

Welcome to Our Presentation

Module Code: LCHS7000

Module Title: Social Epidemiology and Public Health
Development

Assignment Type: Group Presentation

Campaign Planning and Design: HIV/AIDS Awareness and
Education Among Young People Aged 15-24 in the UK

Group -2

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TASK 1: RATIONALE

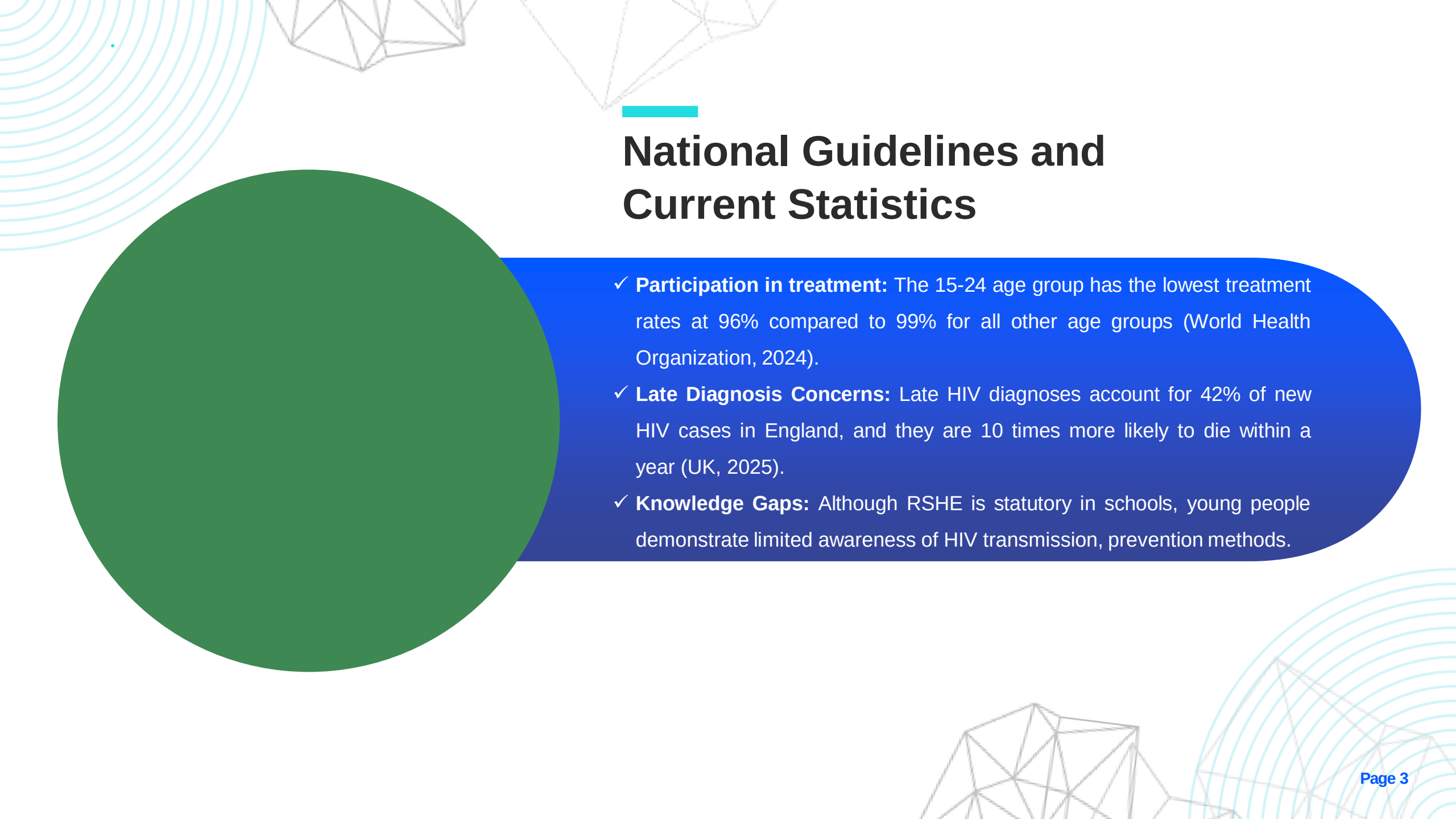
CAMPAIGN RATIONALE

- ❖ This campaign addresses a critical UK public health gap in HIV/AIDS awareness and education among 15-24 year-olds.
- ❖ This age group has lower HIV testing and treatment rates than others (Aggleton and Warwick, 2022).
- ❖ Youth are vulnerable and must learn healthy sexual habits and make informed decisions to ensure lifelong health.



National Guidelines and Current Statistics

- ✓ All UK secondary schools (Key Stages 3 and 4) must teach relationships and sex education, including contraception, consent, online safety (World Health Organization, 2022).
- ✓ **HIV Testing Rates:** Testing rates for 15-24-year-olds dropped 7% (from 6,242 to 5,786 per 100,000 population) between 2023 and 2024, while all other age groups rose 3-19% (Putri et al., 2024).



National Guidelines and Current Statistics

- ✓ **Participation in treatment:** The 15-24 age group has the lowest treatment rates at 96% compared to 99% for all other age groups (World Health Organization, 2024).
- ✓ **Late Diagnosis Concerns:** Late HIV diagnoses account for 42% of new HIV cases in England, and they are 10 times more likely to die within a year (UK, 2025).
- ✓ **Knowledge Gaps:** Although RSHE is statutory in schools, young people demonstrate limited awareness of HIV transmission, prevention methods.

Short-Term Consequences (Daily Life - Behavioural Changes)

- **Unsafe Sexual Activities:** Inconsistent condom use by unaware teens increases exposure risk during each sexual encounter (Ayosanmi et al., 2020).
- **Testing Delays:** Low awareness makes HIV testing unpopular, prolonging undiagnosed infections and allowing partner transmission.
