questionnaire, and whether they will be effective in collecting the relevant information. The current study utilised a validated questionnaire that had been used in a Human Sciences Research Council study (Peltzer *et al.*, 2012). Permission was granted to the researcher for the use of the questionnaire, as it was or if it was to be adapted. Hence, this questionnaire was subjected to a pre-test since some of the questions were adapted to the study objectives. The pre-test was used to ensure the validity and efficiency of the data collection tool in collecting data that was relevant in addressing the study objectives. The pre-test group comprised five expert individuals, which included three members from an HIV support group, a statistician and a published research investigator. This panel of experts were purposively recruited by the researcher. The data from the pre-test was not used in the main study, but it was used

to amend the questionnaire. The panel suggested that open-ended questions be included for some of the structured questions.

During the dissemination of the questionnaire when the pre-test study was conducted, the experts were subjected to the same planned data collection procedure for the main study. This included the administration of the questionnaire by the researcher after they were given the information letter as well as the informed consent form to sign before they could participate. A portable table and chair were set up to allow the pre-test participants to fill in the questionnaire, which took about 25 minutes. The questionnaire was collected immediately after completion.

### **3.8 Validity and reliability**

The validity and reliability of data should be ensured sufficiently to inform the accuracy of the process of data collection and analysis as well as the significance of findings (Sukmawati 2023). Validity describes the appropriateness of the instruments that are employed in a study and ensures the accuracy of the results as well as generalisability of the findings (Saunders, Lewis and Thornhill 2019). On the other hand, reliability is when consistency is achieved although different measurements are used (Zikmund and Babin 2010).

When a measure is said to be reliable, statements are assumed to be stable and consistent. Cronbach's alpha was used to determine the reliability of the composite measure. The coefficient for Cronbach's alpha lies between 0 and 1, with any value that is below 0.6 considered to represent less than satisfactory internal consistency and hence reliability. Ideally, values that are above 0.7 can be stated to indicate that statements in a group are internally consistent with each other (Saunders, Lewis and Thornhill, 2019).

#### **3.8.1 Validity**

Ramadhan, Siroj and Afgani (2024) define validity as a process of ensuring that the data collection tool accurately measures what it is meant to. Face validity is defined as the subjective judgement of individuals to identify whether the measure being implemented is appropriate for the objectives (Ansari and Khan 2023). Face validity in

the current study was ensured by using a questionnaire that had been validated in a Human Sciences Research Council (HSRC) study (Peltzer *et al.*, 2012) that measured the impact of communication campaigns and the contributions of knowledge and attitudes towards HIV to reduce risky sexual behaviour. The data collection tool was pre-tested, whereby the questionnaire was assessed for appropriateness by a panel of experts, since it was adapted to ensure that it addressed the study objectives. This further ensured the face validity of the data collection tool. Content validity ensures the degree to which the population evaluated is being represented by the selected sample (Ansari and Khan 2023). In this study, content validity was achieved by ensuring that the sample size was appropriate when a statistically significant sample with a 95% confidence interval was determined.

### **3.8.2 Reliability**

Reliability is an important aspect in research that relates to the stability and consistency of the research findings. Ranganathan, Caduff and Frampton (2024) define reliability as the level to which a tool gives consistent data. Reliability in this study was ensured when the questionnaire was administered by the researcher only, which avoids contamination of the data if the administration of the questionnaire was to be done by more people. Sekaran and Bougie (2016) suggest that the reliability of a survey reflects the extent to which there will be no bias. In addition, reliability in this study was assessed using Cronbach's alpha coefficient. A reliability coefficient of 0.60 or higher is considered acceptable for a newly developed construct. Furthermore, triangulation was employed in the questionnaire to assess honesty in the participants' responses, where some questions were asked both in a structured and open-ended format when the responses for both the questions were to be the same.

### **3.9 Data analysis**

The data was analysed using the SPSS statistical package, Version 29, and the necessary statistical tests were conducted. Descriptive statistical methods for categorical data were used and depicted using frequency and cross-tabulation tables. Inferential statistics, which consist of hypothesis testing, used chi-square test analysis on the categorical data, with a statistical significance set at " $p < 0.05$ ". The chi-square test is a commonly used statistically significant non-parametric method that

determines differences between categorical data, allowing the evaluation of independent variables within multiple groups (McHugh 2013; Msuha and Mdendemi 2019). Chi-square testing was appropriate since the data was categorical, also known as nominal. In addition, qualitative data obtained from the open-ended parts of the questionnaire were arranged and organised into themes based on the participants' responses. Tesch's method of data analysis for qualitative research was employed to conduct data analysis and interpretation.

### **3.10 Ethical considerations**

Prior to the commencement of the study, ethical approval was obtained from the Durban University of Technology's Ethics Committee (IREC), with the IREC Ethical Clearance Number IREC 132/20 (Appendix E). Permission to recruit and conduct the study in the community was obtained from the Ward Councillor (Appendix F).

The study was underpinned by research ethics principles that guaranteed the safety of research participants and avoided irresponsible conduct. The ethics principles include societal value, scientific validity, fair participant selection, favourable risk-benefit ratio, independent verification, informed consent and respect for the enrolled participants (Atef, 2024). In upholding these principles, participant names were replaced with numbers to ensure their confidentiality. No participants were unfairly excluded on the grounds of age, race, sexual orientation, disability, religious views, pregnancy, marital status or ethnic or socioeconomic background, as long as they met the inclusion criteria.

Participants were free to choose whether to participate in the study. They were not coerced in any way. They were given a letter of information in their preferred language (Appendix A1 English and Appendix 2 IsiZulu), which explained the study objectives, and any further questions that they had were addressed, ensuring that they participated voluntarily. After going through the information letter, on agreement, they signed an informed consent form (Appendix B1 English and Appendix B2). According to Cardillo *et al.* (2018), individuals consent to take part in research when they see advantages for themselves and future generations.

The collected data will be kept confidential, stored for five years and be disposed of after the study completion in line with the Durban University of Technology's ethics principles. Questionnaires and all other research hardcopy documents will be stored in safe storage for five years and thereafter shredded. Electronic records will be kept for five years in a password protected laptop where access will only be available to the researcher, and thereafter it will be deleted.

### **3.11 Limitations**

Sampling a larger population requires additional financial resources, hence the study will address a sample of the population of young adults who are aged 18-24 in Imbali, Pietermaritzburg. The findings cannot be generalised to the whole population of South Africa due to the specific focus of this study on 18–24-year-olds living in Imbali, Pietermaritzburg. Due to the impact and preventing the transmission of COVID-19, unnecessary contact was avoided. All safety measures were practised. The researcher and participants were always wearing masks. Hands were sanitised before and after data collection. Social distancing of 1.5 metres was also ensured.

### **3.12 Conclusion**

The research design and methods were explained in this chapter, with the objective of completing the study. The questionnaire design process, different types of research and sampling techniques were demonstrated. The purpose was to collect and analyse the data and pinpoint the cracks that seem to exist between marketing communication campaigns and risky sexual behaviour change amongst young adults. The results that were obtained in this study are presented in Chapter 4.

## **CHAPTER FOUR**

### **DATA ANALYSIS**

#### **4.1 Introduction**

The previous chapter discussed the research methods and methodology employed in this study. The current chapter presents the data analysis for the study. The data collected from the respondents was analysed using SPSS version 29.0. The analyses are based on descriptive statistics in the shape of figures and graphs for the quantitative data that were gathered. In addition, inferential statistical techniques employed included the use of chi square test analyses, which were interpreted using p-values, where statistical significance was shown by p-values of  $\leq 0.05$ . In this current study, the chi-square testing was appropriate since the data was categorical, also known as nominal, namely the frequency of media use and perceptions. Furthermore, a Cronbach's alpha score of 0.657 was obtained for all the items that constituted the questionnaire. This indicates an acceptable reliability coefficient, demonstrating that the questionnaire was appropriate for the study.

The study aimed to examine the influence of HIV/AIDS prevention marketing and communication campaigns on young adults in Imbali, Pietermaritzburg, KwaZulu-Natal (KZN).

This aim was achieved through the following objectives:

- To determine the level of awareness of HIV prevention marketing communication campaigns employed by the government and Non-Government Organisations in Imbali;
- To investigate the influence of HIV marketing communication campaigns in reducing HIV risky sexual behaviour;
- To determine the challenges that young adults face in reducing risky sexual behaviour in Imbali; and
- To develop HIV/AIDS marketing communication prevention strategies in Imbali, PMB, KZN.

## 4.2 Characteristics of the study participants

In this study, demographics relate to factors such as gender, age and race that describe the study sample. Demographic data is paramount and is the basis of the survey. These descriptive data are shown in Table 2 (Age distribution of the study participants), Figure 4 (Gender characteristics of the participants) and Figure 5 (Race distribution of the participants).

## 4.3 Age distribution of the study participants

The ages of the participants (n=380) were found to be significant for the study as they determined the precise group that had a major effect on the study. The majority of participants (19.2%; n=73) were 20 years of age (Table 2). The age distribution of the study participants holds particular significance as it provides insights into the specific demographic group that may be most vulnerable to engaging in risky sexual behaviour. Understanding the age profile of the participants allows for a nuanced examination of the potential influence of HIV prevention marketing communication campaigns within this population. The prevalence of younger adults amongst the study participants highlights the importance of tailoring prevention strategies to address the unique needs and behaviours of this demographic. By acknowledging the age distribution of the participants, the study aims to shed light on the effectiveness of HIV/AIDS prevention efforts amongst young adults in Imbali, Pietermaritzburg, KwaZulu-Natal, thus contributing to the development of targeted and culturally sensitive communication strategies to mitigate the risk of HIV transmission within this community.

**Table 2: Age distribution of the study participants**

<b>Age years</b>	<b>in</b>	<b>Percentage</b>	<b>Total</b>
18		9,2%	35
19		15,3%	58
20		19,2%	73
21		10,8%	41
22		17,1%	65
23		13,9%	53
24		14,5%	55
		<b>100%</b>	<b>n=380</b>

#### 4.4 Gender distribution of study participants

A majority of the participants (62%; n=236) in this study were noted to be female (Figure 4).

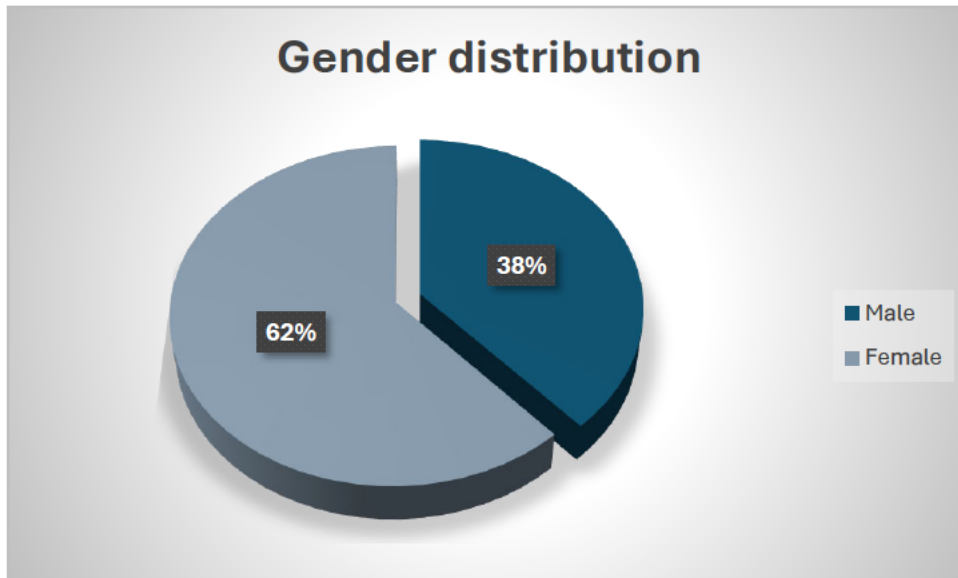


Figure 4: Gender distribution of the study participants

#### 4.5 Race distribution of participants

The analysed data revealed that 89.5% of the participants (n=340) were Black (Figure 5).

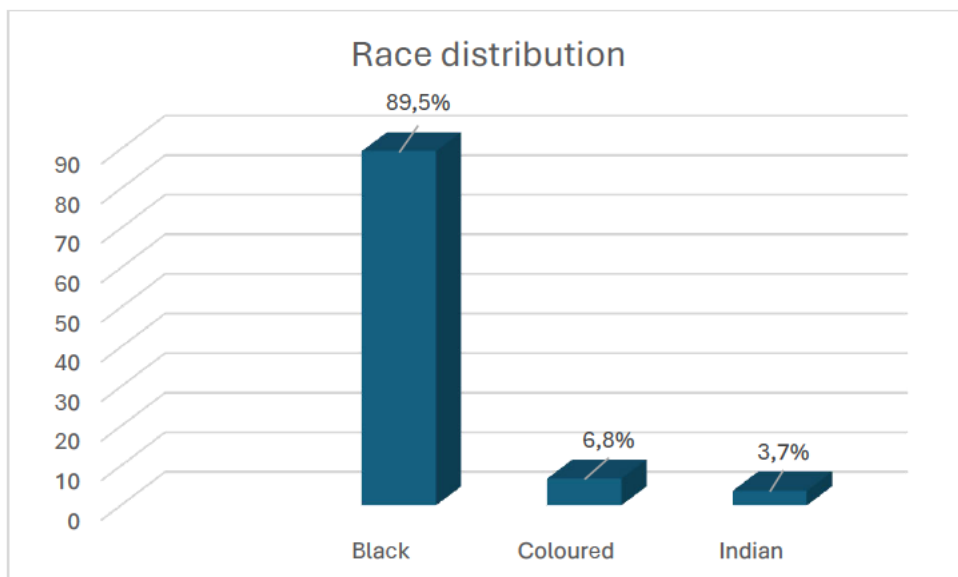


Figure 5: Race distribution

#### **4.6 Frequency of media use based on age and gender**

A questionnaire was utilised to collect data from participants regarding the type of media they use and the frequency of use. This was done in order to determine the possible exposure to HIV/AIDS marketing communication prevention campaigns of the participants, which would inform the level of awareness of these communication campaigns amongst the participants. The study hypothesized that there would be a difference in the exposure to HIV/AIDS marketing communication prevention campaigns between different age groups, as well as between the different genders.

The statistical analysis of the participants' responses by age and gender reveal their different preferences for the media they used, most of them with statistical significance, with a p-value of  $<0.05$  (Table 3). When reviewing the social media data daily usage, Table 3 shows that the majority were in the 21-24-year age group, where 64.9% (n=72) reported using Twitter daily ( $p<0.01$ ), followed by Facebook (63.3%; n=140) ( $p<0.01$ ) and lastly Instagram (62.1%; n=87) ( $p<0.01$ ). Further analysis revealed that the gender that most used social media daily was females, where the majority used Instagram (63.6%; n=89) ( $p<0,01$ ), followed by Facebook (58.8%; n=130), although there was no statistical significance ( $p=0.065$ ). On the other hand, females were noted with significance to be using Twitter daily (56.8%; n=63) ( $p<0.01$ ).

When analysing data on traditional media daily usage, the 21–24-year age group had the most responses, with 73.9% (n=119) reported choosing TV as their preferred medium ( $p<0.01$ ) followed by magazines (71.4%; n= 15), although with no statistical significance ( $p=0.095$ ). Similarly, in the gender group, females who used traditional media more were 75% (n=18) noted to be utilizing newspapers, followed by magazines (71.4%; n=15), news sites at 66.9% (n=109) and lastly TV (65.2%; n= 105).

