Communication Strategies for HIV/AIDS Awareness in Sri Lanka: A Narrative Review of Traditional and Digital Approaches (2015–2024)

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Article Info

ISSN (online): 2583-8261
Impact Factor (RSIF): 8.41
Volume: 05
Issue: 04
Received: 10-05-2026
Accepted: 09-06-2026
Published: 08-07-2026
Page No: 69-76

Abstract
Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) remain significant global public health concerns despite substantial advances in prevention, diagnosis, treatment, and healthcare management. Although Sri Lanka continues to report a comparatively low HIV prevalence within South Asia, recent national surveillance indicates a gradual increase in newly diagnosed HIV infections, highlighting the continuing need for effective communication strategies to strengthen awareness, reduce stigma, and promote preventive behaviours. This narrative review examines the communication strategies employed in HIV/AIDS awareness programmes in Sri Lanka between 2015 and 2024, with particular emphasis on traditional communication approaches, digital health communication, behaviour change communication, stigma reduction, and the contribution of the National STD/AIDS Control Programme (NSACP). A qualitative narrative review design was adopted using secondary data obtained from peer-reviewed journal articles, policy documents, and publications issued by the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Ministry of Health, and the NSACP. Twelve primary publications were purposively selected and analysed using thematic analysis guided by the Health Belief Model and Behaviour Change Communication Theory. The review found that traditional communication approaches, including school-based education, counselling services, community outreach programmes, workplace awareness initiatives, and mass media campaigns, continue to form the foundation of HIV prevention efforts in Sri Lanka. The evidence further suggests that digital communication strategies, including social media, online awareness campaigns, webinars, educational videos, and web-based communication platforms, have become increasingly important, particularly following the COVID-19 pandemic. However, persistent challenges such as HIV-related stigma, misinformation, cultural sensitivities, unequal digital access, and variations in health literacy continue to influence the effectiveness of communication initiatives. The review concludes that integrated communication approaches combining traditional interpersonal communication with digital communication technologies provide the most effective strategy for strengthening HIV/AIDS awareness programmes in Sri Lanka. The findings contribute to the field of health communication by providing evidence-based recommendations for policymakers, healthcare professionals, communication practitioners, and researchers involved in HIV prevention and health promotion.

DOI: https://doi.org/10.54660/IJSSER.2026.5.4.69-76

Keywords: Behaviour Change Communication, Digital Health Communication, Health Communication, HIV/AIDS, Narrative Review, Sri Lanka

Introduction

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) remain major global public health concerns despite considerable advances in prevention, diagnosis, treatment, and healthcare management. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), approximately 39.9 million people were living with HIV globally in 2023, with continuing efforts required to reduce new infections and achieve the global target of ending AIDS as a public health

threat by 2030 [1, 2]. Although antiretroviral therapy has significantly improved life expectancy and quality of life for people living with HIV, prevention remains one of the most effective public health strategies for controlling the epidemic. Within this context, communication has become a central component of HIV prevention because it influences public knowledge, attitudes, risk perceptions, health-seeking behaviours, and community engagement [4, 15].

Health communication encompasses far more than the dissemination of health information, incorporating strategic processes that influence health knowledge, attitudes, and behaviours. Contemporary health communication emphasises evidence-based, audience-centred, and culturally appropriate communication interventions that encourage informed decision-making and promote positive behavioural change. Effective communication strategies improve public awareness, increase voluntary HIV testing, encourage safer sexual practices, reduce HIV-related stigma, and support treatment adherence among affected populations [4, 8, 15]. Behaviour Change Communication (BCC) further recognises communication as a continuous social process that combines information, dialogue, community participation, and interpersonal interaction to achieve sustainable behavioural outcomes rather than merely increasing awareness [8].

Communication approaches adopted in HIV prevention have evolved substantially over the past decade in response to technological advancements and changing patterns of information consumption. Traditionally, HIV/AIDS awareness programmes relied on interpersonal communication, counselling services, school-based education, community outreach activities, workplace awareness programmes, and mass media campaigns delivered through television, radio, newspapers, posters, and printed educational materials [3, 4]. While these approaches remain important, advances in information and communication technologies have transformed public health communication by expanding the use of social media, websites, mobile health applications, webinars, online counselling, and other digital communication platforms [5, 10, 11]. The COVID-19 pandemic further accelerated the adoption of digital communication strategies by limiting face-to-face interactions and increasing dependence on online communication channels for health promotion and public education [5, 10].