- **Academic/Social Performance:** Undiagnosed infections and sexual health issues can cause anxiety and stress that affects academic performance, peer relationships, and school activities (Berkowitz et al., 2008).

Long-Term Consequences (Future Health and Life Outcomes)

- **Cumulative HIV/STI Risk:** Early sexual initiation without prevention increases lifetime HIV and STI risk by 3.33 times and increases the likelihood of having two or more sexual partners in young adulthood (Bray, 2021).
- **Reduced Educational and Economic Outcomes:** HIV diagnosis or late diagnosis can disrupt education, career opportunities, and socioeconomic disparities (Chory et al., 2021).
- **Chronic Health Conditions:** AIDS, opportunistic infections, cancer, and premature death can result from late HIV diagnosis.

Aim 1: Increase HIV Testing Knowledge and Uptake Among Young People Aged 15-24



Benefits:

- **Early detection:** Early treatment of undiagnosed infections prevents AIDS and helps young people live long, healthy lives.
- **Reduced Transmission:** Early diagnosis and treatment (98% viral suppression) break peer network infection chains and prevent sexual transmission (U=U) (Coyne, Walsh and Noone, 2022).

Measurement Methods:

- ✓ Pre- and post-campaign surveys assessing self-reported testing uptake (Education, 2023).
- ✓ Monitoring of HIV Testing Week participation among young people.

Aim 2: Improve Knowledge of HIV Prevention Methods and Transmission Routes

Benefits:

- **Enabled Decisions:** Youth can make informed sexual activity, contraception, and testing decisions with accurate information (Kose et al., 2021).
- **Reduced Stigma:** True knowledge dispels HIV stigma myths, creating more inclusive peer environments.

Measurement Methods:

- ✓ Pre-campaign baseline survey of HIV knowledge among 500+ young people across diverse UK regions (Kugler et al., 2017).
- ✓ Post-campaign (6-month and 12-month) follow-up surveys assessing knowledge retention and attitude change.