**Table 3: Frequency of media use by age and gender**

Frequency of media use	Media	Frequency	Age		Total n (%)	p-value	Gender			p-value
			18-20 years n (%)	21-24 years n (%)			Male n (%)	Female n (%)	Total n (%)	
TV	Never Once a week 2-6 days a week Every day of the week	Never	32 (60,4)	21 (39,6)	53 (100)	<0,01*	24 (45,3)	29 (54,7)	53 (100)	<0,01*
		Once a week	23 (95,8)	1 (4,2)	24 (100)		20 (83,3)	4 (16,7)	24 (100)	
		2-6 days a week	69 (48,6)	73 (51,4)	142 (100)		45 (31,7)	97 (68,3)	142 (100)	
		Every day of the week	42 (26,1)	119 (73,9)	161 (100)		56 (34,8)	105 (65,2)	161 (100)	
Radio	Never Once a week 2-6 days a week Every day of the week	Never	31 (35,6)	56 (64,4)	87 (100)	0,100	45 (51,7)	42 (48,3)	87 (100)	<0,01*
		Once a week	42 (54,5)	35 (45,5)	77 (100)		46 (59,7)	31 (40,3)	77 (100)	
		2-6 days a week	40 (41,2)	57 (58,8)	97 (100)		12 (12,4)	85 (87,6)	97 (100)	
		Every day of the week	53 (44,5)	66 (55,5)	119 (100)		42 (35,3)	77 (64,7)	119 (100)	
Facebook	Never Once a week 2-6 days a week Every day of the week	Never	11 (35,5)	20 (64,5)	31 (100)	<0,01*	6 (19,4)	25 (80,6)	31 (100)	0,065
		Once a week	0 (0,0)	14 (100)	14 (100)		3 (21,4)	11 (78,6)	14 (100)	
		2-6 days a week	74 (64,9)	40 (35,1)	114 (100)		45 (39,5)	69 (60,5)	114 (100)	
		Every day of the week	81 (36,7)	140 (63,3)	221 (100)		91 (41,2)	130 (58,8)	221 (100)	
Twitter	Never Once a week 2-6 days a week Every day of the week	Never	56 (35,4)	102 (64,6)	158 (100)	<0,01*	32 (20,3)	126 (79,7)	158 (100)	<0,01*
		Once a week	35 (85,4)	6 (14,6)	41 (100)		28 (68,3)	13 (31,7)	41 (100)	
		2-6 days a week	36 (51,4)	34 (48,6)	70 (100)		37 (52,9)	33 (47,1)	70 (100)	
		Every day of the week	39 (35,1)	72 (64,9)	111 (100)		48 (43,2)	63 (56,8)	111 (100)	
Instagram	Never Once a week 2-6 days a week Every day of the week	Never	45 (35,7)	81 (64,3)	126 (100)	<0,01*	23 (18,3)	103 (81,7)	126 (100)	<0,01*
		Once a week	6 (66,7)	3 (33,3)	9 (100)		3 (33,3)	6 (66,7)	9 (100)	
		2-6 days a week	62 (59)	43 (41)	105 (100)		68 (64,8)	37 (35,2)	105 (100)	
		Every day of the week	53 (37,9)	87 (62,1)	140 (100)		51 (36,4)	89 (63,6)	140 (100)	
Magazines	Never Once a week 2-6 days a week Every day of the week	Never	75 (41)	108 (59)	183 (100)	0,095	86 (47)	97 (53)	183 (100)	<0,01*
		Once a week	73 (51)	70 (49)	143 (100)		50 (35)	93 (65)	143 (100)	
		2-6 days a week	12 (36,4)	21 (63,6)	33 (100)		3 (9,1)	30 (90,9)	33 (100)	
		Every day of the week	6 (28,6)	15 (71,4)	21 (100)		6 (28,6)	15 (71,4)	21 (100)	
Newspapers	Never	78 (38,6)	124 (61,4)	202 (100)	<0,01*	87 (43,1)	115 (56,9)	202 (100)	<0,01*	

	Once a week	33 (31,4)	72 (68,6)	105 (100)		24 (22,9)	81 (77,1)	105 (100)	
	2-6 days a week	46 (93,9)	3 (6,1)	49 (100)		28 (57,1)	21 (42,9)	49 (100)	
	Every day of the week	9 (37,5)	15 (62,5)	24 (100)		6 (25)	18 (75)	24 (100)	
News sites	Never	16 (24,2)	50 (75,8)	66 (100)	<0,01*	31 (47)	35 (53)	66 (100)	<0,01*
	Once a week	57 (68,7)	26 (31,3)	83 (100)		43 (51,8)	40 (48,2)	83 (100)	
	2-6 days a week	36 (52,9)	32 (47,1)	68 (100)		17 (25)	51 (75)	68 (100)	
	Every day of the week	57 (35)	106 (65)	163 (100)		54 (33,1)	109 (66,9)	163 (100)	
Cellphones	Never	0 (0,0)	0 (0,0)	0 (0,0)	<0,01*	0 (0,0)	0 (0,0)	0 (0,0)	0,166
	Once a week	0 (0,0)	1 (100)	1 (100)		1 (100)	0 (0,0)	1 (100)	
	2-6 days a week	54 (69,2)	24 (30,8)	78 (100)		35 (44,9)	43 (55,1)	78 (100)	
	Every day of the week	112 (37,2)	189 (62,8)	301 (100)		109 (36,2)	192 (63,8)	301 (100)	
Booklets	Never	112 (41,6)	157 (58,4)	269 (100)	0,01*	98 (36,4)	171 (63,6)	269 (100)	0,657
	Once a week	14 (82,4)	3 (17,6)	17 (100)		6 (35,3)	11 (64,7)	17 (100)	
	2-6 days a week	19 (38,8)	30 (61,2)	49 (100)		21 (42,9)	28 (57,1)	49 (100)	
	Every day of the week	21 (46,7)	24 (53,3)	45 (100)		20 (44,4)	25 (55,6)	45 (100)	

\*: p-value of <0.05, indicating differences amongst age or gender showing statistical significance

#### 4.7 The level of awareness of HIV/AIDS marketing communication prevention campaigns based on age and gender

It is noted that the most effective media tools where participants heard or saw an HIV advert with statistical significance were newspapers (100%; n=8), posters (80%; n=20), clinics (75%; n=18) and pamphlets (73.3%; n=11), where all these platforms were noted to be the highest in the 21–24year age group (p<0.01) (Table 4). In addition, females indicated having had their first interaction with HIV adverts mostly at clinics (95.8%; n=23), followed by newspapers (87.5%; n=7) and lastly, from pamphlets (86.7%: n=13) (p<0.01).

**Table 4: Level of awareness of HIV/AIDS marketing communication prevention campaigns based on age and gender**

Indicate where you first heard or saw an HIV advert	Age			p-value	Gender			p-value
	18-20 years n (%)	21-24 years n (%)	Total n (%)		Male n (%)	Female n (%)	Total n (%)	
TV	22 (48,9)	23 (51,1)	45 (100)	0,01*	16 (35,6)	29 (64,4)	45 (100)	<0,01*
Radio	28 (50,0)	28 (50,0)	56 (100)		14 (25,0)	42 (75,0)	56 (100)	
Facebook	39 (47,0)	44 (53,0)	83 (100)		35 (42,2)	48 (57,8)	83 (100)	
Twitter	13 (40,6)	19 (59,4)	32 (100)		13 (40,6)	19 (59,4)	32 (100)	
Posters	5 (20,0)	20 (80,0)	25 (100)		14 (56,0)	11 (44,0)	25 (100)	
Pamphlets	4 (26,7)	11 (73,3)	15 (100)		2 (13,3)	13 (86,7)	15 (100)	
Community events	9 (47,4)	10 (52,6)	19 (100)		8 (42,1)	11 (57,9)	19 (100)	
Friend	18 (62,1)	11 (37,9)	29 (100)		22 (75,9)	7 (24,1)	29 (100)	
HIV organisation	15 (44,1)	19 (55,9)	34 (100)		15 (44,1)	19 (55,9)	34 (100)	
Clinic	6 (25,0)	18 (75,0)	24 (100)		1 (4,2)	23 (95,8)	24 (100)	
Newspaper	0 (0,0)	8 (100)	8 (100)		1 (12,5)	7 (87,5)	8 (100)	
TV, pamphlets, HIV organisation	6 (66,7)	3 (33,3)	9 (100)		4 (44,4)	5 (55,6)	9 (100)	

\*: p-value of <0.05, indicating differences amongst age or gender showing statistical significance

#### **4.8 Responses on the message of the HIV/AIDS marketing communication prevention campaign that they saw based on age and gender**

Further analysis shown in Table 4 reveals that participants in the 21–24-year age category were significantly the highest group (50.9%; n=109) to be exposed to a message on the HIV/AIDS marketing communication prevention campaign which indicated that individuals should get tested for HIV (p=0.012). Furthermore, the 18–20-year-old participants were the most (34,3%; n=57) to indicate that the message they saw or heard of was ‘to get tested for HIV’ (p=0.012). On the other hand, most female participants had significantly more exposure to the messages (p<0.01) (Table 5).

**Table 5: The message on the HIV/AIDS marketing communication prevention campaign**

What was the message on the advert	Age				Gender			
	18-20 years n (%)	21-24 years n (%)	Total n (%)	p-value	Male n (%)	Female n (%)	Total n (%)	p-value
To get tested for HIV	57 (34,3)	109 (50,9)	166 (43,7)	0,012*	78 (53,8)	88 (37,4)	166 (43,7)	<0,01*
Men and women to test together	45 (27,1)	37 (17,3)	82 (21,6)		40 (27,6)	42 (17,9)	82 (21,6)	
Men to be circumcised	10 (6,0)	16 (7,5)	26 (6,8)		3 (2,1)	23 (9,8)	26 (6,8)	
Men to use condoms	8 (4,8)	15 (7,0)	23 (6,1)		5 (3,4)	18 (7,7)	23 (6,1)	
Young women to say no to sugar daddies	7 (4,2)	9 (4,2)	16 (4,2)		2 (1,4)	14 (6,0)	16 (4,2)	
Young women to use protection	13 (7,8)	8 (3,7)	21 (5,5)		5 (3,4)	16 (6,8)	21 (5,5)	
Not to drink a lot	8 (4,8)	3 (1,4)	11 (2,9)		1 (0,7)	10 (4,3)	11 (2,9)	
To have one partner	17 (10,2)	17 (7,9)	34 (8,9)		11 (7,6)	23 (9,8)	34 (8,9)	
Don't know	1 (0,6)	0 (0,0)	1 (0,3)		0 (0)	1 (0,4)	1 (0,3)	

\*: p-value of <0.05, indicating differences amongst age or gender showing statistical significance

#### 4.9 Responses on whether participants had ever been members of an HIV awareness group based on age and gender

Notably, between the 18-20 year and the 21–24-year age groups, the latter group was significantly higher (67.8%; n=145) to have reported on not ever being a member of an HIV awareness group (p=0.019). On the other hand, females (65.5%; n=154) were the highest between the genders to have indicated to not having been a member of an HIV awareness group, although there was no statistical significance (p=0.137) (Table 6).

**Table 6: Responses on whether they had ever been members of an HIV awareness group based on age and gender**

Have you ever been a member of an HIV group	Age			Gender		
	18-20 years n (%)	21-24 years n (%)	p-value	Male n (%)	Female n (%)	p-value
Yes	73 (44)	69 (32,2)	0,019*	61 (42,1)	81 (34,5)	0,137
No	93 (56)	145 (67,8)		84 (57,9)	154 (65,5)	
Total	n=166	n=214		n=145	n=235	

\*: p-value of <0.05, indicating differences amongst age or gender showing statistical significance

#### 4.10 Responses on whether HIV is a serious problem within the community based on age and gender

Table 7 shows that the majority of participants, who were in the 21-24 age category (89.3%; n=191), thought that HIV is a serious problem within the community ( $p < 0,01$ ). This suggests that these study participants were cognisant of the gravity of the epidemic, further suggesting that creating interventions to curb the spread of HIV would be welcomed by the community. Interestingly, participants that did not think that HIV is a serious problem within the community were in the minority, noted as n=1 (0.6%) in the 18–20-year age category and n=23 (10.7%) in the 21-24 year age group ( $p < 0,01$ ). Further analysis revealed that male participants that did not think that HIV is a serious problem were 4.8% (n=7), which was similarly in the minority, although there was no statistical significance ( $p = 0,349$ ).

**Table 7: Responses on whether HIV is a serious problem within the community based on age and gender**

Is HIV a serious problem in the community		Age			Gender		
		18-20 year n (%)	21-24 years n (%)	p-value	Male n (%)	Female n (%)	p-value
Yes	Yes	165 (99,4)	191 (89,3)	<0,01*	138 (95,2)	218 (92,8)	0,349
	No	1 (0,6)	23 (10,7)		7 (4,8)	17 (7,2)	
	Total	n=166	n=214		n=145 (38,2)	n=235	

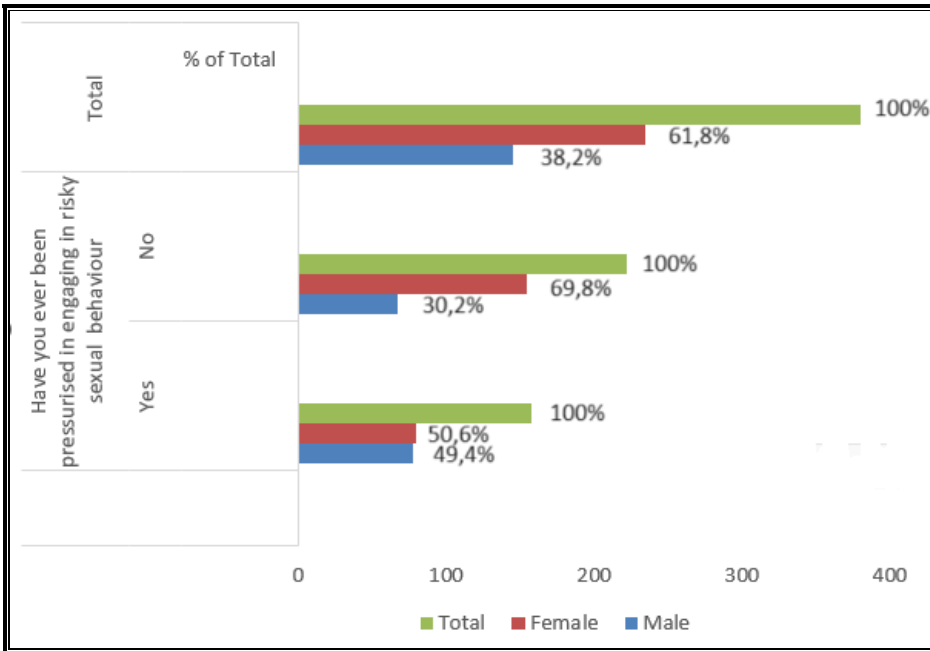
\*: p-value of <0.05, indicating differences amongst age or gender showing statistical significance

#### 4.11 Responses on being pressurised into engaging in risky sexual behaviour based on age and gender

The analysis relating to the participants' response on the "Have you ever been pressurised into engaging in risky sexual behaviour" question reveals varied responses based on their gender and age.

##### 4.11.1 Responses on being pressurised into engaging in risky sexual behaviour based on gender

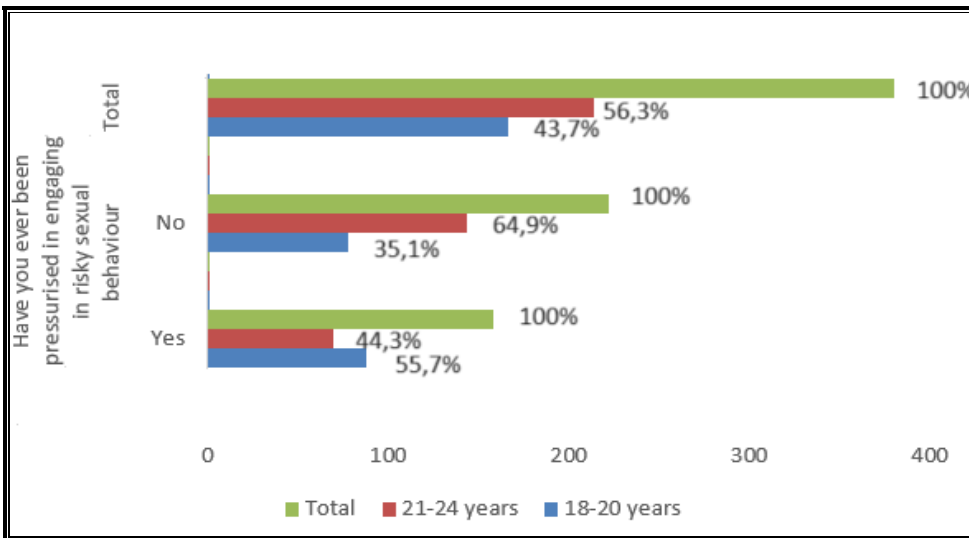
Females were noted to be the most (69.8%; n=155) participants who reported to have not experienced being pressured into engaging in risky sexual behaviour ( $p < 0,01$ ) (Figure 6).



**Figure 6: Responses on being pressurised into engaging in risky sexual behaviour based on gender**

**4.11.2 Responses on being pressurised into engaging in risky sexual behaviour based on age**

Notably, the 21–24-year age group were the most (64.9%; n=144) to indicate that they had not experienced being pressured into engaging in risky sexual behaviour ( $p < 0.01$ ) (Figure 7).



**Figure 7: Responses on being pressurised into engaging in risky sexual behaviour based on age**

## 4.12 Responses on whether participants have ever been promised money in exchange for sexual favours

The analysis relating to the participants' response on "Have you ever been promised money in exchange for sexual favours" question reveals different responses based on their gender and their age.

### 4.12.1 Responses on whether they have ever been promised money in exchange for sexual favours based on age

Figure 8 indicates that the 21–24-year age group (71.3%; n=119) were the most to report that they had not experienced being promised money in exchange for sexual favours ( $p < 0.01$ ).

