



## Students Perceptions of HIV/AIDS Communication Programmes in Tertiary Institutions: Evidence from a Tertiary Institution in Uasin Gishu County, Kenya

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### Abstract

HIV/AIDS and Sexuality related information communication among the youth remains a big challenge in many developing nations even with the advancement in information and communication Technology. With the rising cases of new infections among the youth especially in this era of sexual liberalization as epitomized by the “sponsor and sponsoree syndrome”, tolerance for homosexuals and bisexuals culture, the need for emancipation among the youth in our institutions of higher learning with regard to HIV/AIDS Education is very critical. Development communication plays a key role in sexual behavior and attitude change. This paper examines the students’ perceptions on HIV/AIDS communication programmes / activities in tertiary institutions with regard to information, education and communication (IEC) on HIV/AIDS. Guided by a social constructivist-interpretive philosophical worldview, the study adopted a qualitative case study design. The target population comprised undergraduate students, student peer counselors, campus health personnel, institutional management staff, public relations personnel, student counselors, and academic staff. A sample of 52 participants



was selected using purposive, quota, and convenience sampling techniques. Data were generated through in-depth interviews, focus group discussions (FGDs), and document analysis, and subsequently analyzed using thematic analysis. The empirical findings revealed that while students perceived existing HIV/AIDS communication programs to be inherently relevant and informative, the vast majority did not actively benefit from or participate in the campaigns. This disconnect was primarily attributed to poor communication channel selection, structural planning deficiencies, and weak institutional implementation strategies. Furthermore, the study identified critical information gaps regarding the socio-cultural and economic determinants of HIV transmission, prevention, and treatment. A similar deficiency was observed in messaging surrounding institutional care and support services, indicating that current communication frameworks fail to cover the full continuum of HIV/AIDS care. The institutional planners underutilized social media platforms, despite students highly preferring these digital spaces because they are non-intrusive and offer confidential, convenient avenues for open discussions on HIV/AIDS and sexuality. The study recommends the design and implementation of responsive HIV/AIDS communication campaigns managed by specialized development communication experts. Institutional planners must extensively leverage interactive social media spaces to facilitate participatory dialogue among students and stakeholders. Finally, campus health campaigns must proactively evolve to address contemporary issues, including modern sexual liberalization, economic vulnerabilities, and diverse sexual orientations, to ensure comprehensive and inclusive prevention outcomes.

**Keywords:** Development communication, HIV/AIDS communication programmes/campaigns, Information, education and communication (IEC), Communication Strategies

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## Introduction

### Background to the Study

Development communication is a key area when it comes to supporting development activities and programmes. The health sector is fundamental when it comes to all matters development since having a healthy nation is not only a prerequisite to development but a sure sign of development (World Health Organization, 2024). Today, HIV/AIDS remains a critical public health and development concern for many developing nations, particularly within sub-Saharan Africa. Mitigating its long-term impact requires the strategic deployment of development communication frameworks. The global HIV/AIDS epidemic continues to stand as one of the most pressing public health challenges of the modern era. According to the



UNAIDS (2023) Global AIDS Update, approximately 40.8 million people globally are living with HIV, with 65% of them (26.5 million) residing in Africa. In 2024 alone, there were 1.3 million new infections worldwide, and 9.2 million people still lacked access to life-saving antiretroviral treatment. The epidemic's trajectory reveals persistent inequities: while new infections among children have declined by 64% since 2010, adolescent girls and young women (AGYW) aged 15–24 continue to account for a disproportionate share of new infections, highlighting the urgent need for targeted prevention communication among youth populations (UNAIDS, 2023).

In Kenya, the national HIV prevalence stood at 3.0% in 2024, revealing a disproportionate burden among females (4.0%) compared to males (2.0%). Current estimates show that approximately 1.3 million people were living with HIV, with adult prevalence ranging around 3.7% to 4.3% depending on data sources and reporting years (World Bank, 2022; UNAIDS, 2024). Kenya's epidemic is characterized by significant regional heterogeneity, with certain counties experiencing prevalence rates substantially above the national average. The National AIDS Control Council (2022) Strategic Plan emphasizes the need for audience-centered HIV communication and advocacy, leveraging technology and data analytics to inform, educate, and sensitize stakeholders across diverse demographic segments.

In Uasin Gishu County, HIV/AIDS remains a significant public health concern despite sustained national and county-level prevention and treatment interventions. Recent estimates indicate that the county HIV prevalence stands at approximately 3.7%–3.8%, slightly above or close to the national average of about 3.7% (National Syndemic Diseases Control Council [NSDCC], 2023; World Bank, 2022). The county is among the regions contributing a notable proportion of new HIV infections in Kenya, reflecting its inclusion in the group of high-burden counties identified in national surveillance reports (NSDCC, 2023). Current data further show that over 40,000 residents in Uasin Gishu are living with HIV, with continued occurrence of new infections annually despite expanded access to antiretroviral therapy and prevention programmes (County Government of Uasin Gishu, 2024). Persistent transmission is linked to behavioural, structural, and socio-economic factors, particularly among young people aged 15–34 years who remain the most affected demographic group in the region (NSDCC, 2023). Although HIV response programmes have improved testing, treatment coverage, and viral suppression rates, the county continues to experience new infections, especially among youth and key populations, indicating the need for strengthened communication and prevention strategies. The county's 2024 Youth Policy acknowledges that high adolescent pregnancy rates, sexually transmitted infections, and school dropouts indicate early sexual debut and rising HIV exposure among young people, yet it does not articulate



how tertiary institutions are responding through communication-based interventions (County Government of Uasin Gishu, 2024).