Aim 3: Promote Positive Attitudes Towards Sexual Health Behaviors and Reduce Barriers to Help-Seeking

Benefits:

- **Reduce Barriers:** Addressing confidentiality, judgement, and service accessibility will encourage more youth to seek testing and preventive services (Mirkuzie et al., 2011).
- **Protective Health Environment:** Positive sexual health attitudes foster supportive peer cultures and allow trusted adults to advise.

Measurement Methods:

- ✓ Validated pre- and post-campaign attitudinal surveys on sexual health self-efficacy, testing intentions, and perceived barriers .
- ✓ Telephone/online surveys of 300-500 youth at campaign launch and 6 months later.



TASK 2: CAMPAIGN DESIGN AND EVALUATION



Formative Evaluation

Evaluation Types and Achievement Measurement

- ❑ Formative evaluation occurs before and during initial campaign development, providing foundational data to guide message development and materials design (Munyayi and van Wyk, 2024).

Methods and Achievement Measurement:

- Baseline knowledge survey of 500 15-24 year-olds in England, Scotland, Wales, and Northern Ireland on HIV knowledge, attitudes, and testing (NHS, 2023).
- Campaign message and visual content testing with youth to assess clarity, resonance, and behaviour change.
- Expert consultation with sexual health professionals, educators, and HIV specialists for clinical accuracy and age-appropriateness.



Formative Evaluation

- ❑ Process evaluation monitors campaign delivery fidelity, reach, and implementation quality in real-time (Njuguna et al., 2022).

Methods and Achievement Measurement:

- Digital analytics track campaign reach (website visitors, social media impressions, engagement rates).
- School program attendance and participation.
- Media monitoring records campaign visibility in print, digital, and broadcast media.
- Stakeholder implementation fidelity checklists ensure planned activities are completed.

❑ Process Evaluation

Outcome Evaluation

Outcome Evaluation

- ❑ Outcome evaluation measures whether campaign aims were achieved and associated behaviour change (Putri et al., 2024).

Methods and Achievement Measurement:

- Post-campaign knowledge survey (6 and 12 months) of 400+ youth on knowledge retention, attitude change, and behaviour intentions.
- Behaviour intention surveys assess self-reported likelihood of testing, condom use, and discussing sexual health with partners (Sardu et al., 2022).
- School nurse consultation data on youth sexual health discussions.

"Test. Know. Thrive. HIV Awareness for Your Generation"

Campaign Focus

Ages 15-24 (Youth): Focus on sexual health decision-making, prevention methods, testing accessibility, and challenging myths about HIV.

Key messaging pillars:

- **Testing is Accessible and Confidential:** Easy, free, confidential testing available through sexual health services, schools, and online self-sampling.
- **Modern HIV Treatment is Highly Effective:** People diagnosed early live long, healthy lives; treatment enables U=U (undetectable = untransmissible).
- **Stigma is Based on Myths:** HIV is treatable, and people living with HIV can have healthy relationships and family lives.

School-Based Intervention

- ❖ Together with schools, integrate campaign resources into RSHE curriculum.
- ❖ Engaging sexual health speakers in 10-minute assembly presentations.
- ❖ Teachers can use lesson plans, videos, discussion prompts, and worksheets to teach HIV knowledge, testing, and stigma reduction.

Community and Service-Based Activities

- ❖ Youth centers, community hubs, and accessible locations with trained staff will host HIV Testing Week events.
- ❖ Youth-friendly pop-up testing clinics in high-traffic areas (shopping centers, universities, sports venues).
- ❖ Collaboration with sexual health services to ensure staffing and youth-friendly facilities.