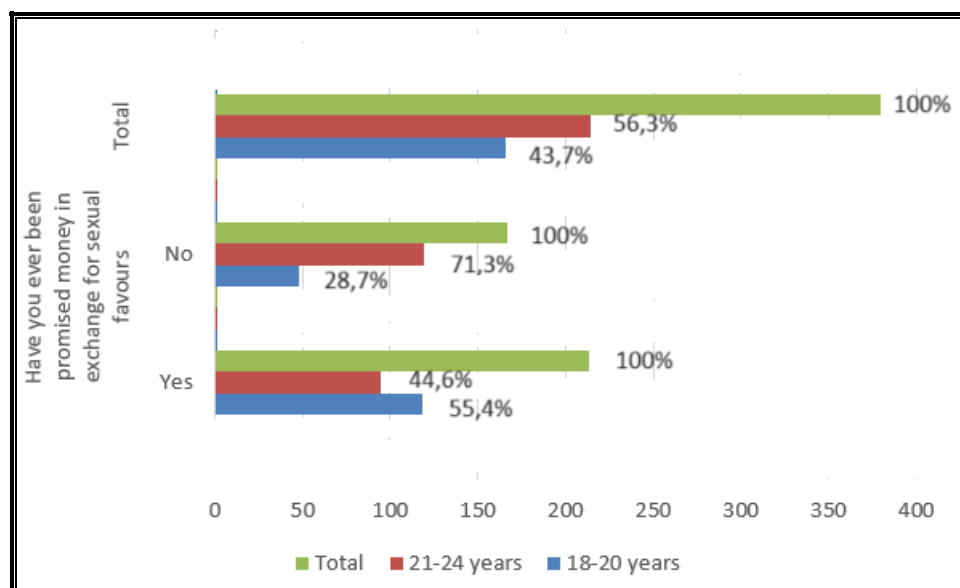
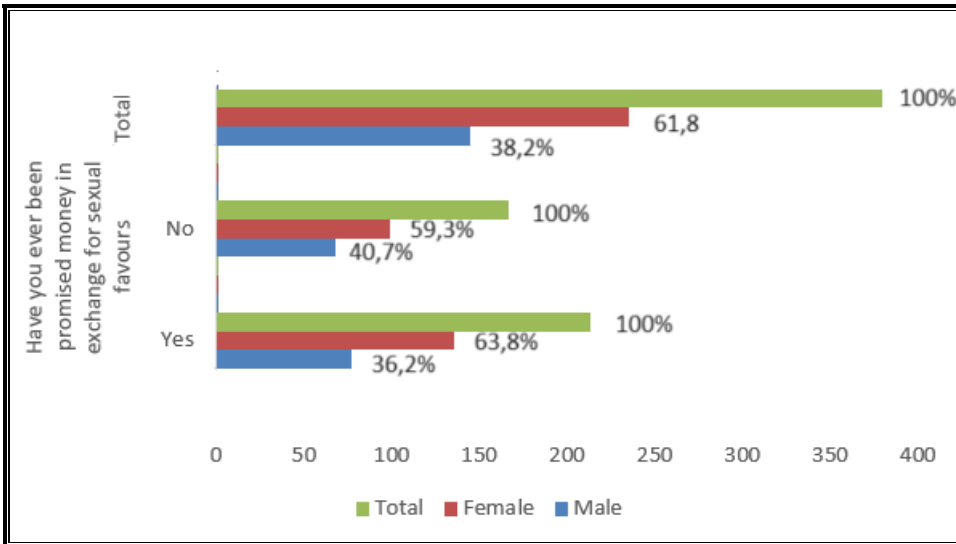


Figure 8: Responses on whether participants have ever been promised money in exchange for sexual favours based on age

### 4.12.2 Responses on whether they have ever been promised money in exchange for sexual favours based on gender

Figure 9 illustrates that females (63.8%; n=136) were the most to indicate that they had experienced being promised money in exchange for sexual favours, albeit with no statistical difference ( $p = 0.363$ ).



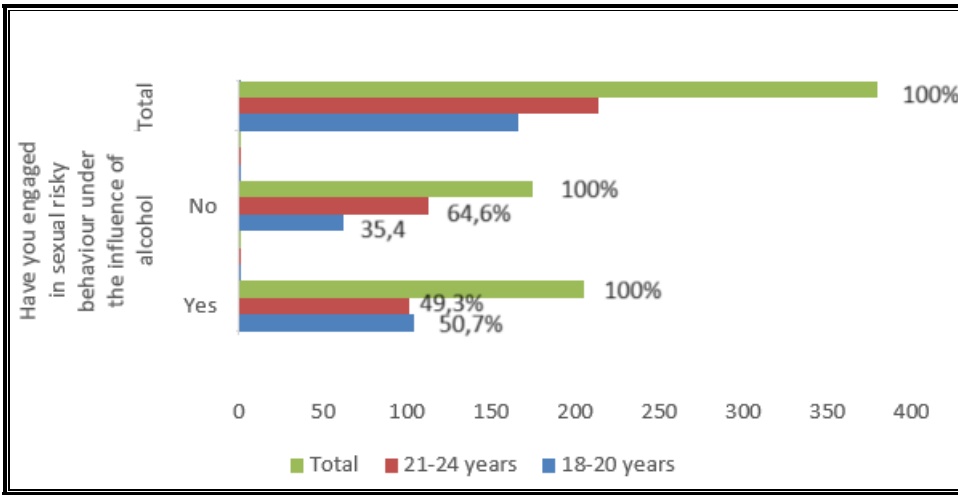
**Figure 9: Responses on if they have ever been promised money in exchange for sexual favours based on gender**

#### **4.13 Responses on whether participants have ever engaged in sexual risky behaviour while under the influence of alcohol based on age and gender**

The analysis relating to the participants' response on "Have you ever engaged in sexual risky behaviour while under the influence of alcohol" question reveals an assortment of responses based on their gender and their age.

##### **4.13.1 Responses on whether they have ever engaged in sexual risky behaviour while under the influence of alcohol based on age**

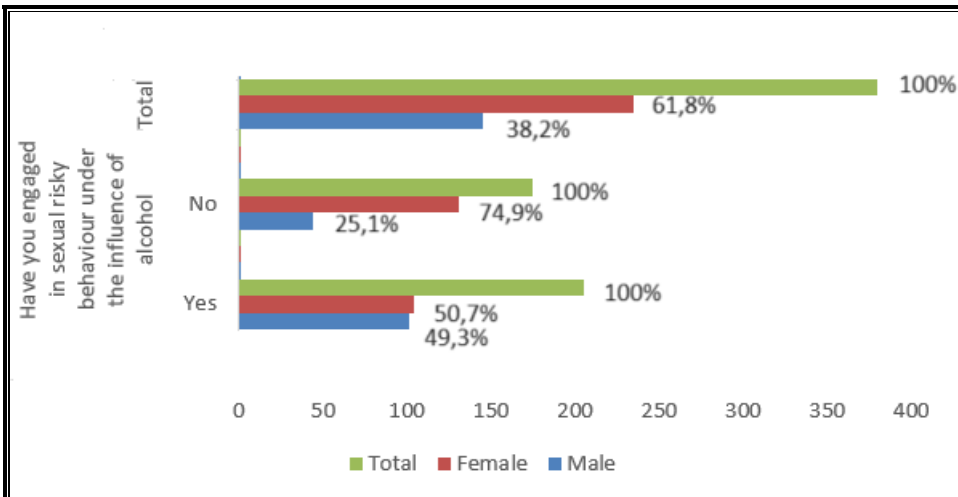
Figure 10 shows that that the 21–24-year age group (64,6%; n=113) were significantly the most to not have experienced engaging in sexual risky behaviour while under the influence of alcohol (p=0,003).



**Figure 10: Responses on whether participants have ever engaged in risky sexual behaviour while under the influence of alcohol based on age**

**4.13.2 Responses on whether they have ever engaged in sexual risky behaviour while under the influence of alcohol based on gender**

Figure 11 shows that females (74,9%; n=131) were significantly the most to state that they had not experienced engaging in sexual risky behaviour while under the influence of alcohol ( $p < 0,01$ ).



**Figure 11: Responses on whether participants have ever engaged in sexual risky behaviour while under the influence of alcohol based on gender**

#### 4.14 Responses on whether participants have ever engaged in sexual risky behaviour while under the influence of drugs based on age and gender

The analysis relating to the participants' response on "Have you ever engaged in sexual risky behaviour while under the influence of drugs" question reveals varied responses based on their gender and their age.

##### 4.14.1 Responses on whether participants have ever engaged in sexual risky behaviour while under the influence of drugs based on age

Figure 12 shows that that the 21–24-year age group (61.8%; n=157) were significantly the most to report that they had not experienced engaging in sexual risky behaviour while under the influence of drugs ( $p=0.003$ ). Most concerningly, 54.8% (n=69) of the 18–20-year age group reported to have experienced engaging in risky sexual behaviour while under the influence of drugs, which registered quite a significant proportion of individuals, considering that these persons had just left high school ( $p=0,002$ ).

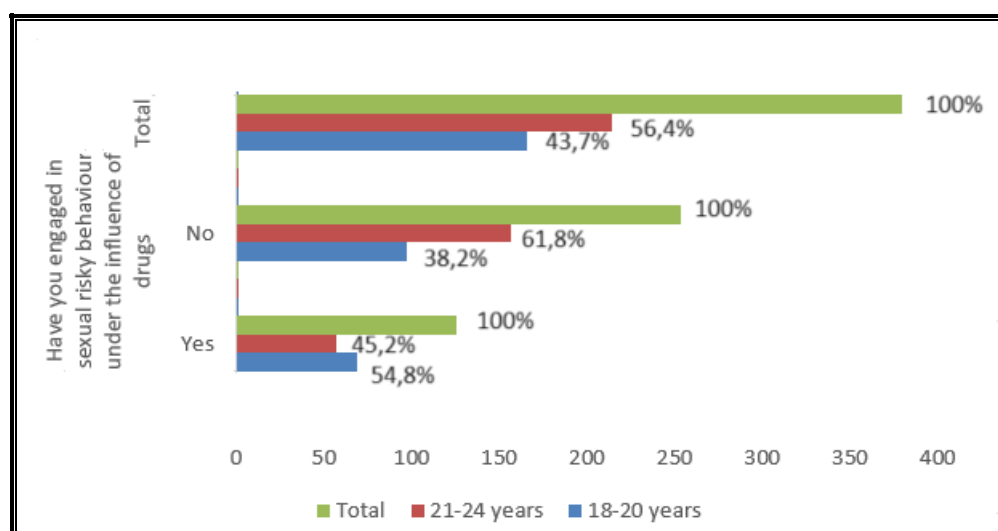
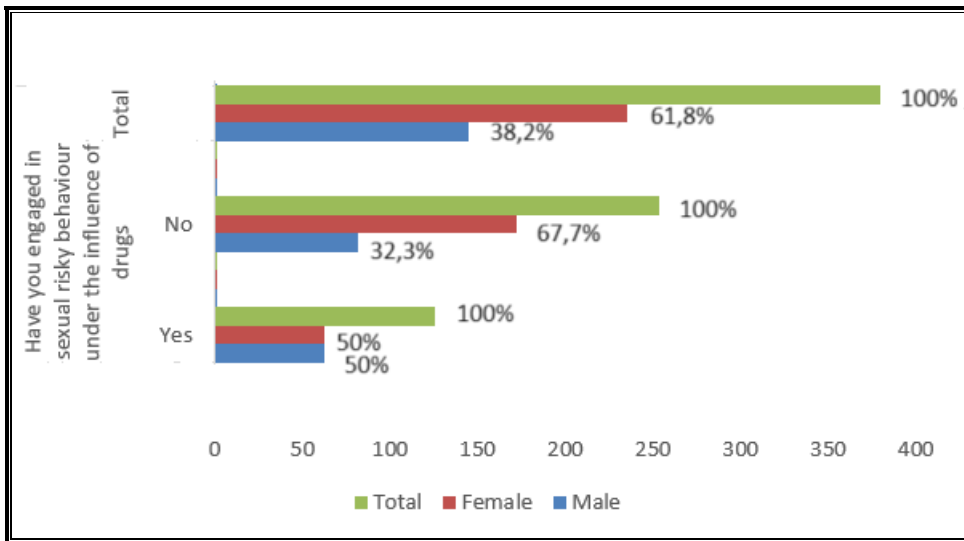


Figure 12: Responses on whether participants have ever engaged in risky sexual behaviour while under the influence of drugs based on age

##### 4.14.2 Whether participants have ever engaged in sexual risky behaviour while under the influence of drugs based on gender

Figure 13 shows that females (67.7%; n=172) were the most to indicate that they had not experienced engaging in sexual risky behaviour while under the influence of drugs ( $p<0.01$ ).



**Figure 13: Responses on whether participants have ever engaged in sexual risky behaviour while under the influence of drugs based on gender**

#### 4.15 What participants perceived as causes of risky sexual behaviour based on age and gender

Participants were required to indicate what they perceive as causes of risky sexual behaviour. The open-ended responses that the participants gave based on their age were coded, categorised and analysed qualitatively, resulting in themes. These themes are shown in Table 8, noting that most participants in the 18–20-year category listed peer pressure (41.6%; n=69) as well as drugs and alcohol (41.0%; n=68) as the highest causes.

**Table 8: Responses of what participants perceive as causes of risky sexual behaviour based on age**

18-20 years	Causes of risky behaviour perceptions	n (%)	21-24 years	Causes of risky behaviour perceptions	n (%)
	Peer pressure	69 (41,6)		Drugs and alcohol	128 (59,8)
	Drugs and alcohol	68 (41,0)		Peer pressure	37 (17,3)
	Rebellious behaviour	13 (7,8)		Wanting money	24 (11,2)
	Poverty	11 (6,6)		Carelessness	15 (7,0)
	Carelessness	4 (2,4)		Rebellious behaviour	7 (3,3)
	Wanting money	1 (0,6)		High sex drive	3 (1,4)

Furthermore, Table 9 lists themes that the different genders presented, noting that male participants listed peer pressure (46.2%; n=67) as well as drugs and alcohol (46.2%; n=67) as the highest causes. Notably, females listed the same causes as males, however with different proportions, that is drugs and alcohol (54.9%; n=129) as well as peer pressure (16.6%; n=39) were the highest causes.

**Table 9: What participants perceive as causes of risky sexual behaviour based on gender**

Males	Causes of risky behaviour perceptions	n (%)	Females	Causes of risky behaviour perceptions	n (%)
	Peer pressure	67 (46,2)		Drugs and alcohol	129 (54,9)
	Drugs and alcohol	67 (46,2)		Peer pressure	39 (16,6)
	Rebellious behaviour	5 (3,4)		Wanting money	22 (9,4)
	Wanting money	3 (2,1)		Carelessness	19 (8,1)
	High sex drive	3 (2,1)		Rebellious behaviour	15 (6,4)
				Poverty	11 (4,7)

#### 4.16 Time to screen HIV prevention marketing communication adverts based on age and gender

The majority of respondents in the 21–24-year age group (36.4%; n=78) indicated with statistical significance that they think that the right time to screen HIV adverts is at 8.00PM (p<0.01).

Furthermore, females (42.1%; n=99) had the most respondents who stated that they think that 8:00PM is a suitable time to watch HIV adverts on the TV (p<0.01) (Table 10).

**Table 10: The right time to screen HIV prevention marketing communication adverts based on age and gender**

		Age			Gender		
		18-20 years n (%)	21-24 years n (%)	p-value	Male n (%)	Female n (%)	p-value
The right time to screen HIV adverts	5:00 PM	9 (5,4)	0 (0,0)	<0,01*	9 (6,2)	0 (0,0)	<0,01*
	5:30 PM	0 (0,0)	3 (1,4)		0 (0,0)	3 (1,3)	
	6:00 PM	44 (26,5)	39 (18,2)		50 (34,5)	33 (14,0)	
	7:00 PM	32 (19,3)	67 (31,3)		35 (24,1)	64 (27,2)	
	7:30PM	0 (0,0)	9 (4,2)		3 (2,1)	6 (2,6)	
	8:00 PM	47 (28,3)	78 (36,4)		26 (17,9)	99 (42,1)	
	9:00 PM	34 (20,5)	15 (7,0)		19 (13,1)	30 (12,8)	
	10:00 PM	0 (0,0)	3 (1,4)		3 (2,1)	0 (0,0)	
	<b>TOTAL</b>	n=166	n=214		n=145	n=235	

\*: p-value of <0.05, indicating differences amongst age or gender showing statistical significance

#### 4.17 What participants would include in an advert that may change risky sexual behaviour if asked to design it

Participants were asked to recommend what should be included in an advert that may change risky sexual behaviour. They were required to indicate what they would include in that advert if asked to design it. The open-ended responses that the participants gave based on their age were coded, categorised and analysed qualitatively, resulting in themes. These themes are shown in Table 11, noting that most participants in both the 18–20 year and the 21–24-year-old categories listed ‘risks and dangers of risky sexual behaviour’ to be included in an HIV advert. The 18–20-year-old participants listed ‘avoiding sugar daddies’ next (12.7%; n=21), whereas the 21–24-year-old group listed ‘safe sex advice’ next (15.4%; n=33).

**Table 11: What participants would include in an advert that may change risky sexual behaviour if asked to design it based on age**

18-20 years	To be included in an HIV advert	n (%)	21-24years	To be included in an HIV advert	n (%)
	Risks and dangers of risky sexual behaviour	103 (62,0)		Risks and dangers of risky sexual behaviour	105 (49,1)
	Avoiding sugar daddies	21 (12,7)		Safe sex advice	33 (15,4)
	Impact of a dangerous lifestyle	12 (7,2)		People to test regularly	21 (9,8)
	Effects of taking ARVs while consuming alcohol	11 (6,6)		How to say no to unsafe sex	11 (5,1)
	People to test regularly	9 (5,4)		To use a condom and have one partner	11 (5,1)
	Safe sex advice	7 (4,2)		How the virus destroys the cells	10 (4,7)
	HIV stats and the risk of contracting HIV	3 (1,8)		Avoiding sugar daddies	9 (4,2)
				To condomize and know your status	6 (2,8)
				HIV stats and the risk of contracting HIV	5 (2,3)
				Information about STIs and PREP	3 (1,4)

Furthermore, Table 12 lists responses that the different genders presented, noting that male participants listed ‘risks and dangers of risky behaviour’ the highest (66.2%; n=96), followed by ‘people should test regularly’ (16.6%; n=24). Similarly, females listed the ‘risks and dangers of risky behaviour’ the highest as well (47.7%; n=112). However, females listed ‘safe sex advice’ the next highest (15.7%; n=37).