Despite these advancements, several communication challenges continue to influence the effectiveness of HIV prevention initiatives. The rapid expansion of digital media has improved access to health information while simultaneously increasing the spread of misinformation and creating disparities associated with digital literacy and unequal internet access [5, 10]. Consequently, current public health communication increasingly advocates integrated communication approaches that combine the credibility and trust associated with interpersonal communication with the wider reach and accessibility of digital communication technologies [4, 5, 15].

Compared with many countries in South Asia, Sri Lanka has maintained a relatively low HIV prevalence. Nevertheless, reports published by the National STD/AIDS Control Programme (NSACP) indicate a gradual increase in newly diagnosed HIV infections during recent years, particularly among key populations and younger age groups [3,6,14]. This trend highlights the continuing importance of strengthening HIV prevention through evidence-based communication strategies that are responsive to changing social, cultural, and technological contexts. The National HIV/STI Strategic Plan further recognises communication, advocacy, and community participation as essential components of national HIV prevention and control efforts [6].

The National STD/AIDS Control Programme, operating under the Ministry of Health, has played a leading role in planning and implementing HIV/AIDS awareness programmes throughout Sri Lanka. These programmes have incorporated school-based education, counselling services, community outreach initiatives, workplace awareness programmes, media campaigns, and more recently, digital communication initiatives delivered through social media, online awareness campaigns, and web-based educational resources [3, 6, 19]. These developments demonstrate a gradual transition from predominantly traditional communication approaches towards integrated communication models that combine interpersonal communication with digital technologies to improve public engagement and encourage preventive health behaviours [5, 6].

However, communication alone cannot eliminate HIV transmission. HIV-related stigma, discrimination, fear of testing, cultural sensitivities surrounding sexuality, misinformation, and limited health literacy continue to reduce the effectiveness of communication programmes and discourage individuals from seeking HIV testing and treatment services [9, 13, 17]. Aggleton argues that stigma remains one of the most significant social barriers to HIV prevention because it discourages open discussion, reinforces discrimination, and limits healthcare utilisation [9]. Similarly, national evidence indicates that stigma and discrimination remain important challenges within the Sri Lankan context, requiring communication programmes that promote empathy, social inclusion, and community participation alongside awareness creation [17].

Previous studies conducted in Sri Lanka have primarily examined HIV epidemiology, prevalence estimates, public awareness, behavioural risk factors, and programme implementation [3, 6, 14]. International research has increasingly explored digital communication, social media, and online interventions for HIV prevention [10, 11, 16]. However, relatively little attention has been devoted to synthesising how traditional communication strategies, digital communication approaches, behaviour change communication, and stigma reduction have collectively shaped HIV/AIDS awareness programmes in Sri Lanka over the past decade. Furthermore, no recent narrative review has comprehensively integrated policy documents, theoretical perspectives, and empirical evidence to critically examine the evolution of HIV/AIDS communication strategies within the Sri Lankan context. This represents an important gap in the health communication literature.

Accordingly, this narrative review examines the communication strategies employed in HIV/AIDS awareness programmes in Sri Lanka between 2015 and 2024. Specifically, the review aims to: (1) examine traditional and digital communication strategies adopted in HIV/AIDS awareness programmes; (2) analyse the contribution of Behaviour Change Communication and the Health Belief Model in promoting HIV prevention; (3) identify communication challenges influencing HIV/AIDS awareness initiatives; (4) evaluate the role of the National STD/AIDS Control Programme in strengthening HIV communication; and (5) provide evidence-based recommendations for

developing integrated, audience-centred, and culturally appropriate communication strategies for HIV prevention in Sri Lanka. By synthesising theoretical, empirical, and policy evidence, this review contributes to the growing field of health communication and provides practical guidance for policymakers, healthcare professionals, communication practitioners, educators, and researchers involved in HIV prevention and health promotion.