Consequently, tertiary institutions in Kenya, including universities and colleges, serve as critical intervention points for development communication. These high-density social microcosms congregate large, diverse populations of young adults who are highly sexually active, especially during their first and second years of study. Research indicates that sexual activity peaks in the first and second year of university, accompanied by inconsistent condom use, creating a window of elevated vulnerability (Knowledge, Attitudes and Sexual Practices of University Students for Advancing Peer HIV Education, Kenya). In these environments, transitioning young adults navigate unprecedented personal freedom, peer networks, and socio-cultural experimentation, which frequently predisposes them to HIV/AIDS and other Sexually Transmitted Infections (STIs). The intersection of biological susceptibility, behavioral experimentation, and social network dynamics makes university campuses particularly consequential settings for HIV prevention communication.

To address these intersecting biological and behavioral risk factors, major institutional development initiatives have been deployed across higher education institutions in East and Southern Africa. These regional health programs focus on upgrading campus clinics, training institutional healthcare providers, and leveraging student peer networks to deliver sexual and reproductive health communication directly to the youth demographic. Within Kenya, these models integrate digital outreach, targeted social media campaigns, and campus wellness events to strengthen student counseling services and establish secure spaces for regular health dialogue. By blending mobile technology with peer-led interactions, such interventions exemplify a modern shift toward multi-channel, participatory communication strategies designed to address the social complexities of youth health behaviors.

Peer education remains one of the most widely implemented communication strategies in campus settings. Peer-led interventions leverage social influence and homophily to disseminate HIV prevention messages, reduce stigma, and promote service uptake. In Uganda, Nakamanya et al. (2022) found that peer education significantly improved knowledge, motivation, and behavioral skills regarding oral pre-exposure prophylaxis (PrEP) among adolescent girls and young women, though contextual barriers such as partner disapproval, stigma, and mobility persisted. Across Africa Muhumuza et al. (2021) confirmed that peer-led education improved HIV knowledge, promoted condom use, and increased testing uptake among youth, while also fostering stigma reduction and social cohesion in underserved populations. In Kenya, peer network strategies have been integrated into HIV self-testing and PrEP referral programmes for young



women, with evidence indicating that enhanced peer referral increases HIV testing uptake even where PrEP initiation remains challenging.

The proliferation of mobile technology has catalyzed digital health interventions (DHIs) for HIV prevention in African higher education. A 2024 systematic review found that mobile phone-based interventions improved young people's sexual and reproductive health knowledge and service access in low- and middle-income countries, with HIV testing and counseling being the most frequently accessed services (Feroz et al., 2024). In Cameroon, Adama et al. (2024) evaluated multi-year HIV prevention interventions on university campuses and found that while preventive practices improved between 2018 and 2023, the proportion of students not using condoms remained stable, suggesting that IEC objectives require redefinition and that educated students may paradoxically maintain risky behaviors. This indicates that communication programme design must move beyond information provision to address behavioral determinants, social norms, and institutional culture.

Despite these massive programmatic investments and high factual awareness among students, emerging evidence reveals persistent gaps in actual behavioral translation. Similarly, recent cross-border data reveals that even where students receive formal HIV education, misconceptions and social stigma remain deeply entrenched. In Uganda, Otike et al. (2024) reported that although 70% of Lira University students had received formal HIV education, only 30% were aware of PrEP, 62% had never been tested for HIV, and 57% expressed unwillingness to interact with HIV-positive individuals revealing entrenched stigma and service-access gaps. In Nigeria, Garba et al. (2024) found that while 95.7% of university students had heard of HIV/AIDS, only 68.6% had attended awareness programmes, and 55% admitted to engaging in unprotected sex. In Kenya, Akello et al. (2023) observed among secondary students that moderate to high HIV knowledge did not consistently translate into safer sexual practices, with 15–25% engaging in risky behaviors. This behavioral bottleneck highlights the urgent need to evaluate the structural communication channels themselves. Historically, higher education institutions in Kenya established dedicated HIV/AIDS Control Units (ACUs) to mainstream health dialogue. However, traditional campus communication has heavily favored rigid, top-down models such as static posters or formal orientation lectures which completely separate them from the media ecologies of contemporary youth. While peer education and digital tools show immense promise in improving health literacy and healthcare entry, a critical operational disconnect remains between campaign design and audience reception. Studies in regional universities indicate that even when preventive awareness campaigns are actively deployed, the underlying proportion of students engaging in high-risk behavior remains stagnant,



suggesting that message palatability and campaign objectives require strategic redefinition (Adama et al., 2024; Garba et al., 2024).

### **Statement of the Problem**

Despite sustained national and international investments in HIV/AIDS communication programmes within tertiary institutions, the epidemic continues to disproportionately affect young adults in Kenya, particularly in high-burden counties such as Uasin Gishu. Students frequently possess moderate to high HIV knowledge yet continue to exhibit risky sexual practices, low testing rates, and stigmatizing attitudes (Otike et al., 2024; Garba et al., 2024). Traditional, top-down campus campaigns often miss their mark by ignoring deep-rooted socio-cultural myths, causing students to rely on hearsay and maintaining a pervasive environment of stigma (Tyabazeka et al., 2023). This behavioral breakdown is compounded by a critical evidence gap regarding how these campaigns are co-perceived by their primary actors. Programme evaluations typically focus on biomedical outcomes or quantitative knowledge scores, neglecting the experiential insights of the academic and non-academic staff who handle implementation, alongside the nuanced perceptions of the students themselves.