Campaign Benefits

- **Increased Testing:** Removing barriers and raising awareness will encourage young people to get tested, preventing AIDS.
- **Knowledge empowerment:** Accurate information aids sexual activity, contraception, and health decisions.
- **Reduce Stigma:** Normalizing sexual health discussions and dispelling HIV myths reduces stigma and fosters social support.
- **Changed behavior:** Improved knowledge and attitude lead to more condom use, partner discussions, and safer sexual practices.
- **Health Equity:** Targeted outreach reaches vulnerable and underrepresented young people, reducing health disparities

Call to Action!

- Who Can Join? Youth aged 15-24.
- "Free. Confidential. 15 Minutes. Your Health is Worth It."
- "One Test Tells Your Future. Get Tested Today."
- "Living with HIV? Modern Medicine = Long, Healthy Life."

Campaign Activities

Digital and Social Media Campaign:

- ❖ Youth-friendly Instagram, TikTok, and YouTube content.
- ❖ Short videos (30-60 seconds) of young people discussing testing, status benefits, and personal experiences (with consent).
- ❖ Interactive HIV quizzes with instant feedback and educational messages.



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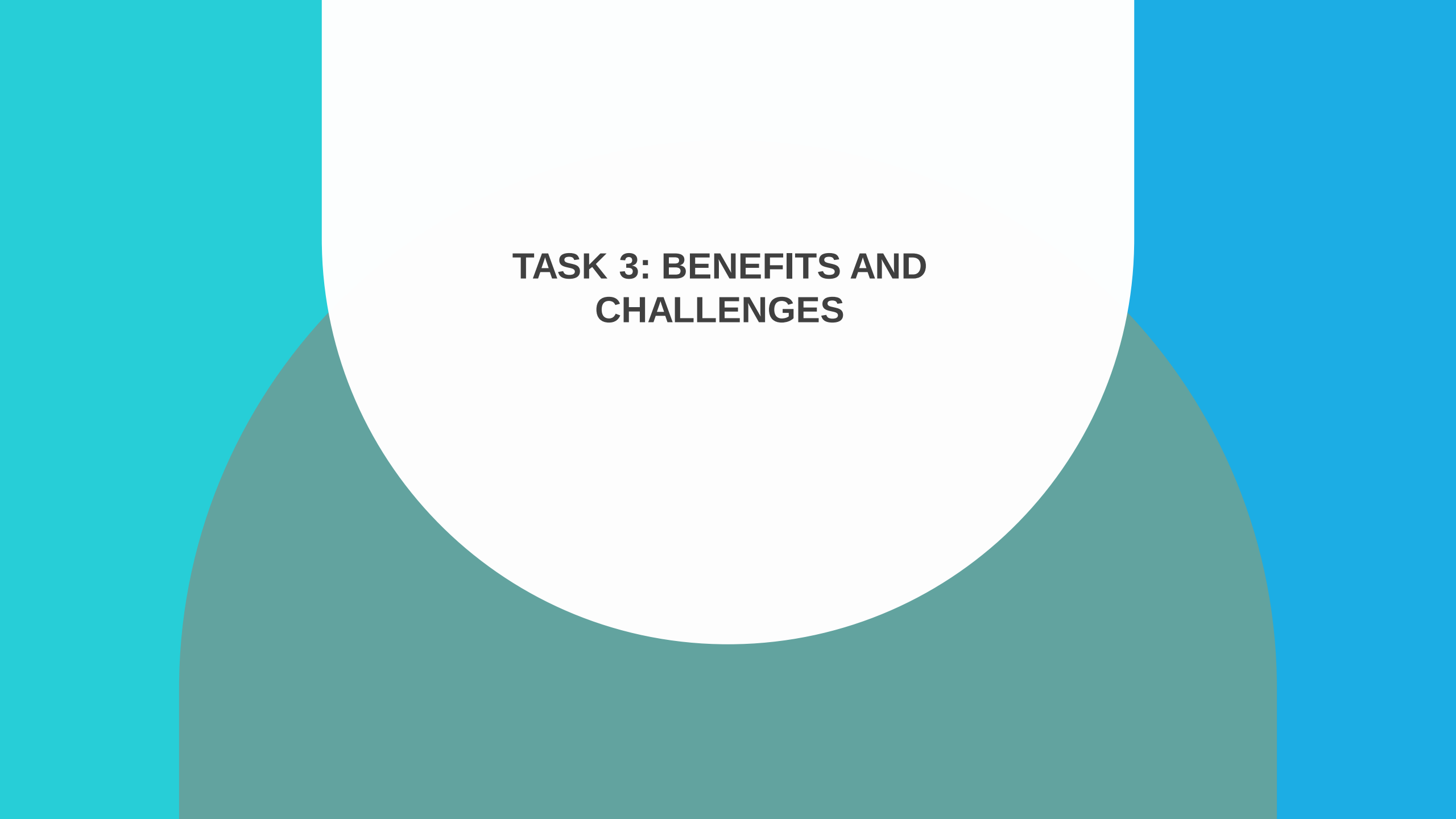
Bierman, K.L., Coie, J.D., Dodge, K.A., Greenberg, M.T., Lochman, J.E., McMahon, R.J. and Pinderhughes, E.E., 2019. *The Fast Track program for children at risk: Preventing antisocial behavior*. Guilford Publications.