Materials and Methods

This study adopted a qualitative narrative review design to critically examine the communication strategies employed in HIV/AIDS awareness programmes in Sri Lanka between 2015 and 2024. A narrative review was considered appropriate because the study aimed to synthesise and interpret theoretical, empirical, and policy literature relating to HIV/AIDS communication rather than evaluate intervention effectiveness through statistical meta-analysis. Narrative reviews are particularly suitable for integrating diverse sources of evidence and developing a comprehensive understanding of communication practices, policy developments, and emerging trends within a specific public health context [4, 8, 15].

A comprehensive literature search was undertaken between January and March 2026 using Google Scholar, PubMed, and ResearchGate to identify peer-reviewed journal articles relevant to HIV/AIDS communication. Official reports and policy documents were retrieved from the websites of the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the National STD/AIDS Control Programme (NSACP), and the Ministry of Health, Sri Lanka [1–6]. The search strategy combined keywords using Boolean operators, including *"HIV/AIDS"*, *"communication strategies"*, *"health communication"*, *"behaviour change communication"*, *"digital communication"*, *"social media"*, *"stigma"*, and *"Sri Lanka"*. Reference lists of selected publications were also manually screened to identify additional relevant studies.

The retrieved literature was screened using predefined inclusion and exclusion criteria. Publications were included if they focused on HIV/AIDS awareness, communication strategies, digital health communication, behaviour change communication, stigma reduction, or HIV prevention and were published between 2015 and 2024. Seminal theoretical publications published before 2015, including the Health Belief Model and Behaviour Change Communication Theory, were retained because they provide the conceptual foundation for interpreting communication strategies [7, 8]. Peer-reviewed journal articles, international policy documents, and national reports published by recognised organisations were included, whereas duplicate publications, editorials, newspaper articles, opinion papers, and studies without a communication focus were excluded. Following the screening and eligibility assessment, twelve primary publications were purposively selected because they provided the most relevant evidence for understanding communication strategies employed in HIV/AIDS awareness programmes in Sri Lanka. The selected literature represented a combination of international policy documents, national strategic reports, theoretical publications, and peer-reviewed empirical studies. Information extracted from each publication included the year of publication, publication type, communication focus, study context, and its contribution to the objectives of this review. A total of 74 records were initially identified through database searching. After removing duplicate records and screening titles and abstracts for relevance, 20 publications remained for full-text assessment. Following application of the inclusion and exclusion criteria, twelve publications were selected for the final narrative synthesis. The twelve publications constituted the primary dataset for thematic analysis, while additional theoretical and policy publications were incorporated to support the interpretation and discussion of the findings. The characteristics of the selected publications are presented in Table 1.

Table 1: Characteristics of the Primary Publications Included in the Narrative Review

Author / Organisation	Year	Publication Type	Study Context	Communication Focus	Principal Contribution
1. UNAIDS	2023	Global Report	Global	HIV prevention and communication	Global HIV epidemiology and communication priorities
2. NSACP	2024	Annual Report	Sri Lanka	HIV awareness programmes	National HIV communication activities
3. WHO	2017	Strategic Framework	Global	Health communication	Principles of effective health communication
4. WHO	2021	Global Strategy	Global	Digital health	Digital communication in health promotion
5. NSACP	2024	National Strategic Plan	Sri Lanka	HIV communication	National HIV communication priorities
6. Rosenstock	1974	Theory	Global	Health Belief Model	Explains preventive health behaviour
7. Storey & Figueroa	2012	Theory	Global	Behaviour Change Communication	Communication for sustainable behavioural change
8. Aggleton	2000	Monograph	Global	HIV stigma	Stigma and discrimination in HIV communication
9. Ibrahim *et al.*	2024	Scoping Review	International	Social media	Digital communication for HIV prevention
10. Mboussi *et al.*	2023	Journal Article	International	Social media	Digital engagement and HIV testing
11. Fernando	2021	Integrative Review	International	HIV prevention	Social media communication strategies
12. NSACP	2021	Programme Review	Sri Lanka	HIV programme communication	Evaluation of the national HIV response

Source: Developed by the author based on the reviewed literature.

The selected publications were analysed using thematic analysis following the approach proposed by Braun and Clarke, which involves familiarisation with the data, initial coding, identification of recurring patterns, development of themes, and refinement of thematic categories [12]. Each publication was read repeatedly, and communication-related findings were manually coded before being organised into six overarching themes: traditional communication strategies, digital communication strategies, behaviour change communication, stigma reduction and community participation, communication challenges, and the role of the National STD/AIDS Control Programme. The interpretation of these findings was guided by the Health Belief Model and Behaviour Change Communication Theory, enabling the findings to be interpreted within an established theoretical framework [7, 8].