This empirical gap is especially key in Uasin Gishu County, a major regional hub hosting multiple large tertiary facilities. The county's 2024 Youth Policy warns that rising STIs, early sexual debut, and school dropouts point to increasing HIV exposure among local youth, yet it fails to detail how higher education facilities are actively responding (County Government of Uasin Gishu, 2024). Furthermore, while national strategic directives call for data-driven, technology-leveraged, and audience-centered health communication, its operationalization at the institutional level remains highly uneven and undocumented (National AIDS Control Council, 2022). Without empirical evidence on these dual perceptions, campus administrators lack the context-specific insights needed to refine message design, improve channel selection, and mitigate stigma. This study directly addresses this research gap by examining student perceptions of HIV/AIDS communication programmes within a selected tertiary institution in Uasin Gishu County.

## **Literature Review**

### **The HIV/AIDS Epidemic and Youth Vulnerability in Kenya**

Human Immunodeficiency Virus (HIV) remains a major global public health concern due to its progressive destruction of the immune system, which can lead to Acquired Immunodeficiency Syndrome (AIDS) if untreated (Aldhalmi & Al-hadrawi, 2022). HIV primarily spreads through unprotected



sexual contact, contaminated blood exposure, and mother-to-child transmission during pregnancy, birth, or breastfeeding. Although antiretroviral therapy (ART) has transformed HIV into a manageable chronic condition, the disease continues to exert significant morbidity and mortality burdens, particularly in low- and middle-income settings where prevention and treatment coverage remain uneven.

Globally, HIV continues to affect millions of people despite long-term prevention and treatment efforts. Recent estimates indicate that approximately 39–40 million people were living with HIV in 2023, with about 1.3 million new infections recorded in the same year (UNAIDS, 2023; KFF, 2024). Although global incidence has declined compared to the peak years of the epidemic, progress remains uneven across regions and population groups. Sub-Saharan Africa continues to bear a disproportionate burden of new infections and AIDS-related deaths, even though it has recorded the most significant reductions in incidence over the past decade (UNAIDS, 2023). Key populations, including adolescents, young women, sex workers, and men who have sex with men, remain at higher risk due to structural, social, and behavioural vulnerabilities.

In Africa, HIV remains deeply entrenched as a generalized epidemic in many countries, particularly in Eastern and Southern Africa. The region accounts for the largest share of people living with HIV globally, with persistent inequalities in access to prevention, testing, and treatment services (UNAIDS, 2023). Although expanded ART coverage and prevention strategies such as pre-exposure prophylaxis (PrEP) have reduced AIDS-related deaths and improved life expectancy, new infections continue to emerge, especially among adolescents and young women. Socioeconomic inequalities, gender-based violence, and limited access to youth-friendly health services continue to drive transmission in several African settings, limiting the effectiveness of communication and prevention programmes.

In Kenya, HIV remains a significant public health challenge despite notable progress in reducing prevalence and new infections over time. Current estimates show that approximately 1.3 million people were living with HIV, with adult prevalence ranging around 3.7% to 4.3% depending on data sources and reporting years (World Bank, 2022; UNAIDS, 2024). Kenya has achieved substantial reductions in HIV prevalence since the 1990s, when rates were significantly higher, largely due to expanded ART coverage, prevention campaigns, and behavioural change interventions (National AIDS and STI Control Programme, 2023). However, geographical disparities remain pronounced, with higher prevalence reported in counties around Lake Victoria and urban centres such as Nairobi. Despite these gains, new infections among young people and key populations continue to pose challenges to achieving long-term epidemic control.



## **HIV/AIDS Communication Programmes in Tertiary Institutions**

### **Empirical Review: HIV/AIDS Communication Programmes in Tertiary Institutions**

Empirical studies on HIV/AIDS communication programmes in tertiary institutions consistently show that universities and colleges remain critical sites for HIV prevention due to the high concentration of sexually active youth. Kariaga et al. (2022) found that structured HIV communication campaigns significantly improved students' knowledge levels and encouraged voluntary testing, although sustained behaviour change remained limited due to inconsistent reinforcement and weak institutional follow-up mechanisms. Similarly, studies in other higher education contexts show that while students often report high exposure to HIV messages, translation of knowledge into safer sexual practices remains uneven due to peer influence and perceived low risk. Similarly Okyere and Nkosi (2021) found that peer-led HIV communication programmes increased student engagement and reduced stigma associated with HIV testing services, particularly when programmes were interactive and student-driven. However, the same studies note that institutional constraints such as inadequate funding, irregular programming, and limited trained peer educators reduce programme effectiveness.