**Table 12: What participants would include in an advert that may change risky sexual behaviour if asked to design it based on gender**

Males	To be included in an HIV advert	n (%)	Females	To be included in an HIV advert	n (%)
	Risks and dangers of risky sexual behaviour	96 (66,2)		Risks and dangers of risky sexual behaviour	112 (47,7)
	People to test regularly	24 (16,6)		Safe sex advice	37 (15,7)
	Impact of a dangerous lifestyle	12 (8,3)		Avoiding sugar daddies	25 (10,6)
	Avoiding sugar daddies	5 (3,4)		How to say no to unsafe sex	11 (4,7)
	Information about STIs and PREP	3 (2,1)		To use a condom and have one partner	11 (4,7)
	Safe sex advice	3 (2,1)		Effects of taking ARVs while consuming alcohol	11 (4,7)
	HIV stats and the risk of contracting HIV	2 (1,4)		How the virus destroys the cells	10 (4,3)
				To condomize and know your status	6 (2,6)
				HIV stats and the risk of contracting HIV	6 (2,6)
				People to test regularly	6 (2,6)

#### 4.18 The media platform participants would post the advert in based on age and gender

Participants were further asked to recommend which media platform they would post the advert in. The open-ended responses that the participants gave based on their age were coded, categorised and analysed qualitatively, resulting in themes. These themes are shown in Table 13, noting that most participants in both the 18–20-year and the 21–24-year categories listed ‘Facebook, Twitter and TV’ as preferred media platforms that they would post an HIV advert in.

**Table 13: The media platform participants would post the advert in based on age**

18-20 years	Preferred platform	media	n (%)	21-24 years	Preferred platform	media	n (%)
	Facebook		87 (52,4)		Facebook		134 (62,6)
	Twitter		33 (19,9)		Television		48 (22,4)
	Television		32 (19,3)		Instagram		15 (7,0)
	WhatsApp		11 (6,6)		WhatsApp		6 (2,8)
	Billboards		3 (1,8)		Radio		6 (2,8)
					Twitter		5 (2,3)

Further analysis for gender indicated that females had the most respondents (55.7%; n=131) who stated that they would use Facebook as their preferred medium (Table 14).

**Table 14: The media platform participants would post the advert in based on gender**

Males	Preferred platform	media	n (%)	Females	Preferred platform	media	n (%)
	Facebook		90 (62,1)		Facebook		131 (55,7)
	Twitter		31 (21,4)		Television		59 (25,1)
	Television		21 (14,5)		WhatsApp		17 (7,2)
	Billboards		3 (2,1)		Instagram		15 (6,4)
					Twitter		7 (3,0)
					Radio		6 (2,6)

#### 4.19 Whether participants feel that HIV adverts give enough information related to situations that people may be faced with

Table 15 illustrates that the majority of respondents in the 21–24-year age group (62.6%; n=139) agrees with significance that HIV adverts give enough information related to situations that people may be faced with (p=0.001). In the gender group, females (62.6%; n=139) had the most respondents, but there is no statistical significance (p=0.079).

**Table 15: Whether participants feel that HIV adverts give enough information related to situations that people may be faced with**

		Age			p-value	Gender			p-value
		18-20 years n (%)	21-24 years n (%)	Total n (%)		Male n (%)	Female n (%)	Total n (%)	
Do you feel HIV adverts give enough information related to situations that people may be faced with	No, more information needed	83 (54,6)	69 (45,4)	152 (100)	0,001*	59 (38,8)	93 (61,2)	152 (100)	0,079
	Yes	83 (37,4)	139 (62,6)	222 (100)		83 (37,4)	139 (62,6)	222 (100)	
	No, there is less focus on rape victims or those born with HIV	0 (0,0)	3 (100)	3 (100)		0 (0,0)	3 (100)	3 (100)	
	No, adverts are short	0 (0,0)	3 (100)	3 (100)		3 (100)	0 (0,0)	3 (100)	
	<b>TOTAL</b>	166 (43,7)	214 (56,3)	380 (100)		145 (38,2)	235 (61,8)	380 (100)	

\*: p-value of <0.05, indicating differences amongst age or gender showing statistical significance

## 4.20 Whether participants feel that HIV adverts provide enough information to effect change in their sexual behaviour

The analysis relating to the participants' responses on the "Do you feel HIV adverts provide enough information to effect change in your sexual behaviour" question revealed different responses based on their gender and their age.

### 4.20.1 Whether participants feel that HIV adverts provide enough information to effect change in their sexual behaviour based on age

Figure 14 shows that the 21–24-year age group (65.9%; n=149) was the most to say yes, as they feel that HIV adverts provide enough information to effect change in their sexual behaviour ( $p<0.01$ ).

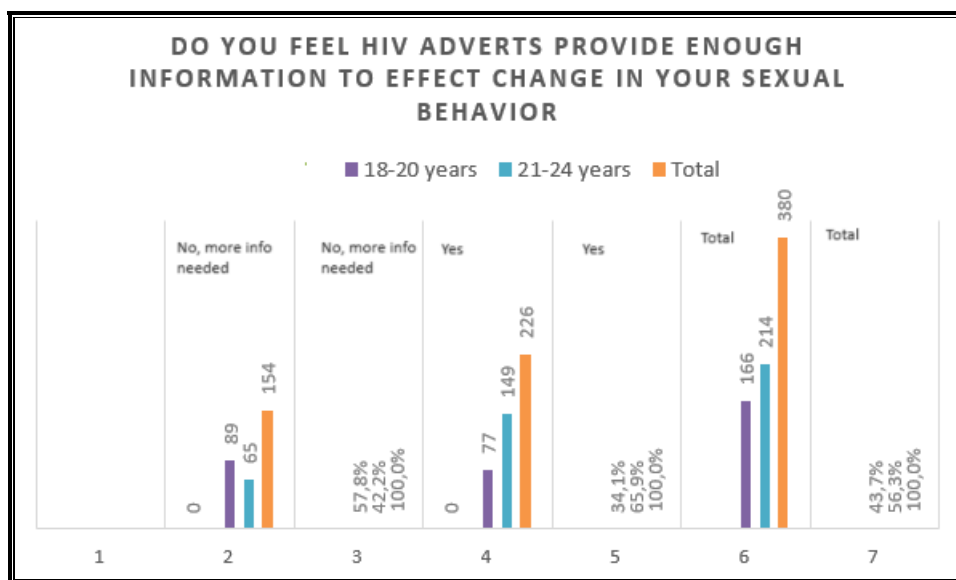


Figure 14: Whether participants feel that HIV adverts provide enough information to effect change in their sexual behaviour based on age

### 4.20.2 Whether participants feel that HIV adverts provide enough information to effect change in their sexual behaviour based on gender

Figure 15 shows that females (67.3%; n=152) were the most to say yes, as they feel that HIV adverts provide enough information to effect change in their sexual behaviour ( $p=0.008$ ).

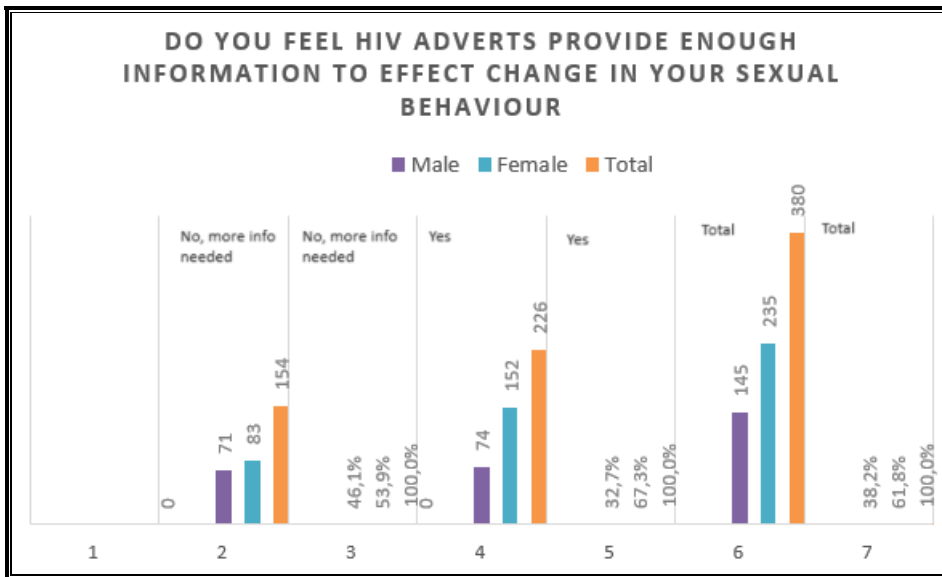


Figure 15: Whether participants feel that HIV adverts provide enough information to effect change in their sexual behaviour based on gender

#### 4.21 What participants feel after hearing or seeing an advert that talked about HIV/AIDS

It is noted that the majority of participants in the age group 21-24 years (59.9%; n=181) confirmed that after hearing or seeing an advert that talks about HIV/AIDS, they did not feel that the advert was not talking to them (Table 16) (p<0.01). In the analysis for gender, females were the most to respond (62,3%; n=188) (p<0.01).

Table 16: What participants feel after hearing or seeing an advert that talked about HIV/AIDS

		Age			p-value	Gender			p-value
		18-20 years n (%)	21-24 years n (%)	Total n (%)		Male n (%)	Female n (%)	Total n (%)	
After hearing or seeing an advert which talks about HIV/AIDS did you feel it was not talking to you	Yes	0 (0,0)	10 (100)	10 (100)	<0,01*	0 (0,0)	10 (100)	10 (100)	<0,01*
	No	121 (40,1)	181 (59,9)	302 (100)		114 (37,7)	188 (62,3)	302 (100)	
	Yes, it was advert for men	17 (53,1)	15 (46,9)	32 (100)		3 (9,4)	29 (90,6)	32 (100)	
	Yes, it was an advert for women	27 (84,4)	5 (15,6)	32 (100)		28 (87,5)	4 (12,5)	32 (100)	
	Yes, it was an advert about	1 (25)	3 (75)	4 (100)		0 (0,0)	4 (100)	4 (100)	

	safe sex							
	<b>TOTAL</b>	166 (43,7)	214 (56,3)	380 (100)		145 (43,7)	235 (56,3)	380 (100)

\*: p-value of <0.05, indicating differences amongst age or gender showing statistical significance

## 4.22 What participants need the adverts to tell them based on age and gender

Table 17 indicates that the majority (68.8%; n=86) of respondents in the 21–24-year age group would like to see adverts that speak more on the dangers of risky behaviour (p<0.01). In the gender group, females (62.4%; n=78) had the most respondents (p<0.01).

**Table 17: What participants need the adverts to tell them based on age and gender**

What information do you need these adverts to tell you		Age			p-value	Gender			p-value
		18-20 years n (%)	21-24 years n (%)	Total n (%)		Male n (%)	Female n (%)	Total n (%)	
What information do you need these adverts to tell you	How to deal with HIV	65 (75,6)	21 (24,4)	86 (100)	<0,01*	44 (51,2)	42 (48,8)	86 (100)	<0,01*
	To test regularly	33 (48,5)	35 (51,5)	68 (100)		40 (58,8)	28 (41,2)	68 (100)	
	The dangers of risky behaviour	39 (31,2)	86 (68,8)	69 (100)		47 (37,6)	78 (62,4)	125 (100)	
	ARV side effects	12 (32,4)	25 (67,6)	37(100)		1 (2,7)	36 (97,3)	37 (100)	
	Safe sex practises	6 (27,3)	16 (72,7)	22 (100)		7 (31,8)	15 (68,2)	22 (100)	
	Tell us more about HIV/AIDS	0 (0,0)	3 (100)	3 (100)		3 (100)	0 (0,0)	3 (100)	
	More information about PREP	0 (0,0)	3 (100)	3 (100)		3 (100)	0 (0,0)	3 (100)	
	Risks of taking ARV's and alcohol	11 (100)	0 (0,0)	11 (100)		0 (0,0)	11 (100)	11 (100)	
	How to say no to unsafe sex	0 (0,0)	11 (100)	11 (100)		0 (0,0)	11 (100)	11 (100)	
	Where to go for help	0 (0,0)	3 (100)	3 (100)		0 (0,0)	3 (100)	3 (100)	
	Not sure	0 (0,0)	11 (100)	11 (100)		0 (0,0)	11 (100)	11 (100)	
	<b>TOTAL</b>	166 (43,7)	214 (56,3)	380 (100)		145 (38,2)	235 (61,8)	380 (100)	

\*: p-value of <0.05, indicating differences amongst age or gender showing statistical significance

#### 4.23 Whether participants tested for HIV after hearing or seeing an advert that talks about knowing your HIV/AIDS status

It is noted that the 21–24-year age group had the most respondents (63.1%; n=135) who marked yes ( $p < 0.01$ ). Females were noted to be the most (68.7%; n=147) to test for HIV/AIDS after hearing or seeing an advert that spoke about knowing your status (Table 18). Males on the other hand had a significantly low number (31.3%; n=67), which implies that males are scared to test for HIV/AIDS ( $p < 0.01$ ).

**Table 18: Whether participants tested for HIV after hearing or seeing an advert that talks about knowing your HIV/AIDS status**

After hearing or seeing an advert which talks about knowing your HIV/AIDS status did you test for HIV	Age			p-value	Gender			p-value
	18-20 years n (%)	21-24 years n (%)	Total n (%)		Male n (%)	Female n (%)	Total n (%)	
Yes	79 (36,9)	135 (63,1)	214 (100)	<0,01*	67 (31,3)	147 (68,7)	214 (100)	<0,01*
No, I was scared	80 (69)	36 (31)	116 (100)		54 (46,6)	62 (53,4)	116 (100)	
No, I have tested already	0 (0,0)	15 (100)	15 (100)		15 (100)	0 (0,0)	15 (100)	
No, I know my status	6 (50)	6 (50)	12 (100)		9 (75)	3 (25)	12 (100)	
No, I didn't have time	0 (0,0)	22 (100)	22 (100)		0 (0,0)	22 (100)	22 (100)	
No, I don't know	1 (100)	0 (0,0)	1 (100)		0 (0,0)	1 (100)	1 (100)	
TOTAL	166 (43,7)	214 (56,3)	380 (100)		145 (38,2)	235 (61,8)	380 (100)	

\*: p-value of <0.05, indicating differences amongst age or gender showing statistical significance

#### 4.24 Whether after hearing or seeing an HIV advert, participants had multiple partners based on age and gender

The analysis relating to the participants' response on "After hearing or seeing an HIV advert did you have multiple partners" question revealed different responses based on their gender and their age.

#### 4.24.1 Whether after hearing or seeing an HIV advert, participants had multiple partners based on age

Figure 16 shows that the 21–24-year age group (67.7%; n=178) were the most to say no, that after hearing or seeing an HIV advert, they did not have multiple partners ( $p < 0.01$ ).

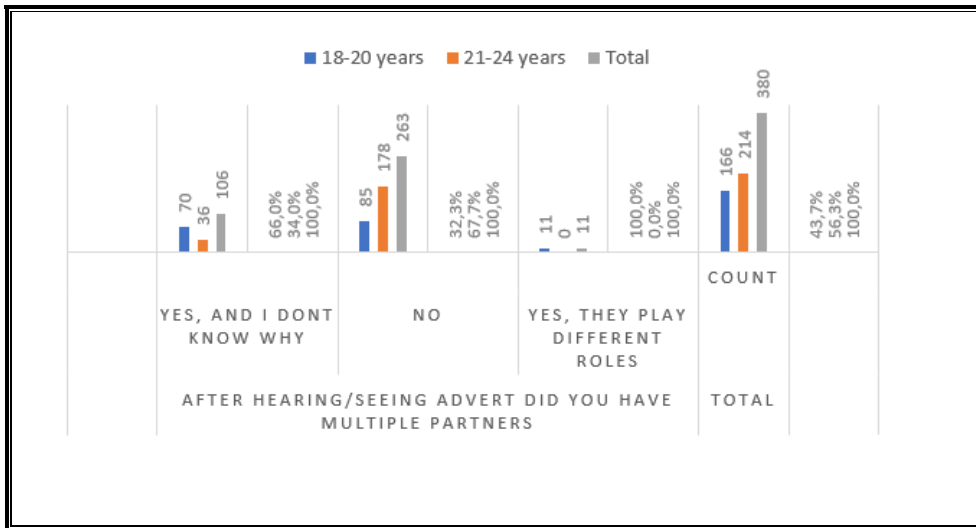


Figure 16: Whether after hearing or seeing an HIV advert, participants had multiple partners based on age

#### 4.24.2 Whether after hearing or seeing an HIV advert, participants had multiple partners based on gender

Figure 17 shows that females (64.3%; n=169) were the most to say no, that after hearing or seeing an HIV advert, they did not have multiple partners ( $p = 0.003$ ).

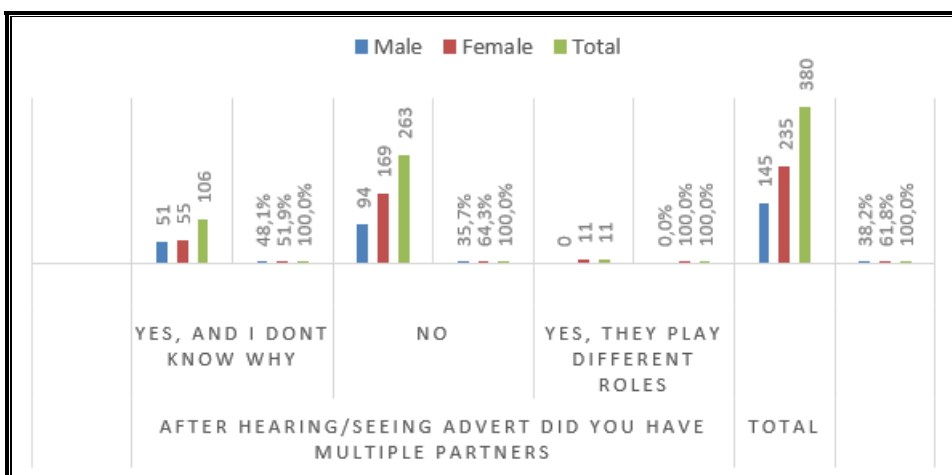


Figure 17: Whether after hearing or seeing an HIV advert, participants had multiple partners based on gender

#### 4.25 Whether after hearing or seeing an advert that talks about HIV/AIDS, participants always used a condom

Upon the analysis of responses on whether after hearing or seeing an advert that talks about HIV/AIDS they always use a condom, the age group 21-24 year responded (59%; n=111) mostly with yes (Table 19) ( $p < 0.01$ ). Females were the most to respond (68.6%; n=129) with yes in the gender category ( $p < 0.01$ ).