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TASK 3: BENEFITS AND CHALLENGES



1. Terrence Higgins Trust

- ✓ UK's leading HIV and AIDS charity, established 1982. Provides sexual health services, advocacy, support, and education programmes(Shuttleworth, 2022).
- **Strengths:** Decades of HIV expertise, established credibility with young people, existing school education programmes, and community networks.
- **Resources available:** educational materials, trained educators, volunteer network, youth advisory structures, PrEP and testing coordination.

National Organizations

2. National AIDS Trust

- ✓ UK's HIV rights charity, established 1987. Focus on advocacy, policy influencing, and research.
- **Strengths:** Government relationships, evidence-based policy recommendations, strategic planning expertise (UK Health Security Agency, 2020).
- **Resources:** Research capacity, policy briefings, stakeholder engagement mechanisms, strategic communications support.

Local and Regional Organizations

1. Local Sexual Health Services and Genitourinary Medicine (GUM) Clinics

- ✓ Existing NHS infrastructure providing testing, contraception, and sexual health support.
- **Strengths:** Clinical staff, testing capacity, patient management systems.
- **Resources:** Testing facilities, trained nurses/doctors, confidentiality protocols, links to treatment services (Winkelman, 2021).

2. Colleges and Universities

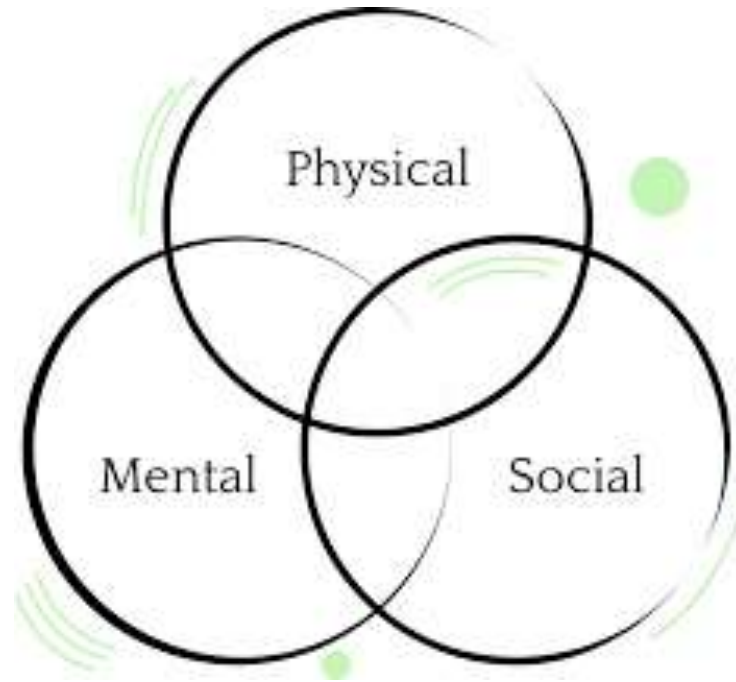
- ✓ Further education settings reaching 15-24 + year-olds.
- ✓ **Strengths:** Young adult reach, health services on campus, accommodation links.
- ✓ **Resources:** Venue access, student union networks, existing health services, online engagement capacity.