In Kenya, empirical studies provide more context-specific evidence on HIV/AIDS communication in universities and colleges. Research conducted in Kenyan public universities shows that students are frequently exposed to HIV/AIDS messages through institutional campaigns, health clubs, and national programmes such as voluntary counselling and testing drives. However, effectiveness varies depending on message design, delivery channels, and student participation levels. Kyalo and Mberia (2022) found that abstinence-focused HIV communication campaigns increased awareness but had limited influence on sustained behavioural change among students due to competing social pressures and inadequate reinforcement of messages. Similarly, Kalimbo et al. (2022) reported that although students had high awareness of HIV prevention messages, gaps existed in message relevance, consistency, and accessibility through preferred communication channels such as digital platforms. These studies collectively suggest that HIV/AIDS communication programmes in Kenyan tertiary institutions are effective in knowledge dissemination but less effective in achieving consistent behavioural change outcomes.

### **Students Perceptions of HIV/AIDS Communication Programmes in Tertiary Institutions**

Empirical studies show that students' perceptions of HIV/AIDS communication programmes in tertiary institutions strongly influence programme effectiveness, participation levels, and behavioural outcomes.



Globally, research indicates that students generally perceive HIV/AIDS communication initiatives in higher education as useful for increasing awareness and reducing stigma, although concerns persist regarding message relevance and delivery methods. A multi-country study in higher education institutions found that students valued HIV/AIDS communication programmes that used interactive and peer-led approaches, while passive lecture-based messaging was viewed as less engaging and less effective in influencing behaviour (Smith & Brown, 2021). Students perceptions in similar settings highlight that institutional commitment, funding, and administrative support determine the consistency and quality of HIV/AIDS communication activities, which directly affects student participation levels. In Africa, Nkosi and Dlamini (2020). study show that students generally acknowledge the importance of HIV/AIDS awareness programmes but often perceive them as irregular, repetitive, and insufficiently tailored to youth needs. Staff members, particularly health officers and student affairs administrators, report challenges such as limited resources, low student attendance, and inadequate institutional prioritisation of HIV/AIDS programming. Mugisha and Kato (2019) research further shows that while staff recognize the importance of HIV/AIDS communication campaigns, they often express concerns about weak student engagement and lack of sustained programme follow-up, which limits long-term behavioural impact.

In Kenya, empirical studies highlight both positive and critical perceptions of HIV/AIDS communication programmes among students in tertiary institutions. Research conducted in Kenyan universities shows that students generally perceive HIV/AIDS communication campaigns as important sources of information, especially in improving awareness of prevention methods such as condom use, testing, and abstinence (Wachira & Njiru, 2022). However, students also report that some programmes are not sufficiently interactive and fail to address real-life challenges such as peer pressure, relationships, and stigma. Staff perspectives indicate that while HIV/AIDS communication programmes are well-intentioned and aligned with national health priorities, implementation challenges such as inadequate funding, limited trained personnel, and poor coordination reduce their effectiveness (Omondi & Chebet, 2023). Further studies in show that both students and staff support peer education and digital communication approaches, as these methods enhance engagement and allow for more open discussions on sensitive HIV-related issues (Kiplagat & Muriithi, 2021).

## **Development Communication Theories**

### ***Modernization/Information Dissemination Model***

Modernization theory rose to prominence in the post-Second World War era, championed primarily by scholars such as Daniel Lerner (1958),



Wilbur Schramm (1964), and Everett Rogers (1962). The paradigm posits that development is achieved by replacing traditional socio-cultural practices with modern, Westernized structures of life, values, and behaviors. Within this model, communication operates as a top-down, vertical, and one-way informational flow—modeled after the classic Source-Message-Channel-Receiver (SMCR) framework. The mass media serves as an external agent of change tasked with projecting new ideas, technologies, and institutional advice from developed nations to developing regions, and from urban centers to rural peripheries. Consequently, development is equated with economic growth, and communication is treated purely as a tool for information transmission, message dissemination, and persuasion to induce individual behavioral adaptation (Mefalopoulos, 2008). The modernization paradigm faces significant criticism for its rigid, ethnocentric assumptions. Critics argue that the model places the entire blame for underdevelopment on the local populations while ignoring the complex social, historical, and economic realities that constrain individual choices. By treating communication as a one-way monologue, the model overlooks the cultural identities, indigenous knowledge, and internal structural dynamics of target communities. Furthermore, it assumes that access to media-centric information automatically translates into positive behavioral change, ignoring the systemic inequalities and material resource shortages that prevent individuals from acting on the information received.

This model is relevant to this study as it provides a framework for evaluating how institutional health knowledge is packaged, transmitted, and absorbed within a campus ecosystem. Historically rooted in top-down, one-way communication, this model assumes that increasing access to clear, scientifically accurate information will automatically lead to modern behavioral shifts and risk reduction among individuals.

### ***Dependency and World System Theories***

Dependency theory emerged in the late 1960s and 1970s as a direct socio-political and economic critique of the modernization paradigm, led by scholars such as Raul Prebisch, Andre Gunder Frank (1967), and Immanuel Wallerstein (1974). The theory posits that global underdevelopment is not caused by a country's internal backwardness, but rather by the structural design of the international capitalist system. The paradigm divides the world into a dominant "core" (industrialized, rich nations) and an exploited "periphery" (developing former colonies). It argues that the core actively develops by extracting cheap labor and raw materials from the periphery, thereby denying poorer nations the structural space to achieve self-reliance. To counteract this, proponents advocated for import-substitution industrialization at the national level and international political alliances



among Third World nations to force a balanced global economic and informational flow (Mefalopoulos, 2008). Despite its strong structural critique, dependency theory has been widely criticized for its over-reliance on external macro-economic factors to explain domestic underdevelopment, completely overlooking internal domestic causes. It failed to account for the role played by national elites who form strategic alliances with international capital to exploit their own domestic populations. Economically, the protective tariffs and state subsidies it championed resulted in highly inefficient domestic industries and poor-quality production, ultimately trapping developing countries in a cycle of severe financial debt. Culturally and communicatively, dependency theorists remained stuck in a rigid state-centric, top-down media framework. While they demanded a more balanced flow of communication internationally, they failed to promote horizontal communication within nations, ignoring the democratic potential of community-owned and private media systems.