**Table 19: Whether after hearing or seeing an advert that talks about HIV/AIDS, participants always used a condom**

		Age			p-value	Gender			p-value
		18-20 years n (%)	21-24 years n (%)	Total n (%)		Male n (%)	Female n (%)	Total n (%)	
After hearing or seeing an advert which talks about HIV/AIDS did you always use a condom	No, I like raw sex	31 (68,9)	14 (31,1)	45 (100)	<0,01*	12 (26,7)	33 (73,3)	45 (100)	<0,01*
	No, I forget sometimes	30 (45,5)	36 (54,5)	66 (100)		39 (59,1)	27 (40,9)	66 (100)	
	Yes	77 (41)	111 (59)	188 (100)		59 (31,4)	129 (68,6)	188 (100)	
	No, I have one partner	16 (39)	25 (61)	41 (100)		20 (48,8)	21 (51,2)	41 (100)	
	No, I don't know	12 (52,2)	11 (47,8)	23 (100)		9 (39,1)	14 (60,9)	23 (100)	
	No, I was in a steady relationship	0 (0,0)	3 (100)	3 (100)		3 (100)	0 (0,0)	3 (100)	
	No, I was in a steady relationship	0 (0,0)	14 (100)	14 (100)		3 (21,4)	11 (78,6)	14 (100)	
	TOTAL	166 (43,7)	214 (56,3)	380 (100)		145 (38,2)	235 (61,8)	380 (100)	

\*: p-value of <0.05, indicating differences amongst age or gender showing statistical significance

#### 4.26 Whether after hearing or seeing an advert that talks about HIV/AIDS, participants stopped having unsafe sex

Upon the analysis of responses on whether after hearing or seeing an advert that talks about HIV/AIDS, they stopped having unsafe sex, the age group 21-24 years responded (57.4%; n=105) mostly with yes (Table 20) ( $p < 0.01$ ). Females were the most to respond (67.8%; n=124) with yes in the gender category ( $p < 0.01$ ). Out of all the options, males did have the highest response (63.6%; n=42) for forgetting to practice safe sex sometimes.

**Table 20: Whether after hearing or seeing an advert that talks about HIV/AIDS, participants stopped having unsafe sex**

		Age			p-value	Gender			p-value
		18-20 years n (%)	21-24 years n (%)	Total n (%)		Male n (%)	Female n (%)	Total n (%)	
After hearing or seeing an advert which talks about HIV/AIDS did you stop having unsafe sex	No, my partner wants raw sex	17 (100)	0 (0,0)	17 (100)	<0,01*	0 (0,0)	17 (100)	17 (100)	<0,01*
	No, I forget sometimes	30 (45,5)	36 (54,5)	66 (100)		42 (63,6)	24 (36,4)	66 (100)	
	No, I like raw sex	13 (48,1)	14 (51,9)	27 (100)		12 (44,4)	15 (55,6)	27 (100)	
	Yes	78 (42,6)	105 (57,4)	183 (100)		59 (32,2)	124 (67,8)	183 (100)	
	No, I have one partner	16 (45,7)	19 (54,3)	35 (100)		17 (48,6)	18 (51,4)	35 (100)	
	No, I don't know	12 (34,3)	23 (65,7)	35 (100)		9 (25,7)	26 (74,3)	35 (100)	
	No, I am in a steady relationship	0 (0,0)	6 (100)	6 (100)		6 (100)	0 (0,0)	6 (100)	
	No, I have one partner and we test regularly	0 (0,0)	11 (100)	11 (100)		0 (0,0)	11 (100)	11 (100)	
	<b>TOTAL</b>	166 (43,7)	214 (56,3)	380 (100)		145 (38,2)	235 (61,8)	380 (100)	

\*: p-value of <0.05, indicating differences amongst age or gender showing statistical significance

#### 4.27 Whether participants received HIV/AIDS information that has been useful to them personally

Table 21 indicates that the 21–24-year age group mostly chose NGOs or CBOs (62.9%; n=56) and clinics or hospitals (67.1%; n=55) as places where they received HIV/AIDS information that has been useful to them. This means that health institutions still play a pivotal role in spreading useful information regarding HIV/AIDS.

**Table 21: Whether participants received HIV/AIDS information that has been useful to them personally**

		Age			p-value	Gender			p-value
		18-20 years n (%)	21-24 years n (%)	Total n (%)		Male n (%)	Female n (%)	Total n (%)	
Please indicate in the past 12 months	A Child or learner	3 (100)	0 (0,0)	3 (100)	<0,01*	2 (66,7)	1 (33,3)	3 (100)	0,294
	Community meeting	9 (69,2)	4 (30,8)	13 (100)		5 (38,5)	8 (61,5)	13 (100)	

where or from who you have received HIV/AIDS information that has been useful to you personally	Traditional healer	1 (100)	0 (0,0)	1 (100)	0 (0,0)	1 (100)	1 (100)
	Peer educator	5 (38,5)	8 (61,5)	13 (100)	4 (30,8)	9 (69,2)	13 (100)
	NGO or CBO	33 (37,1)	56 (62,9)	89 (100)	35 (39,3)	54 (60,7)	89 (100)
	Clinic or hospital	27 (32,9)	55 (67,1)	82 (100)	28 (34,1)	54 (65,9)	82 (100)
	Private doctor	7 (41,2)	10 (58,8)	17 (100)	7 (41,2)	10 (58,8)	17 (100)
	Telephone helpline	1 (100)	0 (0,0)	1 (100)	1 (100)	0 (0,0)	1 (100)
	Pharmacy or chemist	1 (50)	1 (50)	2 (100)	0 (0,0)	2 (100)	2 (100)
	Family member	6 (100)	0 (0,0)	6 (100)	3 (50)	3 (50)	6 (100)
	Friend(s)	6 (66,7)	3 (33,3)	9 (100)	7 (77,8)	2 (22,2)	9 (100)
	TV	20 (30,8)	45 (69,2)	65 (100)	28 (43,1)	37 (56,9)	65 (100)
	Radio	21 (55,3)	17 (44,7)	38 (100)	11 (28,9)	27 (71,1)	38 (100)
	Billboards	22 (59,1)	15 (40,5)	37 (100)	14 (37,8)	23 (62,2)	37 (100)
	Signs on taxis	4 (100)	0 (0,0)	4 (100)	0 (0,0)	4 (100)	4 (100)
	<b>TOTAL</b>	166 (43,7)	214 (56,3)	380 (100)	145 (38,2)	235 (61,8)	380 (100)

\*: p-value of <0.05, indicating differences amongst age or gender showing statistical significance

#### 4.28 The first person that participants spoke to after hearing or seeing an HIV advert

A majority of the respondents in the 18-20-year (48.2%; n=81) and 21–24-year age groups (51.8%; n=87) indicated that after hearing or seeing an HIV advert, the first person they spoke to was a friend (Table 22) (p=0.011). In the analysis for gender, males (60.6%; n=134) and females (60.6%; n=134) mostly stated that they spoke to a friend first (p=0.045).

**Table 22: The first person that participants spoke to after hearing or seeing an HIV advert**

		Age			p-value	Gender			p-value
		18-20 years n (%)	21-24 years n (%)	Total n (%)		Male n (%)	Female n (%)	Total n (%)	
The first person you spoke to after hearing or seeing an HIV advert	Friend	81 (48,2)	87 (51,8)	168 (100)	0,01*	71 (42,3)	97 (57,7)	168 (100)	0,045*
	Sex partner	50 (45)	61 (55)	111 (100)		47 (42,3)	64 (57,7)	111 (100)	
	Sister/Brother	25 (52,1)	23 (47,9)	48 (100)		16 (33,3)	32 (66,7)	48 (100)	
	Family members	2 (22,2)	7 (77,8)	9 (100)		0 (0,0)	9 (100)	9 (100)	
	Other	1 (25)	3 (75)	4 (100)		2 (50)	2 (50)	4 (100)	

	Stranger	0 (0,0)	2 (100)	2 (100)		0 (0,0)	2 (100)	2 (100)	
	No one	7 (18,4)	31 (81,6)	38 (100)		9 (23,7)	29 (76,3)	38 (100)	
	<b>TOTAL</b>	166 (43,7)	214 (56,3)	380 (100)		145 (38,2)	235 (61,8)	380 (100)	

\*: p-value of <0.05, indicating differences amongst age or gender showing statistical significance

#### 4.29 Whether HIV is a serious problem in the community

The analysis relating to the participants' response to the "Is HIV a serious problem in the community" question revealed different responses based on their gender and their age.

##### 4.29.1 Whether HIV is a serious problem in the community based on gender

Figure 18 shows that females (61.2%; n=218) were the most to say yes, as they think that HIV is a serious problem in the community (p=0.02). This could mean that females think that people default on their treatment, which could lead to a spread of HIV.

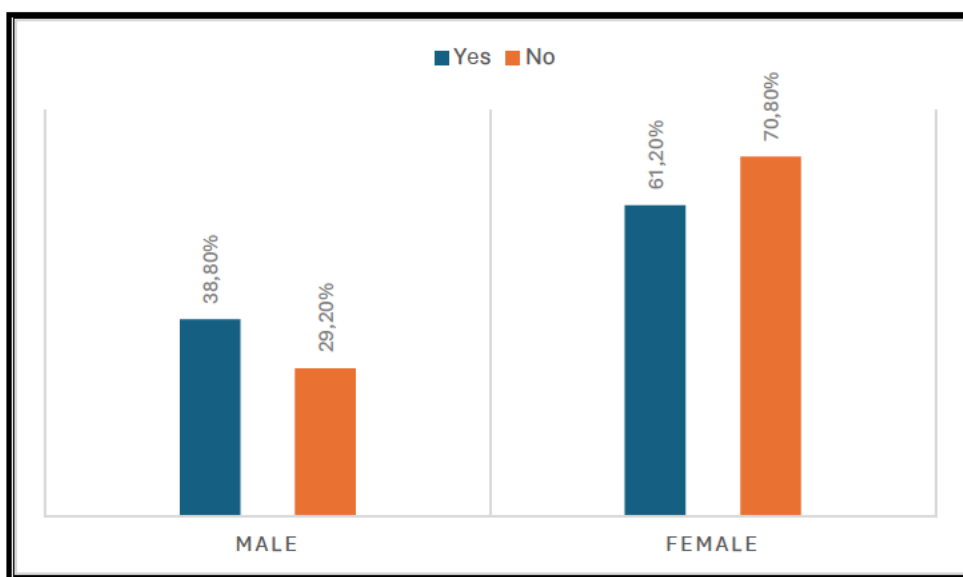
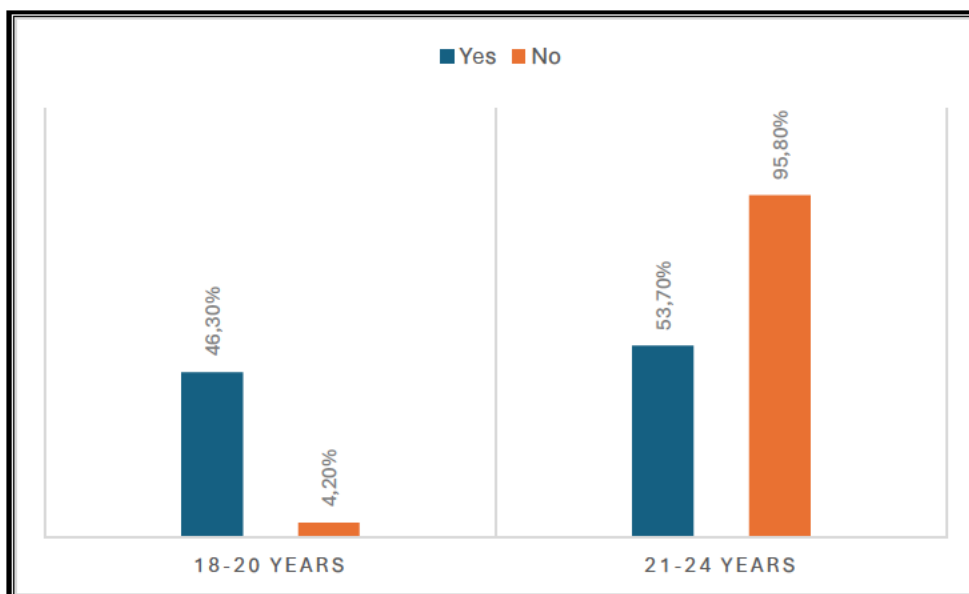


Figure 18: Responses on whether HIV is a serious problem in the community based on gender

##### 4.29.2 Whether HIV is a serious problem in the community based on age

Figure 19 shows that the 21–24-year age group (53.7%; n=191) was the most to say yes, they think that HIV is a serious problem in the community (p<0.01).



**Figure 19: Whether HIV a serious problem in the community based on age**

### 4.30 What made participants take the problem of HIV seriously

Table 23 indicates that respondents in the 18-20 year (50%; n=43) and 21–24-year age groups (50%; n=43) indicated that social media made them take the problem of HIV seriously (p=0.02).

Females were the most to respond (73.3%; n=63) to social media being the source of making them take the virus seriously (p<0.01).

**Table 23: What made participants take the problem of HIV seriously**

What made you take the problem of HIV seriously	Age			p-value	Gender			p-value
	18-20 years n (%)	21-24 years n (%)	Total n (%)		Male n (%)	Female n (%)	Total n (%)	
TV programs	16 (57,1)	12 (42,9)	28 (100)	0,02*	18 (64,3)	10 (35,7)	28 (100)	<0,01*
Radio programs	14 (40)	21 (60)	35 (100)		18 (51,4)	17 (48,6)	35 (100)	
Print media	3 (50)	3 (50)	6 (100)		3 (50)	3 (50)	6 (100)	
Social media	43 (50)	43 (50)	86 (100)		23 (26,7)	63 (73,3)	86 (100)	
Printed leaflets	2 (25)	6 (75)	8 (100)		3 (37,5)	5 (62,5)	8 (100)	
Billboards	7 (43,8)	9 (56,3)	16 (100)		2 (12,5)	14 (87,5)	16 (100)	
Signs on taxis	6 (46,2)	7 (53,8)	13 (100)		6 (46,2)	7 (53,8)	13 (100)	
Plays or drama	12 (23,5)	39 (76,5)	51 (100)		14 (27,5)	37 (72,5)	51 (100)	
Knowing someone with HIV/AIDS	16 (34,8)	30 (65,2)	46 (100)		18 (39,1)	28 (60,9)	46 (100)	

Caring for person with HIV/AIDS	4 (50)	4 (50)	8 (100)	4 (50)	4 (50)	8 (100)
Knowing someone who died of AIDS	14 (66,7)	7 (33,3)	21 (100)	12 (57,1)	9 (42,9)	21 (100)
AIDS statistics	10 (52,6)	9 (47,4)	19 (100)	3 (15,8)	16 (84,2)	19 (100)
Talking to a health worker	11 (64,7)	6 (35,3)	17 (100)	5 (29,4)	12 (70,6)	17 (100)
Having an HIV test	8 (30,8)	18 (69,2)	26 (100)	16 (61,5)	10 (38,5)	26 (100)
TOTAL	166 (43,7)	214 (56,3)	380 (100)	145 (38,2)	235 (61,8)	380 (100)

\*: p-value of <0.05, indicating differences amongst age or gender showing statistical significance

### 4.31 Conclusion

This chapter presented the results of the study in the form of tables and graphs. Inferential statistics which consist of hypothesis testing using chi square tests on the categorical data were demonstrated and explained. In addition, qualitative data analysis obtained from the open-ended parts of the questionnaire were coded, put into categories and thereafter analysed and interpreted. Statistically significant differences were observed amongst participants grouped by age and gender. These findings will be discussed and conclusions will be drawn with recommendations for the study and other future studies in the next chapter.

## **CHAPTER FIVE**

### **DISCUSSION, RECOMMENDATIONS AND CONCLUSION**

#### **5.1 Introduction**

The world continues to grapple with the HIV/AIDS epidemic (WHO, 2024a) despite the advocated global strategies that have been planned to contribute to reducing HIV prevalence (WHO, 2024b). One of these strategies is the global health communities' target for reducing HIV prevalence encapsulated in the 95-95-95 strategy, with the goal of ensuring that 95% of the population is tested for HIV; 95% of those testing positive to be enrolled in antiretroviral (ARV) treatment; and 95% of those on ARV treatment to achieve viral suppression by 2030 (Heath, Levi and Hill, 2021). Although a decline in HIV prevalence has been reported in South Africa (SA) from 7.9 million individuals infected in 2017 to 7.8 million infected in 2022, SA still has the highest rate of HIV infection (HSRC, 2023).