As this review was based exclusively on publicly available secondary data, ethical approval was not required. Nevertheless, principles of research integrity were maintained throughout the study by accurately acknowledging all sources, applying Vancouver referencing consistently, and presenting the reviewed evidence objectively and without misrepresentation. Although this study followed a structured literature search process, it was conducted as a narrative review rather than a systematic review because the objective was to synthesise theoretical perspectives, policy documents, and empirical evidence relating to communication strategies rather than quantitatively evaluate intervention effectiveness.

Results

The thematic analysis of the twelve primary publications identified six major themes relating to communication strategies employed in HIV/AIDS awareness programmes in Sri Lanka between 2015 and 2024. These themes were: (1) traditional communication strategies; (2) digital communication strategies; (3) Behaviour Change Communication; (4) stigma reduction and community participation; (5) communication challenges; and (6) the role of the National STD/AIDS Control Programme (NSACP). Collectively, the reviewed literature demonstrates a gradual transition from predominantly traditional communication approaches towards integrated communication models that combine interpersonal communication with digital technologies to improve HIV awareness, encourage preventive behaviours, reduce stigma, and strengthen national HIV prevention efforts [1,3–6,8,10–12].

1. Traditional Communication Strategies

Across the reviewed publications, traditional communication approaches were consistently identified as the foundation of HIV/AIDS awareness programmes in Sri Lanka. National reports published by the NSACP indicate that school-based education programmes, counselling services, community outreach activities, workplace awareness programmes, seminars, workshops, and mass media campaigns remain the principal communication channels used to disseminate HIV prevention messages [3, 6, 13]. These interventions provide opportunities for direct interaction between healthcare professionals and community members, allowing individuals to clarify misconceptions, discuss sensitive issues confidentially, and obtain accurate information regarding HIV transmission, testing, and treatment.

The synthesis of the reviewed studies suggests that interpersonal communication remains particularly effective because it promotes trust, dialogue, and audience participation, which are essential for addressing culturally sensitive issues such as sexual health and HIV-related stigma [4, 8, 9]. Although traditional communication approaches generally require greater financial and human resources, the reviewed literature indicates that they continue to play an indispensable role in supporting community engagement and improving awareness among diverse population groups [3, 4].

2. Digital Communication Strategies

Evidence from the reviewed studies demonstrates a substantial increase in the use of digital communication strategies during the latter part of the review period. The WHO Global Strategy on Digital Health highlights the growing role of digital technologies in strengthening health communication and improving access to health information [5]. Similarly, recent empirical studies indicate that social media platforms, online awareness campaigns, webinars, websites, educational videos, and mobile communication technologies have expanded opportunities for disseminating HIV-related information, particularly among younger populations [10–12].

Collectively, the reviewed studies emphasise that digital communication should complement rather than replace interpersonal communication. Challenges including misinformation, unequal internet accessibility, differences in digital literacy, and variations in technology use across communities continue to influence the effectiveness of digital communication initiatives [5, 10, 11]. Consequently, the literature supports integrated communication approaches that combine traditional interpersonal communication with digital technologies to maximise audience reach while maintaining message credibility and community engagement [4, 5, 15].

3. Behaviour Change Communication

The available evidence indicates that contemporary HIV/AIDS awareness programmes increasingly focus on influencing behaviour rather than simply increasing awareness. Behaviour Change Communication emphasises continuous dialogue, audience participation, interpersonal interaction, and community engagement as mechanisms for promoting sustainable behavioural change [8]. Across the reviewed publications, communication interventions were designed to encourage voluntary HIV testing, safer sexual practices, early diagnosis, treatment adherence, and responsible health behaviours [3, 6].

The Health Belief Model further explains these findings by suggesting that individuals are more likely to adopt preventive behaviours when they perceive themselves to be susceptible to HIV infection, recognise the seriousness of the disease, understand the benefits of preventive action, and perceive fewer barriers to accessing healthcare services [7]. Together, these theoretical perspectives demonstrate that effective HIV communication extends beyond information dissemination to influence health-related decision-making and behavioural outcomes [7, 8].