These theories in this study as they help explain how external socio-economic inequalities and structural dependencies shape individual health outcomes and behavioral choices within a local campus environment. When applied to health communication, these theories shift the focus away from individual blame and instead highlight how broader macro-level forces such as regional economic disparities, poverty, and urban-rural divides directly influence a student's vulnerability to HIV.

### ***Emerging Participatory Paradigm***

The participatory paradigm, also referred to as "another development," the multiplicity paradigm, or empowerment communication, gained traction in the late 1970s and 1980s through the transformative educational philosophies of Paulo Freire (1970) and the communication frameworks of Jan Servaes (1999). This paradigm posits that meaningful development must move beyond mere economic indicators to prioritize human empowerment, cultural diversity, and social equity. In this model, communication shifts entirely from a persuasive information-delivery system to an interactive, horizontal, two-way process. Communication for Development (C4D) is conceptualized as a dialogical space where communities are recognized as key agents of their own change. Rather than forcing behavior adaptation through external media alerts, the model relies on interactive dialogue, stakeholder consultation, and collaborative situation analysis to build mutual trust and sustainable social action (Barker, 2001). The primary critique leveled against the participatory paradigm centers on its operational complexity and the significant time required for implementation. Establishing genuine horizontal dialogue demands extensive resources,



specialized staff training, and long-term institutional commitment, which often clashes with the rigid timelines and quantitative performance metrics demanded by donor agencies. Furthermore, critics note that the model can be co-opted by institutional authorities who use the language of "participation" as a superficial tokenistic gesture to secure community compliance, without actually transferring real decision-making power or structural control to the local stakeholders.

The paradigm is relevant to this study as it shifts the focus of health communication from a rigid, top-down information drop to a horizontal, two-way dialogue. Rather than treating students as passive consumers of clinical advice and staff as mere enforcement messengers, this paradigm advocates for the active, co-creative involvement of both groups in the design and execution of campus health campaigns

## Methodology

### Study Area

The study was conducted in a selected tertiary institution in Uasin Gishu County, Eldoret, Kenya. The region hosts a large population of college and university students, making it suitable for examining HIV/AIDS communication programmes among youth. The area also benefits from the presence of the Academic Model Providing Access to Health Care (AMPATH), based at Moi Teaching and Referral Hospital, which has long implemented comprehensive HIV/AIDS treatment, prevention, and education programmes. Exposure to such initiatives influenced the selection of the study site, as students in the area frequently engage with or receive information from HIV/AIDS communication campaigns.

### Research Design

The study adopted a relativist-interpretivist paradigm and employed a qualitative case study design. This design allowed in-depth exploration of participants' perceptions and experiences of HIV/AIDS communication campaigns within their institutional context. The approach supported understanding of meaning construction among students and staff rather than measuring predefined variables.

### Study Population

The target population consisted of students and institutional staff involved in HIV/AIDS communication programmes within the selected tertiary institution. Students included both male and female learners across different academic years. Staff participants included medical personnel, academic staff, and administrative/support staff involved in planning, coordination, or implementation of HIV/AIDS communication activities.



## **Sampling Techniques and Sample Size**

The study used a combination of purposive, quota, and convenience sampling techniques. Purposive sampling was used to select the institution based on its implementation of HIV/AIDS communication campaigns and accessibility for research. It was also used to identify students considered relevant to the study due to their exposure to HIV/AIDS information programmes and their vulnerability to HIV infection as highlighted in youth behavioural studies (Mutinta & Govender, 2012). Quota sampling was used to ensure balanced representation across student academic levels (first, second, third, and fourth year) and across staff categories (medical, academic, and support staff). This ensured variation in experiences and exposure to HIV/AIDS communication programmes. Convenience sampling guided the final selection of participants who were readily available and willing to participate during the data collection period. A total of 52 participants were included in the study. This comprised 40 students and 12 staff members. Among students, 32 participated in focus group discussions (8 from each academic year: first, second, third, and fourth year), while 4 participated in in-depth interviews. Among staff, 3 medical personnel, 5 academic staff, and 4 support staff participated in in-depth interviews.

## **Data Collection Methods**

Data were collected using focus group discussions (FGDs) and in-depth interviews (IDIs). FGDs were conducted with students to capture shared experiences and collective perceptions of HIV/AIDS communication campaigns. In-depth interviews were conducted with both students and staff to obtain detailed individual perspectives on programme implementation, participation, and effectiveness. The instruments focused on experiences with HIV/AIDS communication campaigns, participation in campaign activities, perceived relevance of messages, and observations on how HIV/AIDS information was disseminated within the institution. Particular attention was given to prevention, transmission, treatment, care, and support messages delivered through institutional campaigns.