Notably, a substantial proportion of the 7.9 million South African individuals infected with HIV, 2.5 million, are from KwaZulu-Natal (KZN Department of Health, 2022). Generally, the HIV prevalence in KZN is higher than that of SA by at least 10% (Woldesenbet *et al.*, 2021). The uMgungundlovu district where the study location of Imbali is situated is noted to be the epicentre of HIV amongst other districts in KZN (Kharsany *et al.*, 2018). Given that HIV prevalence remains high in uMgungundlovu, with a prevalence rate of 44.1% reported in 2019 (Woldesenbet *et al.*, 2021), it was crucial for the current study to determine whether the South African HIV prevention marketing communication efforts contribute to the 95-95-95 strategy that aims to decrease HIV prevalence. The researcher examined the use of media amongst young adults in Imbali, determining their awareness of HIV prevention marketing communication campaigns as a means of contributing to the 95-95-95 goal. There is still a significant knowledge gap on the relationship within the youth and how it interacts with different media platforms, especially regarding HIV prevention strategies and programmes (Agegnehu and Tesema, 2020). The current study essentially assessed whether the planned strategies reach the target audience. Hence, the current study evaluated the effectiveness of HIV prevention marketing communication strategies in Imbali due to the high proportion of young adults, as this area has two tertiary education institutions. The study aimed to determine the influence of these campaigns on changing risky sexual behaviour in this population.

## **5.2 The demographic profile of the study population**

The results showed that the gender disposition of the study participants had 62% being female and 38% male. According to Statistics South Africa (2023), the South African population has more females (51.5% of 62 million), which may explain the gender disparity in the current study. Moreover, the study population had 43.7% who were in the 18–20 age group compared to 56.3% being in the 21–24-year age group. Park *et al.* (2006) classifies 18-24-year-olds as young adults. The current study refers to the 18–20-year-olds as the younger youth, with those 21-24 years of age as the older youth.

Further analysis reveals that a majority of participants were Black (89.5%), followed by those who were Coloured at 6,8% and Indians at 3.7%. This was in alignment with the general South African population, which is composed of 8.4% Blacks, 8.2% Coloureds, 7.3% Whites and 2.7% Indians (StatsSA, 2023). Wabiri and Taffa (2013) conducted a study that looked at the socioeconomic status and HIV in South Africa, which revealed that Blacks had the highest HIV prevalence.

In South Africa, from a marketing perspective, it is critical to understand the target market's demographic makeup in order to tailor-make marketing campaigns that will reach the intended audience. The purpose of the study was to examine the influence of HIV/AIDS prevention marketing communication campaigns amongst young adults. This important study managed to conduct this evaluation in a sample that was appropriate for determining the impact of the HIV prevention advocacy campaigns and their influence in reducing risky sexual behaviour.

### **5.3.1 Attainment of Objective 1**

*To determine the level of awareness of HIV prevention marketing communication campaigns implemented by the government and Non-Government Organisations in Imbali.*

When analysing data to determine the level of awareness of HIV/AIDS prevention marketing communication campaigns amongst the study participants who were 18-20 years old and those who were 21-24 years old, significant proportions of participants in both the age groups recognised HIV as a serious problem within the community. This response was recognised as beneficial in the current study population as it suggests that the participants were cognisant of the burden of HIV/AIDS that needs to be curbed. Notably, most participants in both age groups in the current study reported having been exposed to a message they received from both traditional and social media on HIV/AIDS marketing communication prevention campaigns

promoting that individuals should get tested for HIV. Khan *et al.* (2024) agree that knowledge and awareness in the general population regarding HIV/AIDS is a major preventive tool for reducing the spread of the HIV pandemic. Interestingly, participants who did not think that HIV is a serious problem within the community were in the minority, noted as 0.6% in the 18-20-year age category and 10.7% in the 21–24-year age group.

According to Musonda and Bwalya (2023), media communication has helped raise awareness of HIV/AIDS prevention campaigns. An analysis of daily usage of traditional media indicated that the 21–24-year age group significantly used TV, followed by magazines. On the other hand, Twitter (now referred to as X) was used more frequently, followed by Facebook and lastly Instagram, with most users being in the 21–24-year age category. This is a significant finding as it highlights that TV as broadcast media as well as X, Facebook and Instagram social media platforms are used as a source of information by the older youth compared to the younger youth. Although the current study did not determine the sexual activities of participants, based on the view of Campbell, Nair and Maimane (2007), young people engage in high sexual activity, hence the researcher viewed that targeting the HIV/AIDS prevention marketing communication campaigns at young people may contribute to effective control strategies of HIV transmission. Ezekiel *et al.* (2021) supported the use of social marketing communication tools such as social media, mostly embraced by the youth, as well as broadcast media (TV), citing that they remain suitable channels for health information communication and that they have a significant impact on the conduct of HIV/AIDS campaign programmes. When asked, participants indicated that social media made them take the problem of HIV seriously.

In addition, the significance of face-to-face interaction with healthcare professionals was highlighted when the 21–24-year age group mostly indicated that non-governmental organisation (NGOs) or community-based organisations (CBOs), clinics and hospitals are places where they have received HIV/AIDS information that has been useful to them. This implies that health institutions still play a pivotal role in spreading useful information regarding HIV/AIDS. Boshomane *et al.* (2024) underscore the crucial role that healthcare workers in health facilities have continually played in disseminating information on HIV prevention to communities.

Notwithstanding the differences in the levels of awareness noted amongst both the youth groups, gender differences in levels of awareness were noted as well. The analysis revealed that compared to males, females used TV, radio and newspapers more frequently, followed by magazines, as traditional media used daily. On the other hand, the majority of females reported using Instagram, followed by Facebook and lastly Twitter daily, stating that social media platforms are significant sources that make them take HIV infection seriously. Furthermore, compared to males, most female participants reported having significantly more exposure to messages on HIV/AIDS marketing communication prevention campaigns that promote HIV testing amongst individuals. Females are bound to have more knowledge than males since there are more empowering messages targeting them. The KZN Department of Health ran a campaign targeted at girls aged 14-25 years old, highlighting the risks and dangers of dating older men, creating a non-acceptance of cross-generational sex and encouraging acceptable behaviours amongst community members (KZNHealth, 2022).

Although there was no statistical significance, the analysis revealed that 4.8% of male participants did not think that HIV is a serious problem. Although this may not be a significant proportion of participants, it was a concerning response as it highlights a critical gap in reaching some of the males, which needs to be addressed with more campaigns that target men, in addition to those that advocate for condom use and circumcision. Dissecting HIV testing and treatment coverage amongst adolescent young boys and older men will help identify where the gaps are in order to provide more boys and men with HIV care (Olakunde *et al.*, 2019).

Regarding the dissemination of knowledge acquired from HIV/AIDS prevention campaigns, most male and female participants reported to have spoken to a friend after reading or watching an advert. It was further noted that a significant proportion of participants in the 21–24-year age category spoke to a friend after reading or watching the advert, compared to those who were younger. When intending to foster peer conversational engagement for health campaigns, Lubinga, Maes and Jansen (2016) suggest that it is paramount to create easily comprehensible health messages through mass media campaigns in order to avoid false comprehension by the target audience. The majority of females in the 21–24-year group indicated never having been a member of an HIV awareness group or a community that talks about HIV/AIDS.

### 5.3.2 Attainment of Objective 2

*To investigate the influence of HIV marketing communication campaigns in reducing risky sexual behaviour.*

The analysis of data to determine the influence of HIV marketing communication campaigns in reducing risky sexual behaviour amongst the study participants revealed that the 21–24-year-olds had done an HIV test after hearing or seeing an advert which advocated for getting tested and knowing their status. In agreement, Khan *et al.* (2024) pointed out that HIV campaigns and awareness programs in secondary and tertiary institutions benefit the goal of promoting awareness amongst the target population using social media platforms and electronic media. More positively, the 21–24-year-old age group was noted to be cognisant of HIV/AIDS marketing communication campaigns as well as being influenced by the advocacy messages. They reported not having multiple partners after being exposed to an HIV prevention message. Further analysis of participants' responses on whether they always practised safe sex, including using condoms after hearing or seeing an advert which talks about HIV/AIDS, indicated that most of this group significantly responded in the affirmative. A study conducted in Malawi (Mandiwa, Namondwe and Munthali, 2021) revealed a significant correlation between being exposed to advocacy messages through media and testing for HIV with comprehensive HIV/AIDS knowledge. They further found that compared to participants who had never tested, those who had tested for HIV were more likely to be well-informed on HIV/AIDS.

Not surprisingly, most female participants reported having tested for HIV after hearing or seeing an HIV prevention advert promoting HIV testing and knowing their status. They further reported changing their sexual behaviour to using safe sex practices, including using a condom. Males on the other hand had a significantly low number of affirmative responses, with most of them giving a reason for being scared to test and sometimes forgetting to practise safe sex. Although these responses were low, this was concerning as it highlighted the fact that there is a substantial proportion of young males that may not have been influenced by the advocacy messages that would otherwise contribute to the decrease in HIV prevalence. This may mean that some males may lack knowledge on HIV/AIDS. Khan *et al.* (2024) corroborate this viewpoint when they found that female participants in their study had an overall high level of knowledge on the common mode of HIV/AIDS transmission as compared to their male counterparts.

### 5.3.3 Attainment of Objective 3

*To determine the challenges young adults face in reducing risky sexual behaviour in Imbali.*

The 21–24-year age group significantly confirmed that they felt that HIV/AIDS adverts were resonating with them and also felt that the adverts provided enough information to effect change in their sexual behaviour. They further suggested that they would like to see more adverts that speak largely on the dangers of risky sexual behaviour. Risky sexual behaviour is a major worldwide health issue that affects public health in adolescents (Kempinska and Malinowski, 2023). The 21–24-year age group were significantly the most to not have experienced engaging in risky sexual behaviour while under the influence of alcohol or drugs. Most concerningly, the 18–20-year age group reported having experienced engaging in risky sexual behaviour while under the influence of drugs, which registered quite a significant proportion of individuals, considering that these persons had just left high school. Similar findings were reported by Mthembu (2017) amongst younger students at the University of KwaZulu Natal where students were found to be engaging in risky sexual behaviour while under the influence of alcohol. Impressively, the older age group were the most to indicate that they had not experienced being pressurised into engaging in risky sexual behaviour, as well as not having experienced being promised money in exchange for sexual favours. Notably, both age groups listed peer pressure as well as drugs and alcohol as the highest causes of risky sexual behaviour amongst young adults.

In the gender category, females were the most to indicate that they felt they could identify with HIV adverts and also feel that HIV/AIDS adverts provide enough information to effect change in their sexual behaviour. Females felt that HIV/AIDS adverts do give enough information related to situations that people may be faced, but they would like to see these adverts focusing predominantly on the dangers of risky sexual behaviour and safe sex advice. Males also wanted to see more on the effects of risky sexual behaviour and interestingly, influences on getting people to test for HIV regularly. Females reported not having experienced being pressured into engaging into risky sexual behaviour. However, they had experienced being promised money in exchange for sexual favours. Young women who engage in transactional sex, particularly when there are frequent exchanges of gifts or money, are more likely to contract HIV (Kilburn *et al.*, 2018). In relation to drugs and alcohol, more females stated that they had not experienced engaging in risky sexual behaviour while under the influence of both substances. When asked about what participants think causes young adults to engage in risky sexual behaviour, both

males and females listed peer pressure as well as drugs and alcohol as the predominant causes.

#### **5.3.4 Attainment of Objective 4**

*To develop HIV/AIDS marketing communication prevention strategies in Imbali, PMB, KZN.*

The majority of the respondents in the 21–24-year age group confirmed that they think the right time to screen TV adverts or series that address HIV/AIDS content is 8:00pm in the evening. Most participants in both the 18–20 year and the 21–24-year age groups highlighted that they would design HIV adverts highlighting the risks and dangers of risky sexual behaviour if they were given the opportunity. This response was very encouraging considering that there was a study conducted in South Africa amongst university students aged 18-24 years old where their responses indicated that they continued to persist in engaging in hazardous sexual behaviours, such as unprotected intercourse and having many partners, while being cognisant of the associated risks (Mthembu, Maharaj and Rademeyer, 2019). Avoiding sugar daddies was the next theme, which was mostly listed by the 18–20-year-old group, while the 21–24 year-old group mostly wrote that they would focus their HIV adverts on safe sex advice. In a study conducted in Ethiopia, it was found that young women participating in transactional sex with sugar daddies frequently maintain numerous contemporaneous partners and exhibit inconsistent condom usage, heightening their susceptibility to HIV and other sexually transmitted infections (Dana, Adinew and Sisay, 2019). Both the age groups listed Facebook, Twitter and TV as preferred media platforms to post an HIV advert in.

Females were the most respondents who stated that they think that 8:00pm in the evening is a suitable time to watch HIV adverts on the TV. If given an opportunity to design an HIV advert, the majority of males listed the risks and dangers of risky sexual behaviour followed by testing regularly for HIV as messages they would focus on. The majority of females listed the risks and dangers of risky sexual behaviour followed by safe sex advice. Risky sexual behaviour constitutes a considerable public health issue, linked to elevated death and morbidity rates (Tariq, 2022). Females listed mostly Facebook as the preferred medium they would use to post their HIV advert. This correlates with the fact that Facebook is the leading social media platform with just below 3 billion users worldwide (Hanslo, 2024).

## 5.4 Limitations of the study

- One of the significant obstacles in the study was acquiring material for the literature review. Few or no studies related to HIV prevention marketing communication campaigns have been conducted in Imbali, Pietermaritzburg, historically, necessitating the researcher seeking information from other areas of South Africa
- This study was conducted during the COVID-19 outbreak, making it challenging to capture individuals' attention for the study introduction and to encourage participation in the questionnaire.
- As the research was carried out in the township of Imbali in KwaZulu-Natal, just one geographic region was examined. This was thought to be a constraint. A different perspective on the influence of marketing communication HIV prevention campaigns may have been gained if the survey had included more geographical areas.
- The study was conducted in one of the most dangerous cities in the province of Kwa-Zulu Natal (KZN), so there were safety concerns while conducting surveys with participants, but fortunately no incidents occurred.
- The fact that the questionnaire had the yes /no binary questions as well as the open-ended questions and the factor analysis was not conducted was a limitation.

In spite of the mentioned limitations, the current study was able to determine the influence of the HIV prevention marketing communication campaigns which the study participants were exposed to.

## 5.5 Conclusion

This study was a first of its kind in the Imbali township in Pietermaritzburg. Published data showed no indication of any such study being investigated in Imbali. One of the key findings of the current study was noting the change in risky sexual behaviour that most female participants reported, including adopting safe sex practices such as more frequent condom use, testing for HIV and knowing their status, after hearing or seeing an HIV prevention advert. Furthermore, they indicated that engaging with multiple partners came to a halt. Moreover, females were generally satisfied with the messaging communicated in the HIV prevention adverts in that they

were able to influence change in their sexual behaviour. This illustrated the effectiveness of the HIV prevention marketing communication campaigns, that these females had been exposed to.

Notably, both participants recommended that the HIV prevention adverts should focus more on the dangers of risky sexual behaviour, testing regularly and safe sex advice. Interestingly, a significant proportion of 18–20-year-old participants reported having experienced engaging in risky sexual behaviour while under the influence of drugs or alcohol compared to those who were 21-24 years of age. Therefore, HIV prevention campaigns that would influence change in risky sexual behaviour should target this younger adult population. To have them at risk of contracting infections due to alcohol and drugs is concerning since this younger age group is supposed to be the future leaders of tomorrow.

Another key finding was to observe that a significant proportion of the participants recognised that HIV was a serious problem within the community. They were aware that the burden of persistent HIV transmission must be curbed. This study exposed that males generally partake less when it comes to healthcare initiatives, particularly when it comes to HIV testing. Makusha, van Rooyen and Cornell (2020) concur that HIV prevention programs should prioritize heterosexual men in sub-Saharan Africa as they experience unequal access to prevention, testing and treatment services. Most male participants gave a reason of being scared to test for HIV as they were not practising safe sex, with a few of them reporting that they did not think HIV is a serious problem. This is suggestive of a substantial population of young male adults that may not be influenced by the advocacy messages that would otherwise contribute to the decrease in HIV prevalence. Therefore, these young males are at risk of either contracting or spreading HIV, which is concerning.

Exposure to HIV marketing communication campaigns promoting HIV prevention through traditional media, mostly TV, as well as social media was confirmed by both genders. This is a significant finding as it highlights that TV as broadcast media as well as X, Facebook and Instagram social media platforms are used as a source of information. Notably, females listed Facebook as the most preferred medium they would use to access such information. However, the advent of social media, health institutions are still seen as paramount in disseminating information regarding HIV. Hospitals, clinics and NGOs are institutions that young adults can turn to for information. Face-to-face interaction with healthcare professionals still proves effective.

While there is evidence of young adults taking measures to protect themselves against HIV and STIs, their adherence to these approaches is inconsistent, hence increasing their level of risk. There should thus be increased funding for a coordinated initiative to address risky sexual behaviours amongst young adults and to consistently encourage the use of condoms. Programs should be attractive to young adults and should prioritize a blend of measures aimed at lowering risk (Mthembu, Maharaj and Rademeyer 2019). Therefore, this study alludes the necessity to develop HIV/AIDS marketing communication prevention strategies focusing on young adults in Imbali, Pietermaritzburg.

The significance of this study was to identify the benefit of the HIV marketing communication campaigns in changing risky sexual behaviour. Although this was from a sample that was purposively selected, however there is merit in determining such a benefit in a large sample, that would be randomly selected.