4. Stigma Reduction and Community Participation

Reducing HIV-related stigma emerged as a consistent objective across the reviewed literature. HIV-related stigma continues to discourage voluntary HIV testing, healthcare utilisation, treatment adherence, and open discussion of HIV within communities [9, 17]. National evidence indicates that

awareness programmes involving healthcare professionals, educators, community leaders, and civil society organisations contribute significantly to reducing misconceptions while fostering supportive attitudes towards people living with HIV [3, 17].

Community participation was also identified as an important determinant of effective health communication because it strengthens trust between healthcare providers and communities while encouraging dialogue, social inclusion, and collective responsibility for HIV prevention [8, 9]. The reviewed evidence therefore suggests that communication programmes encouraging active community participation are generally more effective than those relying solely on one-way dissemination of health information.

5. Communication Challenges

Despite considerable progress, the reviewed literature identifies several communication challenges affecting HIV/AIDS awareness programmes in Sri Lanka. Persistent HIV-related stigma, misinformation, cultural and religious sensitivities, unequal digital access, and variations in health literacy continue to influence the effectiveness of communication initiatives [5, 9, 17]. Programme implementation is further constrained by resource limitations, shortages of trained communication personnel, and the need for sustained public engagement through continuous communication activities [3, 18, 19].

The reviewed evidence also indicates that communication needs differ across population groups. Consequently, future HIV communication programmes should adopt audience-centred communication strategies that recognise differences in age, educational background, digital literacy, and access to communication technologies [4, 15].

6. Role of the National STD/AIDS Control Programme

The thematic analysis demonstrates that the National STD/AIDS Control Programme has played a central role in planning, coordinating, and implementing HIV/AIDS communication initiatives throughout Sri Lanka. Through collaboration with the Ministry of Health, WHO, UNAIDS, educational institutions, healthcare organisations, and community-based organisations, the NSACP has implemented communication programmes incorporating school-based education, counselling services, community outreach, television and radio campaigns, digital awareness initiatives, and online communication platforms [1–6, 19].

Collectively, the reviewed literature indicates that this collaborative and multi-sectoral approach has strengthened HIV prevention by improving awareness, expanding communication channels, encouraging voluntary HIV testing, and promoting community participation. The evidence further suggests that continued integration of traditional communication methods with digital communication technologies will enhance the effectiveness and sustainability of future HIV/AIDS awareness programmes in Sri Lanka [5, 6, 15].

Table 2: Major Themes Identified from the Narrative Review

Theme	Communication Strategies Identified	Principal Supporting References
Traditional communication	Counselling, school programmes, seminars, workshops, community outreach, television, radio, printed materials	3, 4, 6, 13
Digital communication	Social media, webinars, websites, online counselling, educational videos	5, 10, 11, 12
Behaviour Change Communication	HIV testing, safer sexual behaviour, treatment adherence, audience participation	7, 8
Stigma reduction	Community participation, awareness campaigns, counselling, public education	9, 17
Communication challenges	Misinformation, digital divide, cultural barriers, limited health literacy	5, 18, 19
Role of NSACP	National campaigns, programme coordination, institutional collaboration	1, 3, 6, 19

Source: Developed by the author based on the reviewed literature.

Discussion

The present narrative review examined the communication strategies employed in HIV/AIDS awareness programmes in Sri Lanka between 2015 and 2024 by synthesising evidence from twelve primary publications. The findings demonstrate that communication continues to be a cornerstone of HIV prevention, supporting not only the dissemination of health information but also the promotion of behavioural change, stigma reduction, community participation, and improved access to HIV prevention and treatment services. The review further illustrates that HIV/AIDS communication in Sri Lanka has evolved from predominantly traditional awareness approaches towards integrated communication models that combine interpersonal communication with digital technologies. This evolution reflects broader international developments in health communication, where communication is increasingly recognised as a strategic public health intervention rather than merely an information-sharing activity [1, 4, 5, 15].