## **Data Analysis**

Data were analysed using a non-linear recursive qualitative process guided by the six-stage framework developed by Jwan and Ong'ondo (2011). The stages included transcription of audio data, re-familiarisation with the data, initial coding, focused second-level coding, thematic refinement, and final interpretation leading to report generation. The analysis process allowed iterative movement between data sets and emerging themes, enabling refinement of categories related to perceptions of HIV/AIDS communication programmes among students.



## **Ethical Considerations**

Ethical approval was obtained from relevant institutional authorities prior to data collection. Participants were informed about the purpose of the study and provided informed consent. Confidentiality and anonymity were maintained throughout the research process, and participation was voluntary with the option to withdraw at any stage without penalty.

## **Results and Discussion**

### **Institutional Organization of HIV/AIDS Communication Campaigns**

#### ***Awareness and Visibility of Campus HIV/AIDS Campaigns***

The study sought to establish whether the institution had organized communication campaigns on HIV/AIDS and the extent to which students were aware of these initiatives. A minority of student respondents reported awareness of institutional plans for HIV/AIDS communication, while the majority indicated they were not aware of these campaigns. One student noted: *"I only realized there was an HIV/AIDS awareness campaign when I heard the loud music and announcements and went to see what was going on."* This incidental discovery of campaigns suggests a fundamental weakness in pre-campaign publicity and audience targeting.

Staff respondents from departments responsible for HIV/AIDS programming confirmed that schedules of communication strategies and activities were in place and being implemented. However, they acknowledged significant operational challenges. One staff member stated: *"We have a lot to do here and we want these messages to get to students, but we are not many here, and there is no money to do so much."* This testimony points to resource constraints and understaffing as critical barriers to effective campaign implementation.

The finding that students were largely unaware of planned HIV/AIDS campaigns corroborates evidence from South Africa, where Kunguma and Pelser (2018) found that students were not knowledgeable about HIV/AIDS campaigns rolled out on campus, indicating that communication implementation offices need to ensure students' awareness of campaigns is raised. The lack of awareness directly affects the overall effectiveness of communication campaigns, as a substantial portion of the target audience remains unreached.

Effective HIV/AIDS prevention campaigns must begin with careful planning in which campaign goals are determined, the target audience's specific needs and orientations are examined, and the audience is segmented into homogeneous groups (Noar, 2006). The communication strategy should be



carefully analyzed to identify accessible and effective channels, design campaign messages, and test these messages for use with target audiences.

### ***Interdepartmental Coordination and Staff Capacity***

The study revealed limited interdepartmental coordination in the planning and execution of HIV/AIDS communication campaigns. Students reported that departments such as communication, gender studies, and student affairs were not adequately involved in campaign design, despite their potential to contribute expertise in message development, audience analysis, and culturally sensitive programming. One respondent noted: *"There was no involvement of other departments, especially communication and gender, yet the institution has these departments and they are considered to play a vital role in communicating HIV/AIDS."*

This finding aligns with the South African National Strategic Plan for HIV, TB, and STIs (2023–2028) emphasizes the need to capacitate and facilitate ongoing professional development, training, and mentoring of different categories of staff to address skill and knowledge gaps. Similarly, Ethiopia's HIV/AIDS National Strategic Plan (2023/24–2026/27) explicitly calls for training HIV focal persons on HIV mainstreaming service packages and guidelines, as well as training health service providers from higher learning institution clinics on comprehensive HIV prevention, care, and treatment guidelines (Ethiopia HIV/AIDS National Strategic Plan, 2023).

### ***Timing and Scheduling of Campaigns***

Participants identified poor timing as a significant barrier to campaign effectiveness. Weekend campaigns, in particular, were criticized because most students were away from campus during these periods. One student observed: *"The communication campaign done on weekends carried vital information, but the timing was wrong because most of the students were away during the weekends."* This scheduling oversight reflects a disconnect between campaign planners and the lived realities of student life, where weekend travel, employment, and social activities reduce campus attendance.

## **Messages Communicated Regarding HIV/AIDS**

### ***Content Coverage and Gaps***

With regard to the content of HIV/AIDS messages communicated to students, respondents reported that the following topics were covered: prevention through abstinence, safe sex using condoms, HIV testing and the importance of knowing one's status, counseling services, and the need to avoid stigmatization of those infected or affected. While some respondents appreciated this information, significant gaps were identified.



A gap concerned socio-cultural issues affecting HIV/AIDS awareness, such as myths and taboos, which were not being addressed. One student articulated this concern: *"We are getting information on prevention and treatment, but no one is telling us about the things we hear about, like sleeping with a virgin if you are infected to get cured... we don't know if this is true or not."* This testimony reveals that persistent cultural myths continue to circulate among students unchecked by institutional communication, potentially undermining prevention efforts. The implication is that socio-cultural issues related to sexuality and HIV/AIDS need to be addressed alongside biomedical topics because myths directly affect the fight against the HIV/AIDS pandemic.

This finding is consistent with those of Lukumay et al. (2023) who documented community myths and misconceptions about sexual health in Tanzania, highlighting how stakeholder engagement is necessary to address culturally embedded misinformation.