Physiological Benefits

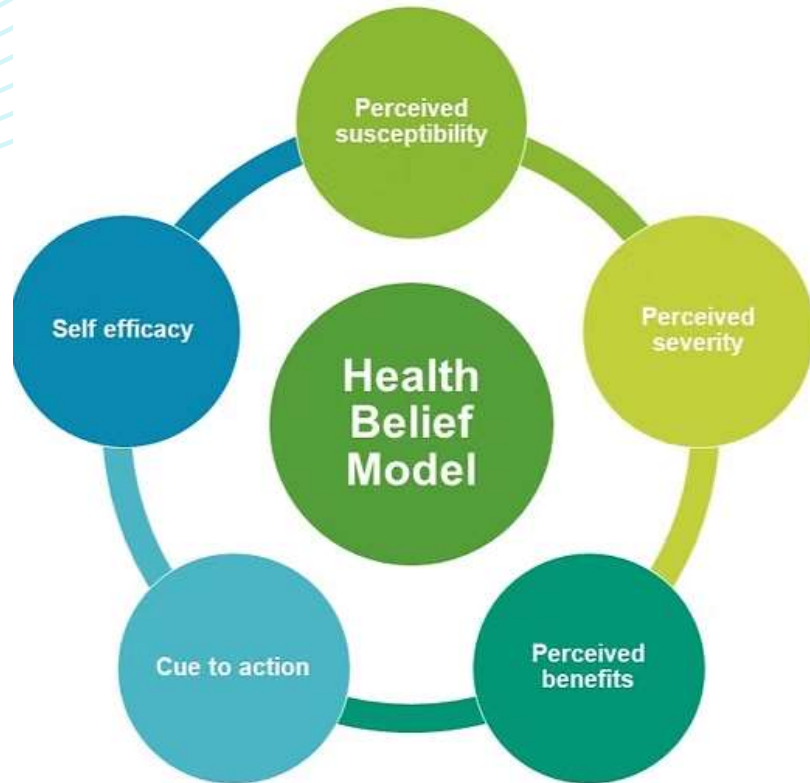
- **Prevention of HIV Acquisition:** Young people who understand transmission routes and engage in consistent condom use or PrEP reduce their biological risk of HIV infection (World Health Organization, 2022).
- **Reduced STI Burden:** Knowledge of condom use and partner communication reduces STD risk.
- **Enhanced Immune Function:** Early diagnosis and immediate ART during the critical adolescent immune development period preserve CD4 counts and normal immune maturation, preventing opportunistic infections and AIDS progression in HIV-positive adolescents (Ashaba, et al., 2023).



Sociological & Psychological Benefits

- Reduced Social Isolation and Stigma
- Enhanced Partner Communication
- Family Relationship Enhancement
- ✓ Anxiety and Stress Reduction
- ✓ Improved Mental Health Outcomes
- ✓ Social Connection and Belonging

The Health Belief Model (HBM)



Health Behaviour Change Theories and Barrier Mitigation

The Health Belief Model explains health behaviour change through five key constructs:

- ✓ **Perceived Susceptibility:** Individual belief about personal risk of acquiring HIV (Aggleton and Warwick, 2022)
- ✓ **Perceived Severity:** Belief about the seriousness of HIV infection if acquired
- ✓ **Perceived Benefits:** Belief that behaviour change (testing, condom use) will reduce risk
- ✓ **Self-Efficacy:** Belief in personal capacity to perform the health behaviour successfully
- ✓ **Cues to Action:** Internal or external triggers motivating behaviour change (media campaigns, symptoms, advice from trusted sources)

Health Behaviour Change Theories and Barrier Mitigation

Barrier 1: Low Perceived Susceptibility to HIV

Campaign Solution:

- Feature testimonials from diverse, relatable young people living with or affected by HIV (Ayosanmi et al., 2020)

Barrier 2: Low Perceived Severity of HIV

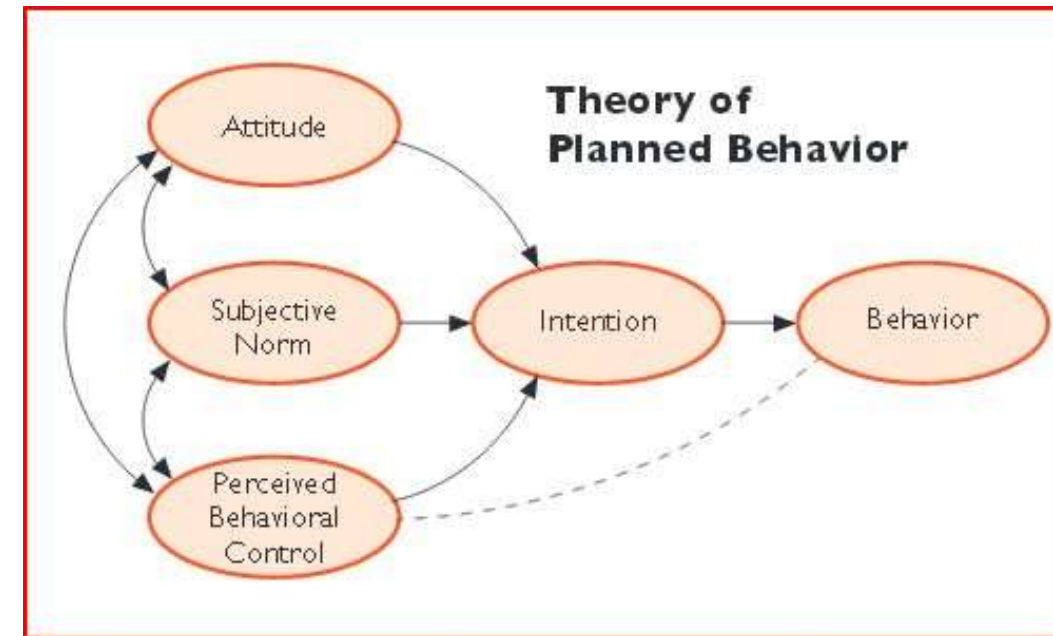
Campaign Solution:

Balanced message: HIV was once incurable, but modern medicine has changed that. Early diagnosis today leads to long, healthy lives."

The Theory of Planned Behaviour (TPB)

The Theory of Planned Behaviour explains health behaviour change through four key constructs:

- Attitude Toward the Behaviour
- Subjective Norms
- Perceived Behavioural Control (PBC)
- Behavioural Intention





The Theory of Planned Behaviour (TPB)

Barrier 1: Negative Attitude Toward Testing or Sexual Health Discussion

Campaign Solution:

- Getting tested isn't about being at risk; it's about being responsible. Smart people know their status.
- Talking about sexual health with your partner is hot, not awkward.

Barrier 2: Unsupportive Subjective Norms (Peer and Social Pressure Against Testing)

Campaign Solution:

- Peer testimonials and education can change descriptive norms that people do. Sexual health becomes valued if campaign messages are widespread and peers discuss it (Coyne, Walsh and Noone, 2022).
 - Promote respected schoolchildren as Sexual Health Champions to change peer norms.
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Thank You