One of the principal findings emerging from this review is the continuing relevance of traditional communication approaches despite rapid technological advancement. School-based education, counselling services, community outreach programmes, workplace awareness activities, seminars, and mass media campaigns remain central components of HIV/AIDS awareness initiatives in Sri Lanka [3, 6, 13]. These approaches continue to be effective because they facilitate face-to-face interaction, enable individuals to discuss sensitive issues in a confidential environment, and build trust between healthcare professionals and communities. Similar observations have been reported in international health communication literature, which emphasises that interpersonal communication is particularly effective when addressing topics associated with stigma, discrimination, and behavioural change [4, 8]. Therefore, the findings suggest that traditional communication methods remain indispensable, particularly within culturally sensitive public health contexts.

In parallel with these developments, the review highlights the growing importance of digital communication in HIV prevention. The increasing use of social media, online awareness campaigns, webinars, educational websites, and digital counselling reflects wider changes in public health communication following advances in information

technology and the experience of the COVID-19 pandemic [5,10–12]. International evidence suggests that digital communication enhances the accessibility, timeliness, and reach of health information, particularly among younger populations who frequently rely on digital media for health-related information [10, 11]. However, the reviewed literature also demonstrates that digital communication alone cannot address all communication challenges. Misinformation, unequal internet access, differences in digital literacy, and varying levels of trust in online information continue to influence communication effectiveness [5, 15]. Consequently, the findings support integrated communication models in which digital technologies strengthen rather than replace interpersonal communication.

The findings of this review strongly support the principles of Behaviour Change Communication (BCC). Unlike conventional health education, BCC views communication as a participatory and continuous process through which individuals and communities develop the knowledge, motivation, and confidence required to adopt healthier behaviours [8]. Across the reviewed literature, communication interventions were consistently designed to encourage voluntary HIV testing, safer sexual practices, early diagnosis, treatment adherence, and responsible decision-making [3, 6]. These findings demonstrate that effective HIV communication should be evaluated not only by the amount of information disseminated but also by its capacity to influence long-term behavioural outcomes.

The Health Belief Model (HBM) also provides a valuable theoretical framework for interpreting the findings. According to the HBM, preventive health behaviours are influenced by individuals' perceptions of susceptibility, disease severity, perceived benefits of action, perceived barriers, cues to action, and self-efficacy [7]. Many communication strategies identified in this review—including counselling, awareness campaigns, and school-based education—seek to increase individuals' understanding of HIV risk while encouraging positive preventive behaviours. This demonstrates that communication theories remain highly relevant for understanding HIV prevention programmes and for designing evidence-based communication interventions capable of influencing behavioural change [7, 8].

A further important observation emerging from the review concerns the persistence of HIV-related stigma as a barrier to effective communication. Despite improvements in awareness and access to HIV services, stigma and discrimination continue to discourage voluntary HIV testing, delay treatment seeking, and limit open discussion about HIV within communities [9, 17]. Aggleton argues that stigma is not merely an individual attitude but a broader social process that reinforces discrimination and exclusion [9]. Similarly, recent national evidence indicates that stigma remains a significant challenge in Sri Lanka despite ongoing awareness programmes [17]. These findings suggest that future communication initiatives should prioritise empathy, social inclusion, and community dialogue alongside factual health education.

The review also demonstrates the critical contribution of the National STD/AIDS Control Programme (NSACP) in coordinating HIV/AIDS communication initiatives across Sri Lanka. Through partnerships with the Ministry of Health, WHO, UNAIDS, educational institutions, healthcare providers, and community organisations, the NSACP has implemented communication programmes that combine interpersonal education, community mobilisation, advocacy, media campaigns, and digital communication initiatives [3, 6, 19]. This collaborative approach reflects international recommendations advocating multi-sectoral partnerships as an essential component of effective public health communication [4, 15]. Continued collaboration between government agencies, healthcare professionals, educational institutions, media organisations, and civil society will therefore remain essential for strengthening HIV prevention efforts.

From a policy and practice perspective, the findings of this review have several important implications. First, these findings are consistent with the WHO Global Health Sector Strategy, which emphasises integrated, people-centred communication as an essential component of HIV prevention and health promotion [15]. Second, communication interventions should be audience-centred, recognising differences in age, education, health literacy, digital literacy, and cultural background [5, 15]. Third, greater emphasis should be placed on reducing HIV-related stigma through sustained community engagement, advocacy, and participatory communication approaches [9, 17]. Finally, strengthening monitoring and evaluation systems, communication capacity building, and evidence-based programme planning will be essential for ensuring the long-term effectiveness of HIV communication initiatives [18, 19].