### ***Abstinence, Condom Use, and Risk Perception***

The majority of sexually active students reported that abstinence was not a viable option for them, but condom use was. However, a significant challenge emerged: familiarity with partners led to inconsistent condom use. One student explained: *"We use condoms with babes, but after some time we don't... it just happens, we are comfortable with each other."* This pattern of "relationship-based" risk perception where trust and familiarity override protective behavior is well-documented in the literature. A 2024 study at Gulu University in Uganda found that the overall condom use rate among undergraduate students was 53.7%, with significant variation by sex, nature of sexual relationship, and place of HIV testing (Otim et al., 2024). Notably, students in married or stable relationships were less likely to use condoms consistently, and those who had sex in the absence of condoms were more likely to repeat this behavior.

### ***Availability and Accessibility of Condoms***

With regard to condom availability, the majority of respondents reported that female condoms were non-existent on campus, and male condoms were insufficient. Even the locations where male condoms were placed were not easily accessible. This finding aligns with the broader literature on commodity access in tertiary institutions. The South African National Strategic Plan (2023–2028) explicitly calls for establishing condom distribution outlets, including condom depots, in higher learning institutions. Ethiopia's strategic plan similarly mandates providing commodities and supplies, including condoms, for public and private higher learning institutions (Ethiopia HIV/AIDS National Strategic Plan, 2023). The absence of



adequate condom supplies in the study institution represents a critical service gap that undermines the credibility and effectiveness of prevention messaging.

### ***Safe Days and Reproductive Health Knowledge***

Another issue reported as lacking attention was the concept of "safe days" for female students. The majority of female respondents did not have correct information regarding safe days and expressed a need for education on this topic, which was not covered in the communication campaigns. This gap in reproductive health literacy is significant because misconceptions about fertility windows can lead to unintended pregnancies and increased HIV exposure.

### ***Gender and Cultural Dimensions***

Gender issues and cultural norms with regard to sex were also identified as areas requiring attention. The literature indicates a shift of HIV/AIDS campaigns from tools of awareness to tools of behavior change—that is, while early campaigns largely focused on raising awareness about the disease, more recent campaigns have focused on sexual behavioral change among high-risk groups (Noar, 2006). This is what most messages in the study institution focused on; however, the information was not well communicated, and significant gaps remained regarding how to use both male and female condoms, availability of the same, and social-cultural barriers to their use.

## **Media for Communicating HIV/AIDS in the Institution**

### ***Posters and Brochures***

On communicating and sharing information on HIV/AIDS within the institution, the majority of respondents reported that the institution had put in place a few HIV/AIDS communication strategies, such as print media in the form of posters displayed in various locations. However, several limitations were identified. Some posters were not attractive or colorful enough to capture students' attention and were easily ignored, thereby failing to serve their intended function of disseminating information on sexual behavior change, testing, and counseling.

With regard to location, some posters were placed in areas that were not noticeable, or students did not frequent them, or they were crowded with other notices and hence not seen and read as intended. This finding is consistent with communication theory, which emphasizes that message exposure requires adequate reach and frequency, and that the physical placement of print materials significantly affects their visibility and impact (Noar, 2006).



A majority of respondents indicated a preference for brochures that could be issued directly to students, as well as giveaways carrying messages, such as pens and key holders. They felt that constant use of these items served as a constant reminder of the messages, making them an effective way of communicating HIV/AIDS information.

### ***Music, Comedy, and Interactive Events***

Edutainment was reported to be another strategy employed by the institution, aiming to entertain students with music and comedy while simultaneously providing relevant information on safe sex, abstinence, testing, counseling, treatment, stigma, and discrimination. This was the most preferred method of communication for the majority of students sampled. However, it was also noted that if not well organized, the entertainment component could override the educational function, as students' love for music might derail them from focusing on the messages being disseminated.

The edutainment programme during week-long campaigns constituted designated tents where music was played, and student presenters, DJs, comedians, and dancers entertained attendees while also drawing attention to HIV testing and counseling services. The majority of respondents reported that this communication campaign was popular and attracted a large group of students, suggesting that more such campaigns should be held at the beginning of each semester.

### ***Mass Media and Digital Platforms***

Mass media campaigns were reported to be ongoing, particularly a popular campaign on how to wear a condom, though the institution was not directly involved in producing this content. Some respondents reported that students were encouraged to listen to mass media such as radio and television campaigns on safe sex, proper condom use, the importance of knowing one's status, treatment, and care. However, the institution's reliance on external mass media without integrating these messages into campus-specific programming represents a missed opportunity for contextualized, audience-segmented communication.

Respondents expressed a need to explore other communication strategies to reach more students, particularly information and communication technologies such as social media platforms, which were not being used by the institution. One student articulated this demand forcefully: *"They use faded posters that we don't bother to read; why can't they use Facebook, Instagram, or WhatsApp to share this information?"* This statement reflects the media consumption habits of contemporary youth, who are digital natives and expect health communication to meet them on the platforms they already inhabit.



### ***Audience Segmentation and Media Selection***

The need for audience segmentation and analysis of the target group's communication needs and preferences was highlighted by respondents. Regardless of the choice of media, exposure and reach are critical. As Noar (2006) notes, audience exposure to campaign messages with adequate reach and frequency is important in process evaluation, as traditionally many campaigns have performed poorly in terms of audience exposure. Audience segmentation involves dividing a population or audience into groups whose members are more like each other than members of other segments, creating homogeneous groups that can then be targeted with messages designed specifically for the audience segment(s).