## **5.6 Recommendations**

- More advocacy programs planned by both government and NGOs should be focused on males, particularly to encourage more HIV testing and knowing their status so as to potentially change their risky sexual behaviour. In addition, campaigns geared for females should be strengthened, especially for the 18-24-year-old age group as they may influence the male partners of the same age bracket. Generally, knowledge and awareness in the general population regarding HIV transmission is a major preventive tool for reducing the spread of the HIV pandemic.
- Men need increased participation in health studies to get a more holistic perspective on the knowledge, attitudes and awareness of HIV prevention programs. HIV prevention programs should prioritize heterosexual men as they are reluctant to access HIV prevention, testing and treatment services. They must be supported in heeding these prevention messages.
- Marketing communication HIV prevention campaigns should be posted more aggressively on Facebook, Twitter (X) and TV. In accordance with this, Goedel *et al.* (2021) found that instead of intrusive pop-ups, gay and bisexual men prefer social media advertisements for HIV prevention programs that use provocative visuals and fact-driven messages.
- There should be more emphasis on the dangers of risky sexual behaviour, the effects of hypogamous relationships, avoiding big age gap relationships and safe sex practices in

marketing communication HIV prevention campaigns as young women who may have age-disparate relationships are more likely to engage in unprotected sex and thus contract HIV.

- Regular face-to-face interaction between young adults and healthcare professionals should be encouraged, either by visiting high schools and tertiary institutions or encouraging young people to visit hospitals and clinics to screen for HIV and get treatment should it be required. The youth's use of HIV testing services can be increased by enhancing the attitudes of healthcare providers, improving the way services are delivered, and generating demand in the areas they visit (Ndlovu, Ross and Mulondo, 2023).
- Future research of this kind is advised to involve a larger sample size that includes a broader age range in order to increase the generalizability of the reactions of young adults to marketing communication HIV prevention programs in South Africa.
- Future research studies ought to contemplate incorporating many geographical regions. In the other provinces of South Africa, research akin to this one is required

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## LETTER OF INFORMATION

**Title of the Research Study:** The influence of HIV prevention marketing communication campaigns on young adults in Imbali, Pietermaritzburg, KZN

**Principal Investigator/s/researcher:** Mr K. Mkhize, BTech

**Co-Investigator/s/supervisor/s:** Dr P. Moodley, PhD, Dr E. Madondo, PhD

**Brief Introduction and Purpose of the Study:** Human Immuno Deficiency virus (HIV) infection continues to plague the world, with the virus continually spreading in many regions, despite global campaigns to reduce the epidemic. The aim of this study is to examine the exposure of HIV related marketing communication campaigns and its effects on reducing risky sexual behaviour in young adults between ages 18 to 24. This study is important as it will give insights on the influence of marketing communication campaigns in reducing HIV risky sexual behaviour in a young adult population.

### **Invitation to the potential participant:**

Dear Sir/Madam

I, Kabelo Mkhize, registered at Durban University of Technology (DUT) for the Masters' Degree in Marketing would like you to participate in a research study titled "The influence of HIV/AIDS prevention marketing and communication campaigns on young adults in Imbali, Pietermaritzburg, KZN".

**What is Research:** Research is the systematic process of collecting, analysing, and interpreting information in order to increase our understanding of the field we are interested in.

**Outline of the Procedures:** As a participant, you will be required to complete a questionnaire on your awareness on the influence of HIV/AIDS prevention marketing and communication campaigns which will be given to males and females within the age 18-24 years. The survey will take approximately thirty minutes to complete. Each questionnaire will be coded to maintain confidentiality, and thus your names will not be used.

**Risks or Discomforts to the Participant:** There will be no discomfort in participating in this study. The researcher will ensure that you will not be exposed to any form of harm.

**Explain to the participant the reasons he/she may be withdraw from the Study:** You may withdraw from the study at any given time should you wish so, there will be no consequences. You also do not need to specify your reasons for wanting to quit.

**Benefits:** This study is important since it will give insights on the influence of communication campaigns in reducing HIV risky behaviour in a young adult population and this may inform government and the NGOs on whether these campaigns are effective.

**Remuneration:** You will not receive any payment or incentive for participating in this study.

**Costs of the study:** You will not be expected to cover any costs towards this study.

**Confidentiality:** Respondents will not be asked to include their names and identification (ID) numbers to maintain anonymity, however code numbers will be used instead

**Results:** The results of the study will potentially be presented at a conference/s and published in accredited journal/s

**Research-related Injury:** During the research the researcher will ensure that you are not exposed to any harm whether physical or psychological.

**Storage of all electronic and hard copies including tape recordings:** The collected data will be kept confidential, stored for five years and be disposed of after the study completion.

**Persons to contact in the Event of Any Problems or Queries:**

Please contact Kabelo Mkhize (BTech) (0729490419), Dr Moodley (PhD) (031373525) or the Institutional Research Ethics Administrator on 031 373 2375.

Complaints can be reported to the Director: Research and Postgraduate Support Dr L Linganiso on 031 373 2577 or [researchdirector@dut.ac.za](mailto:researchdirector@dut.ac.za).



## INCWADI YOLWAZI

**Igama locwaningo:** The influence of HIV prevention marketing communication campaigns on young adults in Imbali, Pietermaritzburg, KZN

**Igama lomcwaningi:** Mr K. Mkhize, BTech

**Abaphathi bocwaningo:** Dr P. Moodley, PhD, Dr E. Madondo, PhD

**Isingeniso nesidingo salolu cwaningo:** Isandulela ngculazi (HIV) siyaqhubeka ukugcwala emhlabeni, njengoba leligciwane liqhubeka yize noma kunezinhlelo zokwehlisa logawulwayo. Inhloso yalolucwaningo ukuhlola ukuchaywa kwezinhlelo zokumaketha nokukhangisa mayelana nengculazi ezisungulelwe ukunciphisa ukwenza ucansi olungaphephile kubantu abasha abaphakathi kweminyaka esukela ku 18-24. Lolucwaningo lubalulekile ngoba luzokwenza siqonde ngomthelela wezinhlelo ezenzelwe ukunciphisa ukwenza ucansi budedengu ebantwini abasha.

**Isimemo soku hlanganyela kucwaningo:**

Sawubona Mnumzane/Nkosazane

Mina, Kabelo Mkhize, owenza izifundo zeMasters kwi Marketing eDurban University of Technology (DUT) ngikunxusa ukuba ubambe iqhaza kulolucwaningo olubizwa ukuthi “Umthelela wokumaketha nokukhangisa ngemikhankaso yokuvikela ukuphathwa yigciwane lengculazi kubantu abasha baseMbali, eMgungundlovu, KZN”

**Luyini ucwaningo:** Ucwanningo luyinqubo yokuqoqa, ukuhlaziya, nokutolika imininingwane ukuze kunyuke izinga lokuqonda ngomkhakha wocwaningo esifisa ukwazi ngawo.

**Inqubo yocwaningo:** Njengomhlanganyeli kulolucwaningo, uzodingeka ukuthi ugqwalise uhlu lwemibuzo ngoku ngokuqwashiseka kwakho mayelana nezinhlelo zokumaketha nokukhangisa ezisungulelwe ukunciphisa ukwenza ucansi olungaphephile ebantwini abasha olizonikwa abesilisa nabesifazane abaseminyakeni ephakathi kuka 18-24. Loluhlu lwemibuzo luzothatha imizuzu ewu 30 ukulugqwalisa. Uhlu lombuzo lulunye luzonikwa inombolo ukuze igama lomhlanganyeli lingaveli futhi lungadalulwa.

**Izingozi kanye nokungakhululeki kumhlanganyeli:** Ngeke kubekhona ukungakhululeki uma ubamba iqhaza kulolucwaningo. Umcwaningi uzokwenza isiqiniseko sokuthi ngeke uvelelwe yinoma ibuphi ubungozi.

**Chazela umhlanganyeli ukuthi angahoxisa kulolucwaningo:** Ungakwazi nganoma isiphi isikhathi, ngaphandle kokubandlululeka, ukuhoxa ukuzibandakanya kulolucwaningo. Ngeke sibekhona isidingo sokunika incazelo yokuhoxa.

**Izinzuzo:** Lolucwaningo lubalulekile ngoba luzokwenza siqonde ngomthelela wezinhlelo ezenzelwe ukunciphisa ukwenza ucansi budedengu ebantwini abasha okungahle kwazise uhulumeni nama NGOs ukuthi lezinhlelo ziyasebenza yini.

**Ukukhokhelwa:** Ngeke ukhokhelwe noma uthole umklomelo ngokuba ingxenye yalolu cwanningo.

**Izindleko zocwaningo:** Ngeke uze ulindeleke ukuthi ukhokhe imali ezoya kulolucwaningo.

**Ukugcina imininingwane yakho iyimfihlo:** Abahlanganyeli ngeke bacelwe ukuthi badalule amagama abo kanye nenamba kamazisi ukuze kugcineke imininingwane yabo iyimfihlo. Kuzosetsheziswa izinamba ezikhodiwe.

**Imiphumela:** Imiphumela yalolucwaningo kungenzeka ithulwe kwizinkomfa iphinde futhi ishicilelwe nakumaphephabhuku ezocwaningo.

**Ukulimala okungabangelwa ucwaningo:** Ngesikhathi socwaningo umcwaningi uzoqiniseka ukuthi angeke ungene engozini yokulimala emzimbeni noma emqondweni.

**Ukugcinwa kwamakhophi ohlu lwemibuzo asemaphepheni kanye naqoshiwe:** Iminingwane eqoqiwe izogcinwa ifihliwe, igcinwe iminyaka emihlanu (5) emva kwaloko bese iyahlwa ngokomthetho.

**Abantu ongabathinta uma unezinkinga noma unembuzo:**

Sicela uthinte uKabelo Mkhize (BTech) (0729490419), Dr Moodley (PhD) (031373525) noma Institutional Research Ethics Administrator ku 031 373 2375.

Izikhalo zingadluliselwa ku Director: Research and Postgraduate Support Dr L Linganiso ku 031 373 2577 noma [researchdirector@dut.ac.za](mailto:researchdirector@dut.ac.za).

## Appendix B1



**Names of Researcher/s:**

### CONSENT FORM

#### Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, \_\_\_\_\_ (name of researcher), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance  
Number: \_\_\_\_\_,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

\_\_\_\_\_

**Full Name of Participant**      **Date**      **Time**      **Signature / Right**  
**Thumbprint**

I, \_\_\_\_\_ (name of researcher) herewith confirm that the above participant has  
been fully  
informed about the nature, conduct and risks of the above study.

\_\_\_\_\_

**Full Name of Researcher**      **Date**      **Signature**

\_\_\_\_\_

**Full Name of Witness (If applicable)**      **Date**      **Signature**

\_\_\_\_\_

**Full Name of Legal Guardian (If applicable)**      **Date**      **Signature**



## IFOMU LOKUVUMELA

### Isitatimende sesivumelwano sokubamba iqhaza esifundweni sokucwaninga:

- Ngiyaqinisekisa ukuthi ngazisiwe ngumcwaningi, \_\_\_\_\_ (igama lomcwaningi), ngohlobo, ukuziphatha, izinzuzo nezingozi zalolu cwaningo – Inombolo yesibalo sokucwaninga ukuziphatha:
- Sengithole, ngafunda futhi ngalufunda ulwazi olubhaliwe olungenhla (Incwadi yomhlanganyeli yemininingwane) mayelana nesifundo.
- Ngiyazi ukuthi imiphumela yocwaningo, kubandakanya imininingwane yomuntu mayelana nobulili bami, iminyaka, usuku lokuzalwa, ama-initials Kanye nokuxilongwa kuzocutshungulwa kungaziwa kube wumbiko wocwaningo.
- Ngenxa yezidingo zocwaningo, ngiyavuma ukuthi idatha eqoqwe phakathi kulolu cwaningo ingacutshungulwa ngohlelo lwekhompyutha ngumcwaningi.
- Ngingahle, noma ngasiphi isigaba, ngaphandle kokubandlulula, ngihoxise imvume yami kanye nokuzibandakanya kulolu cwaningo.
- Ngibe nalo ithuba elanele lokubuza imibuzo futhi (ngentando yami) ngizibonakalise ngikulungele ukubamba iqhaza ocwaningeni.
- Ngiyakuqonda ukuthi okutholakele okusha okuphawulekayo okwenziwe Phakathi nalolu cwaningo okungenzeka kuhambisane nokubamba kwami iqhaza kuzonikezwa kimi.

\_\_\_\_\_

**Igama eligcwele lomhlanganyeli**

\_\_\_\_\_

**Usuku**

\_\_\_\_\_

**Isikhathi**

**Isignesha/Ukuginqa isithupha sesokudla**

Mina, \_\_\_\_\_ (igama lomucwanigi), ngalokhu ngiyaqinisekisa ukuthi umhlanganyeli ongenhla wazisiwe ngokuphelele ngohlobo, ukuziphatha kanye nobungozi besifundo esingenhla.

\_\_\_\_\_

**Igama eliphelele lomcwaningi**

\_\_\_\_\_

**Usuku**

\_\_\_\_\_

**Isignesha**

\_\_\_\_\_

**Igama eliphelele lofakazi (uma likhona)**

\_\_\_\_\_

**Usuku**

\_\_\_\_\_

**Isignesha**

\_\_\_\_\_

**Igama eliphelele lomnakekeli (uma likhona) Usuku**

\_\_\_\_\_

**Isignesha**

**Appendix C1 (English version)**

**QUESTIONNAIRE**

**SECTION A:**

Identification number .....

Date of interview

D	D	/	M	M	/	Y	Y	Y	Y
						2	0		

**SECTION B: Demographic Information**

Ethnic group

African		Coloured		Indian		White	
---------	--	----------	--	--------	--	-------	--

Gender

Male		Female	
------	--	--------	--

Marital status

Married	1
Not married	2
Divorced / separated	3
Widower / Widow	4

Current living arrangement

Living with husband/wife	1
Living on own or other arrangement but not living with husband / wife	2
Living together with boyfriend/girlfriend/civil union partner /other partner	3
Single/divorced/widowed – in a steady relationship but not living together	4
Single; not in a steady relationship	5

Age of participant .....years

Date of birth

D	D	/	M	M	/	Y	Y	Y	Y
		/			/				

**SECTION C: Socio-Economic Status**

1. Where do you live?				
2. What would you classify the area as?	Rural	Urban	Per-urban	
3. Are you employed?	Yes	No		
4. If no, please specify source of income				
5. If yes, what is your income per month?	<R1000	R1001–R5000	R5000–R10000	>R10000
6. What is your level of education?	None	Primary	High school	Tertiary
7. What is your occupation?				

**SECTION D: Media, Communications and Norms**

*Please tick an option for each statement that best describes your use of media*

8. Frequency of media use

How often do you do the following?	Never	Once a week	2-6 days a week	Every day of the week
Listen to the radio	1	2	3	4

Watch television	1	2	3	4
Read a print magazine	1	2	3	4
Read a print newspaper	1	2	3	4
Use the internet to go onto news sites	1	2	3	4
Use the internet to go onto Facebook	1	2	3	4
Use the internet to go onto Twitter	1	2	3	4
Use the internet to go Instagram	1	2	3	4
Use a cellphone	1	2	3	4
Read leaflets or booklets	1	2	3	4

9. Have you seen or heard an advert which talks about HIV/AIDS?

Yes	No
1	2

10. Please indicate below where you saw or heard of the advert

Television	1	Friend or relative	8
Radio	2	From an HIV & AIDS organisation	9
Facebook	3	Clinic or hospital	10
Twitter	4	Newspaper	11
Posters / Billboards	5	Don't remember	12
Pamphlets, booklets	6	Other (specify)	13
Community event	7		

11. Please indicate below the main message of the advert you saw or heard?

To get tested for HIV	1	(Young) women using contraception and condoms to prevent HIV and STIs	6
Men and women should get tested together	2	Not to drink a lot or take drugs	7

Men should get circumcised	3	To have one partner	8
Men should use condoms	4	Don't know	9
(Young) women saying no to Sugar Daddies	5	Other (specify)	10

12. Please indicate below the first person you spoke to after watching or reading the advert

Friend	1
My sexual partner	2
A sister or brother	3
Other family members	4
Other (specify)	5
No one	6

13. Have you been a member of a group/community that talks about HIV/AIDS?

Yes	No
1	2

14. Do you think HIV is a serious problem in the community?

Yes	No
1	2

15. Please indicate below what has made you take the problem of HIV/AIDS seriously?

Television programmes	1	Knowing or talking to someone with HIV/AIDS	9
Radio programmes	2	Caring for a person with HIV/AIDS	10
Print media eg Newspaper articles/ Magazine articles	3	Knowing someone who has died of AIDS	11
Social Media	4	AIDS statistics	12

Printed Leaflets or booklets or posters	5	Talking to a health worker/ nurse / doctor	13
Billboards	6	Having an HIV test	14
Signs on taxis/busses/ trains	7	Talking to friends or family members	15
Plays or drama	8	Other	16

16. Please indicate below in the past 12 months where or from whom have you received HIV/AIDS information that has been useful to you personally?

A child or learner of school-going age	1	Telephone helpline	10
Faith based organisation eg church, mosque, synagogue	2	Pharmacy or chemist	11
Workplace	3	Parent / Family member or caregiver	12
Community meeting	4	Friend(s)	13
Traditional healer	5	Television	14
Peer educator	6	Radio	15
AIDS or welfare organisation, local NGO or CBO	7	Billboards	16
Government Clinic or hospital	8	Signs on taxis/buses/trains	17
Private Doctor	9	Workplace	18

### **SECTION E: The effects of HIV campaigns/adverts**

17. After hearing or seeing an advert which talks about knowing your HIV/AIDS status did you test for HIV?

Yes	No
1	2

If no, why did you choose not to know your HIV status

.....  
.....

18. After hearing or seeing an advert which talks about HIV/AIDS did you have multiple partners?

Yes	No
1	2

If you ticked yes, please indicate why you chose to still have multiple partners

.....  
.....