This review has several limitations. The analysis was based on twelve purposively selected publications and was restricted to English-language publications and publicly available reports. Consequently, relevant unpublished studies or publications in other languages may not have been included. Nevertheless, the review provides a comprehensive synthesis of theoretical, empirical, and policy evidence relating to HIV/AIDS communication in Sri Lanka

Despite these limitations, the review was limited to English-language publications and publicly available reports, which may have excluded relevant evidence published in other languages or unpublished sources. This review provides a comprehensive synthesis of theoretical, empirical, and policy evidence relating to HIV/AIDS communication in Sri Lanka. The integration of international policy documents, theoretical literature, national reports, and peer-reviewed empirical studies provides a comprehensive understanding of communication strategies employed in HIV/AIDS awareness programmes during the review period. Future research should evaluate the effectiveness of specific communication interventions among different population groups, examine the long-term impact of integrated communication strategies, and explore the potential contribution of emerging digital technologies, including artificial intelligence–supported health communication, in strengthening HIV prevention efforts.

Conclusion

This narrative review examined the communication strategies employed in HIV/AIDS awareness programmes in Sri Lanka between 2015 and 2024 by synthesising evidence from international policy documents, national reports, theoretical literature, and peer-reviewed research. The review also highlights that communication remains a fundamental component of HIV prevention, extending beyond the dissemination of information to influence knowledge, attitudes, behavioural intentions, and community

participation [1, 3–5].

The evidence synthesised in this review demonstrates that traditional communication approaches, including school-based education programmes, counselling services, community outreach activities, workplace awareness initiatives, and mass media campaigns, continue to play a central role in HIV/AIDS awareness programmes in Sri Lanka [3, 6, 13]. At the same time, digital communication strategies—including social media, online awareness campaigns, webinars, educational websites, and digital counselling—have become increasingly important in expanding the reach and accessibility of HIV prevention messages, particularly among younger populations [5, 10–12]. Rather than functioning as competing approaches, the reviewed evidence suggests that the integration of traditional interpersonal communication with digital communication technologies provides the most effective strategy for strengthening HIV prevention and public engagement [5, 15].

The review further demonstrates that effective HIV communication should extend beyond awareness creation to promote sustainable behavioural change, reduce HIV-related stigma, encourage voluntary HIV testing, improve treatment adherence, and strengthen community participation. The application of the Health Belief Model and Behaviour Change Communication Theory provides a robust theoretical foundation for understanding how communication influences preventive health behaviours and supports the design of evidence-based HIV communication interventions [7, 8]. Furthermore, the findings emphasise the continuing importance of addressing HIV-related stigma and discrimination through audience-centred, culturally sensitive, and community-based communication programmes [9, 17].

From a policy perspective, the review highlights the important contribution of the National STD/AIDS Control Programme in coordinating HIV/AIDS communication initiatives in collaboration with the Ministry of Health, the World Health Organization, UNAIDS, educational institutions, healthcare providers, and community organisations [1, 3, 6, 19]. Strengthening these partnerships, expanding digital health communication, enhancing communication capacity, and improving programme monitoring and evaluation will be essential for supporting future HIV prevention efforts in Sri Lanka [15, 18].

This review makes an important contribution to the field of health communication by providing a comprehensive synthesis of communication strategies employed in HIV/AIDS awareness programmes in Sri Lanka over the past decade. By integrating theoretical perspectives with empirical and policy evidence, the review offers practical recommendations for policymakers, healthcare professionals, educators, communication practitioners, and researchers seeking to strengthen HIV prevention through effective communication. Future research should evaluate the effectiveness of integrated communication interventions among different population groups and explore the potential application of emerging technologies, including artificial intelligence–supported health communication, to improve HIV awareness, reduce stigma, and promote preventive behaviours.

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How to Cite This Article
Perera ST, Jayasinghe N. Communication Strategies for HIV/AIDS Awareness in Sri Lanka: A Narrative Review of Traditional and Digital Approaches (2015–2024). International Journal of Social Science Exceptional Research. 2026;5(4):69-76.
doi:10.54660/IJSSER.2026.5.4.69-76.