The choice of media for communicating HIV/AIDS in the institution therefore needs to be re-evaluated to incorporate information and communication technologies, since almost all students have mobile phones and are active on social media platforms, which were their preferred mode of communication. This finding aligns with the National AIDS Control Council (2022) Strategic Plan for Kenya, which emphasizes leveraging technology and big data analytics to inform, educate, and sensitize stakeholders. However, the operationalization of this digital strategy at the institutional level remains uneven, as evidenced by the study findings.

### **Students' Perceptions of HIV/AIDS Communication Activities and Campaigns**

#### ***Perceived Relevance of Communication Campaigns***

This study sought students' perceptions with regard to the communication activities and campaigns at the institution. The majority of respondents reported that they felt the communication campaigns were relevant to students. One respondent indicated: *"We have been having these AIDS campaigns a few times and the information is relevant to us because they are telling us about how to protect ourselves from infection and to know our status. Yes, it is good."* This positive perception was attributed to the communication media and methods used, such as campaigns, edutainment, and face-to-face interactions, as well as the relevance of the messages themselves. However, a small group was skeptical about the HIV/AIDS communication activities, indicating that they were not so relevant since they already knew what was being communicated. One respondent said: *"I have not gone to those campaigns; I know what they say."* This sentiment reflects a phenomenon of message fatigue or perceived redundancy, where students who have been exposed to HIV information multiple times through secondary school, mass media, or previous campus campaigns do not perceive additional exposure as valuable. This poses a challenge for campaign



designers: how to maintain novelty and engagement for audiences with high baseline awareness while still reaching those with lower knowledge levels. This perception gap is documented in the literature in Nigeria, Garba et al. (2024) found that while 95.7% of students had heard of HIV/AIDS, only 68.6% had attended awareness programmes, indicating that high nominal awareness does not translate into active engagement.

### ***Timing and Accessibility***

On the timing of communication, another group reported that while the campaigns carried vital information, the scheduling was often inappropriate. Weekend campaigns were particularly problematic because most students were away. This timing issue directly affects reach and participation, undermining the potential impact of otherwise well-designed messages.

On reach and accessibility, others felt that the HIV/AIDS campaigns were not reaching the majority of students and should target first- and second-year students more intensively. One respondent emphasized: *"Freshers should be given this information when they arrive here because they don't know anything, they are not sure. So to avoid problems, let them be given this information about sex, AIDS, and prevention and testing as early as possible, because this is not happening and they are at risk. When the girls arrive, all the boys are eyeing them."* This testimony highlights the heightened vulnerability of first-year students, who are navigating newfound independence, peer pressure, and unfamiliar social environments. Research indicates that sexual activity peaks in the first and second year of university, accompanied by inconsistent condom use, creating a window of elevated vulnerability that demands targeted intervention (Knowledge, Attitudes and Sexual Practices of University Students for Advancing Peer HIV Education, Kenya).

The finding that first-year students are particularly vulnerable is supported by the Ethiopian HIV/AIDS National Strategic Plan (2023/24–2026/27), which mandates conducting curricular review and integration of a 2-credit hour HIV/SRH/Life skills course for freshman students, as well as recruiting, training, and deploying mentors to screen, identify, and deliver services linked with student clinics for high-risk adolescent girls and young women in higher learning institutions (Ethiopia HIV/AIDS National Strategic Plan, 2023)..

### ***Media Preferences and Digital Engagement***

While the messages were considered relevant by many, the media used did not attract all students, and therefore the messages were being accessed by fewer students than intended. This was attributed to the youth's ability to use technology effectively and the fact that digital platforms gave



them the privacy they required to discuss matters of sex without fear or anxiety. Students reported that they would be more comfortable asking questions that they considered embarrassing in a face-to-face situation if they could do so digitally.

### ***Perceptions of Message Content***

Regarding perceptions of the messages themselves, the majority reported that topics covered on prevention using condoms, abstinence, testing, and counseling were considered relevant. However, students felt that socio-cultural issues in handling sex and HIV/AIDS were ignored and needed to be included. It was also felt that there was still a need to talk about awareness because, as much as some claimed to know about HIV/AIDS, their knowledge on transmission and prevention was skewed or incomplete.

Overall, respondents reported that the communication campaigns and activities assisted students in making informed decisions about sexual behavior change and were likely to reduce the rate of new infections, as students knew what protective actions to take. However, knowledge on the use of condoms particularly how to wear one needed to be factored in more comprehensively, as the majority of students had never seen a female condom. There were also many myths regarding the use of male condoms that needed to be addressed in communication campaigns and activities.

## **Conclusion**

The findings reveal that while the institution has established communication campaigns and students generally perceive the messages as relevant, significant gaps persist in campaign visibility, message comprehensiveness, media appropriateness, and the integration of socio-cultural and gender-sensitive content. Staff face resource constraints and capacity gaps that limit their ability to implement effective, youth-centered communication. Students express strong preferences for digital and peer-based channels, edutainment formats, and content that addresses the full spectrum of their sexual and reproductive health needs, including condom skills, myth-busting, and safe days education.

## **Recommendation**

The following recommendations are made;

- i. The need for partnerships with communication and genders officers and other relevant groups in planning and implementation of the HIV/AIDS campaigns.
- ii. The institution should explore and provide financial support and other resources for successful intervention.



- iii. Focus modern communication technologies such as social media platforms such as face book, instagram, what's up and so on which are relevant and attractive to the students.
- iv. Widen the coverage of the messages to include cultural and social /economic issues impacting the spread of HIV/AIDS.

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