19. After hearing or seeing an advert which talks about HIV/AIDS did you always use a condom during sexual intercourse?

Yes	No
1	2

If no, why did you choose not to use a condom when having sex?

.....  
.....

20. After hearing or seeing the advert which talks about HIV/AIDS did you feel it was not talking to you

Yes	No
1	2

If yes, please indicate why you feel/ felt so

.....  
.....

21. After hearing or seeing an advert which talks about HIV/AIDS did you stop having unsafe sex?

Yes	No
1	2

If no, please indicate why not.

.....  
.....

22. Do you feel HIV/AIDS adverts provide enough information to effect a change in your sexual behaviour?

Yes	No
1	2

If no, please indicate why not.

.....  
.....

23. Do you feel that the HIV/AIDS adverts give enough information related to situations that people may be faced with?

Yes	No
1	2

If no, please indicate why not.

.....  
.....

24. What information do you need these adverts to tell you?

.....  
.....

25. Do you understand the language that is used in HIV/AIDS adverts?

Yes	No
1	2

If no, please indicate which language would you like to hear in these adverts.

.....  
.....

26. Do you feel the TV series that address HIV/AIDS content are screened at the right time?

Yes	No
1	2

If no, please indicate what time would you prefer.

.....  
.....

27. If you were asked to design an advert that may change risky behaviour, what will you include in it?

.....  
.....

28. Which media platform will you post it in?

.....  
.....

29. Have you ever been pressurised into engaging in risky sexual behaviour?

Yes	No
1	2

30. Have you ever been promised money in exchange for sexual favours?

Yes	No
1	2

31. Have you ever engaged in sexual risky behaviour because you were under the influence of alcohol?

Yes	No
1	2

32. Have you ever engaged in sexual risky behaviour because you were under the influence of drugs?

Yes	No
1	2

33. What do you think causes young adults to engage in risky sexual behaviour?

.....  
.....

**Thank you for participating in this study.**

**Appendix C2 (isiZulu version)**

**UHLU LWEMIBUZO**

**INGXENYE A:**

Inombolo yokuhlonza .....

Usuku lwengxoxo

D	D	/	M	M	/	Y	Y	Y	Y
						2	0		

**INGXENYE B: Iminingwane ngabantu**

Uhlanga

Umnyama	Uyikhaladi	Uyindiya	Umhlophe
---------	------------	----------	----------

Ubulili

Owesilis a		Owesifaza ne	
---------------	--	-----------------	--

Emshadweni

Ushadile	1
Awushadile	2
Nihlukanisiwe / nihlukene kodwa nisashadile	3
umfelwa / umfelokazi	4

Izinhlelo zokuhlala noma ukuhlalisana

Uhlala nomyeni noma unkosikazi	1
Uhlala wedwa, awuhlali nomyeni noma nonkosikazi	2
Uhlala nomuntu othandana naye	3
Awushadile, ukhona othandana naye kodwa anihlali ndawonye	4
Akekho othandana naye	5

Iminyaka yakho .....years

Usuku lokuzalwa

D	D	/	M	M	/	Y	Y	Y	Y
		/			/				

**SECTION C: Isimo sezomnotho**

1. Uhlala kuphi?				
2. Ungayichaza indawo ohlala kuyona? kanjani	Emakhaya	Edolobheni	Elokishini	
1. Uyasebenza?	Yebo	Cha		
2. Uma uthi cha, sicela usho ukuthi imali yokuphila uyithola kuphi				
3. Uma uthi yebo, imalini oyithola ngenyanga?	<R1000	R1001–R5000	R5000–R10 000	>R10 000
4. Ugcine kuliphi ibanga lokufunda?	Angifundanga	e-Primary	e-High school	e-Tertiary
5. Umsebenzi owenzayo?				

**SECTION D: Okumayelana nezindaba, nezokuxhumana**

***Ucelwa ukuthi ukhethe ngezansi okuchaza kangcono ovame ukukusebenzisa kwezokuxhumana***

6. Uyisebenzisa kangaki inkundla yokuxhumana

Ukwenza kangaki loku okulandelayo?	Angiyisebenzisi	Kanye ngesonto	Izinsuku ezimbili kuya kweziyisithupha ngesonto	Zonke izinsuku ngesonto
Ukulalela umsakazo	1	2	3	4
Ukubuka umabonakude	1	2	3	4
Ukufunda umagazini	1	2	3	4
Ukufunda iphephandaba	1	2	3	4
Ukusebenzisa i-ithanethi ukufunda izindaba	1	2	3	4
Ukusebenzisa i-ithanethi ukungena kuFacebook	1	2	3	4
Ukusebenzisa i-ithanethi ukungena kuTwitter	1	2	3	4
Ukusebenzisa i-ithanethi ukungena kuInstagram	1	2	3	4
Ukusbenzisa icellphone	1	2	3	4
Ukufunda izincwajana namapheshana	1	2	3	4

7. Wake wasibona noma wasizwa isikhangisi esikhuluma nge HIV/AIDS?

Yebo	Cha
1	2

8. Ucelwa ukuthi ukhethe ngezansi ukuthi wasibona noma wasizwa kuphi.

Kumabonakude	1	Kumngani noma isihlobo	8
Emsakazweni	2	Kwinhlangano ye HIV & AIDS	9
KuFacebook	3	Emtholampilo noma esibhedlela	10
KuTwitter	4	Kwiphephandaba	11
Kumaposter / Kumabillboard	5	Angikhumbuli	12

Kwizincwajana namakupheshana	6	Okunye (ucelwa ucacise)	13
Kumcimbi womphakathi	7		

9. Ucelwa ukuthi ukhethe ngezansi umyalezo omqoka owawukwisikhangisi owake wasibona noma wasizwa

Ukuhlelela iHIV	1	Abesifazane abancane besebenzisa okokuhlelwa komndeni namakhondomu ukuvikela iHIV and nezifo zocansi	6
Owesilisa nowesifazane kumele bahlole ndawonye	2	Ukuthi ungaphuzi noma udle izidakwamizwa	7
Amadoda kumele asoke	3	Ukuthi uthandane nomuntu oyedwa	8
Amadoda kumele asebenzise amakhondomu	4	Angazi	9
Abesifazane abasebancane bethi cha kumablesa	5	Okunye (ucelwa ucacise)	10

10. Ucelwa ukuthi ukhethe ngezansi umuntu wokuqala owakhuluma naye emva kokuthi ubuke noma ufunde ngesikhangisi seHIV/AIDS

Umngani	1
Umuntu oyanaye ocansini	2
Usisi noma ubhuti wakho	3
Amanye amalunga omndeni	4
Omunye (ucela ucacise)	5
Akekho	6

11. Wake waba ilunga leqembu noma umphakathi okhuluma nge HIV/AIDS?

Yebo	Cha
1	2

12. Uma ucabanga isandulela ngculazi siyinkinga yini emphakathini?

Yebo	Cha
1	2

13. Ucelwa ukhethe ngezansi ukuthi yini eyenza ukuthi uthathele phezulu inkinga yokubhebhethaka kwe HIV/AIDS njengokusemqoka?

Izinhlelo zakumabonakude	1	Wazi umuntu ophethwe i-HIV/AIDS	9
Izinhlelo zasemsakazweni	2	Unakekela umuntu ophethwe i-HIV/AIDS	10
Amaphephandaba	3	Wazi umuntu owabulawa yingculazi	11
Ezokuxhumana eg. Facebook	4	Izibalo zengculazi	12
Amapheshana noma izincwajana	5	Ukukhuluma nomhlengikazi noma nodokotela	13
Ama-billboards	6	Ukuhlolola i-HIV	14
Izimpawu ematekisini noma emabhasini	7	Ukukhuluma nabangani nabomndeni	15
Imidlalo noma idrama	8	Okunye	16

14. Ucelwa ukhethe ngezansi ukuthi ezinyangeni eziyishumi nambili (12 months) ezedlule ikuphi noma kubani lapho othole khona ulwazi nge HIV/AIDS olube usizo kuwena.

Umfundi weskole	1	Ucingo losizo	10
Esontweni	2	Ekhemisi	11
Emsebenzini	3	Kumzali noma Ilunga lomndeni	12
Umhlangano womphakathi	4	Kumngani	13
Inyanga	5	Kumabonakude	14
Untanga ofundisayo	6	Emsakazweni	15
I-NGO	7	Ama-billboards	16
Kumtholampilo noma esbhedlela	8	Izimpawu ematekisini noma emabhasini	17
Udokotela	9	Emsebenzini	18

**SECTION E: The effects of HIV campaigns/adverts**

15. Emva kokuthi ubone isikhangiso esikhuluma ngokuthi kumele wazi isimo sakho se HIV/AIDS wahamba yini wayo hlola?

Yebo	Cha
1	2

Uma uthe cha, isiphi isizathu sokungafisi ukwazi ngesimo sakho se HIV/AIDS?

.....  
.....

16. Emva kokuthi ubone isikhangiso esikhuluma nge HIV/AIDS, ubile nabo ophathina abaningi?

Yebo	Cha
1	2

Uma uthe yebo, ucelwa ukuthi usho isizathu sokukhetha ukuba nophathina abaningi

.....  
.....

17.Emva kokuthi usuzwile noma ubonile isikhangiso esikhuluma nge HIV/AIDS, uyisebenzisile yini ikhondomu njalo uma uya ocansini?

Yebo	Cha
1	2

Uma uthe cha, ucelwa ukuthi usho isizathu sokukhetha ukungayisebenzisi ikhondomu uma uya ocansini?

.....  
.....

18. Emva kokuthi usuzwile noma ubonile isikhangiso esikhuluma nge HIV/AIDS, ngabe umuzwa wakho uthe asikhulumi nawe yini?

Yebo	Cha
1	2

Uma uthi yebo, ucelwa ukuthi uchaze ukuthi yini ekwenze ukuthi ucabange kanjalo.

.....  
.....

19. Emva kokuthi uzwe noma ubone isikhangiso esikhuluma nge HIV/AIDS, ngabe uyekile yini ukwenza ucansi olungaphephile?

Yebo	Cha
1	2

Uma uthi cha, ucelwa ukuthi uchaze ukuthi kungani ungayekanga.

.....  
.....

20. Uma ucabanga izikhangiso ezikhuluma nge HIV/AIDS, uyavuma yini ukuthi zinika ulwazi olwanele olungenza ushintsho ngokuziphatha kwakho mayelana nezocansi.

Yebo	Cha
1	2

Uma uthi cha, ucelwa ukuthi uchaze ukuthi yini ekwenza ukuthi ucabange kanjalo.

.....  
.....

21. Uma ucabanga izikhangiso ezikhuluma nge HIV/AIDS uyavuma yini ukuthi zinika ulwazi olwanele ukusiza abantu mayelana nezinkinga ababhekene nazo?

Yebo	Cha
1	2

Uma uthi cha, ucelwa ukuthi uchaze ukuthi yini ekwenza ukuthi ucabange kanjalo.

.....  
.....

22. Iluphi ulwazi ongafisa ukulizuza kulezi zikhangiso?

.....  
.....

23. Uyaluqonda ulimi olusetshenziswa kuzikhangisi ze HIV/AIDS?

Yebo	Cha
1	2

Uma uthi cha, uyacelwa usho ukuthi iluphi ulimi ongafisa ukulizwa.

.....  
.....

24. Ngokucabanga kwakho izinhlelo zikamabonakude ezikhuluma nge HIV/AIDS zivezwa ngesikhathi esikufanele yini?

Yebo	Cha
1	2

Uma uthi cha, isiphi isikhathi ongasikhetha ukuthi zidlalwe ngaso?

.....  
.....

25. Uma ungase ucelwe ukuthi wenze isikhangiso esikhuluma ngokushintsha umkhuba wokwenza ucansi olungaphephile, yini ongayifaka?

.....  
.....

26. Iyiphi inkundla yokuxhumana ongayisebenzisa ukubonisa lesisikhangiso

.....  
.....

27. Wake wafakwa ingcindezi ukuthi wenze ucansi olungaphephile?

Yebo	Cha	
1	2	

28. Sekwake kwenzeka yini ukuthi uthenjiswe imali ukuze wenze ucansi?

Yebo	Cha
1	2

29. Wake walenza ucansi olungaphephile ngenxa yokuthi wawuphuze utshwala?

Yebo	Cha
1	2

30. Wake walenza ucansi olungaphephile ngenxa yokuthi wawuthathe izidakamizwa?

Yebo	Cha
1	2

31.Yini ocabanga ukuthi iyimbangela yokuthi abantu abasha benze ucansi olungaphephile?

.....  
.....

**Ngiyabonga ngokuzibandakanya kulolucwaningo.**

## **Appendix D – Gatekeeper Permission Letter**

03 July 2019

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### **Request for Permission to Conduct Research**

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Dear Ward Councillor

My name is Kabelo Mkhize, a Master's student at the Durban University of Technology. The research I wish to conduct for my Master's dissertation involves examining the exposure of HIV communication campaigns and its effect on reducing risky behaviour in young adults.

I am hereby seeking your consent to conduct research in your area on young adults between the ages of 18-24. The participants will be asked to answer a questionnaire that will be given to them. Participation is voluntary.

If you require any further information, please do not hesitate to contact me on 0729490419. Thank you for your time and consideration in this matter.

Yours sincerely,

Kabelo Mkhize  
Durban University of Technology

**NDAWONDE SIPHIWE CAIPHAS**  
Commissioner of Oaths (Ex Officio)  
Ward 19 Councillor, Msunduzi Municipality  
City Hall, Chief Albert Luthuli Street  
Pietermaritzburg, 3200

## Appendix E – IREC Ethics Clearance



Institutional Research Ethics Committee  
Research and Postgraduate Support Directorate  
2<sup>nd</sup> Floor, Berwyn Court  
Gate 1, Steve Biko Campus  
Durban University of Technology

P O Box 1334, Durban, South Africa, 4001

Tel: 031 373 2375  
Email: [lavishad@dut.ac.za](mailto:lavishad@dut.ac.za)  
[http://www.dut.ac.za/research/institutional\\_research\\_ethics](http://www.dut.ac.za/research/institutional_research_ethics)

[www.dut.ac.za](http://www.dut.ac.za)

16 April 2021

Mr K T Mkhize  
2123 Mngomezulu Road  
Imbali 3  
Pietermaritzburg  
3219

Dear Mr Mkhize

**The influence of HIV/AIDS prevention marketing and communication campaigns on young adults in Imbali, Pietermaritzburg, KZN.**  
**Ethical Clearance number IREC 132/20**

The Institutional Research Ethics Committee acknowledges receipt of your notification regarding the piloting of the data collection tool.

Kindly ensure that participants used for the pilot study are not part of the main study.

In addition, the IREC acknowledges receipt of your gatekeeper permission letter.

Please note that **FULL APPROVAL** is granted to your research proposal. You may proceed with data collection.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC Standard Operating Procedures (SOP's).

Please note that any deviations from the approved proposal require the approval of the IREC as outlined in the IREC SOP's.

Yours Sincerely,

Professor J K Adam  
Chairperson: IREC

## **Appendix F – Editing Letter**

### **EDITING LETTER**

696 Clare Road  
Clare Estate  
Durban  
4091  
2 April 2025

To: Whom it may concern

**Editing of Dissertation: Kabelo Mkhize**

**THE INFLUENCE OF HIV/AIDS PREVENTION MARKETING  
COMMUNICATION CAMPAIGNS ON YOUNG ADULTS IN IMBALI,  
PIETERMARITZBURG**

This letter serves as confirmation that the aforementioned dissertation has been language edited. The requisite grammatical conventions have been met/recommended. Suggestions have been made to the candidate where necessary.

Any queries may be directed to the author of this letter.

Regards

MP MATHEWS  
Lecturer and Language Editor  
[Mercimathews4@gmail.com](mailto:Mercimathews4@gmail.com)  
083 676 4778

## Appendix G – Turnitin Report

Kabelo Mkhize 2025 dissertation.docx

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ORIGINALITY REPORT

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9%	6%	6%	3%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

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PRIMARY SOURCES

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1	portal.abuad.edu.ng Internet Source	1%
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5	Robert White, Kim Boyer. "Alcoholism amongst the Tasmanian Prison Population: Research Note", Australian & New Zealand Journal of Criminology, 2016 Publication	<1%
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8	www.ssbfn.net.com Internet Source	<1%

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## Appendix H – Student Affidavit

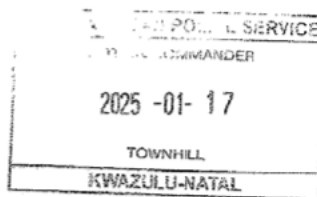
### AFFIDAVIT

This serves to confirm that I Kabelo Mkhize ID Number 8505155902083, Student number: 16634038 enrolled for the qualification Master of Marketing in Management Sciences (Marketing) herewith declare that my academic work is in line with the plagiarism policy of the Durban University of Technology, with which I am familiar.

I further declare that the work presented in this dissertation is authentic and original unless indicated otherwise, and in such instances full reference to the source is provided. I do not presume to receive any credit for such acknowledged quotations, and there is no copyright infringement in my work. I declare that no unethical research practices were employed, or material gained through dishonesty. I understand that plagiarism is a serious offence and that should I contravene the plagiarism policy, notwithstanding signing this affidavit, I may be found guilty of a serious criminal offence (perjury). This would among other consequences compel the D.U.T to inform all other tertiary institutions of the offence and to issue a corresponding certificate of reprehensible academic conduct to whoever requests such a certificate from the institution.

Signed at Athlone on this day 17 January 2025

Signature:



Constable: *NDKAMUSO JIM*  
5 Montgomery Drive Athlone Pmb

