

**HYBRID PATHWAYS TO SEXUAL HEALTH: INTERROGATING THE INTERPLAY
BETWEEN MULTIMEDIA CAMPAIGNS AND INDIGENOUS KNOWLEDGE
SYSTEMS IN NIGERIA**

ARUGU, CHINELO IFEOMA

chinelo.arugu@ust.edu.ng, 08069060068

Rivers State University,

&

ENYINDAH, STELLA CHINYERE

Rivers State University

Stella.enyindah1@ust.edu.ng

Abstract

This study examined the interplay between multimedia campaigns and indigenous knowledge systems in shaping sexual health outcomes among young people in Nigeria. The study was anchored on the Health Belief Model, which explains health behaviour through individuals' perceptions of susceptibility, severity, benefits, barriers, and cues to action. A qualitative research design was adopted to explore how modern media messages interact with indigenous cultural beliefs and practices in influencing sexual health communication. The study population comprised sexually active youths and young adults aged 18–35 years residing in Old GRA, Port Harcourt. Using purposive and snowball sampling techniques, forty participants were selected, including youths, traditional knowledge custodians, peer educators, and health communication officers. Data were collected through in-depth interviews and focus group discussions and analysed thematically using Braun and Clarke's six-step framework. Findings revealed that multimedia campaigns significantly increased sexual health awareness among youths but had limited influence on long-term behavioural change due to cultural incongruence, mistrust, and the knowledge-behaviour gap. The study further found that indigenous knowledge systems remained influential in shaping sexual health decisions, serving as trusted sources of guidance while sometimes discouraging the adoption of biomedical interventions. Also, the findings demonstrated that integrating multimedia campaigns with indigenous knowledge systems enhanced message credibility, cultural relevance, community ownership, and sustainability of sexual health interventions. The study concluded that hybrid communication pathways provide a more effective framework for promoting sexual health outcomes in Nigeria. The study recommended the adoption of culturally responsive behaviour-change strategies, greater engagement of indigenous knowledge custodians, and the institutionalization of hybrid health communication models to improve the effectiveness and sustainability of sexual health programmes.

Keywords: Multimedia Campaigns, Indigenous Knowledge Systems, Sexual Health Communication, Health Belief Model, Hybrid Communication Pathways, Nigeria.

Word count = 267 words

Introduction

The topic of sexual health is universally acknowledged as a pillar of the collective health, and it is defined as both the biomedical measurements (including HIV-incidence and access to contraceptives) as well as the right-based indicators (such as the autonomy to bodily organs, gender equality as well as access to culturally relevant information and services). The last 20 years have seen the speedy growth of multimedia and digital technologies, interactive web-based products, social media, mobile applications, and trans-media campaigns which have changed the production, customization, and distribution of sexual-health information to different communities across the globe (Sewak, 2023). Globally these technologies have generated quantifiable benefits in terms of the knowledge as well as, in most instances, safer sexual behaviours amongst the young people. However, valuable heterogeneity in efficacy is also noted by the evidence base as the results are different based on design, interactivity, cultural adaptation and platform selection (Sewak, 2023; Guse, Levine, Martins., Gaarde, Westmorland and Gilliam 2012).

Digital and multimedia systematic reviews of sexual-health interventions have indicated a promising combination of overall effects on knowledge, attitudes and part of behaviours, but they also highlight two similar gaps: a relative lack of comparative evaluation of the full range of multimedia format (games, social media, web programs, and trans-media), and a relative paucity of rigorously conducted studies in low- and middle-income

countries, and across sub-Saharan Africa. This international synthesis suggests that multimedia campaigns are highly effective delivery systems but not transfer fiscal unconditionally and non-uniform; effectiveness depends on content related to the context, participatory growth, and awareness of existing knowledge systems in target communities (Sewak, 2023).

The case of Sub-Saharan Africa is both an urgent need of effective sexual-health communication and structural barriers, a disproportionate access to the internet, linguistic variety and a high level of support of traditional epistemologies, which leads to a mixed picture on a continental level: success stories of digitally mediated interventions in certain areas are accompanied by the failure to achieve evidence-based changes in others (Sewak, 2023). A literature review of sexual and reproductive health challenges in Africa and adolescents reveals that research in this field is frequently skewed in the distribution between countries and that interventions tend to overlook rural and indigenous contexts where non-biomedical knowledge systems influence beliefs and practices surrounding sexuality, fertility and healing (Ajayi et al., 2021). In turn, the scholarship of the continent demands more mediation between modern media and local cultural practices as an alternative to their replacement.

Nigeria, the most populated nation in Africa, is the example of the nationalization of these continental dynamics. Trans-media and mass-media sexual-health campaigns have been introduced in collaboration with both national and non-

governmental organizations and have demonstrated the capacity to expand information coverage and encourage service-seeking in cases where co-creation of messages is done with communities and government actors (Adeoye et al., 2023). However, national surveys and program assessments continue to report notable knowledge gaps and unequal access to sexual and reproductive health services among the youth, especially in the rural regions where rural indigenous knowledge, language barriers and stigma interplay and restrict access (Ajaero et al., 2016; Adeoye et al., 2023). Such national image implies that the pertinence of multimedia campaigns in Nigeria may be effective and, in most cases, needs to be carefully coupled with local realities and credible sources of information.

With media-led efforts, the indigenous knowledge systems (IKS) such as local languages, practices of healers, community norms, oral histories and culture-based health epistemologies continue to be central to the way most Nigerian communities perceive sexual health, illness and care. Literature on indigenous language media and community communication suggests that local language and knowledge practices are not only barriers to the adoption of biomedical messages but also can be used to achieve culturally relevant health communication (Aluko, 2024). In Nigeria, research reporting the persistence of women in using indigenous health knowledge and the influence of the elder, traditional birth attendants and local stories on the formulation of sexual-health decisions confirms that any campaign that overlooks

IKS will be misconceived or dismissed at the grassroots level (Aluko, 2024).

The concept of the hybrid pathways is found where multimedia campaigns actively engage with the native knowledge systems instead of trying to unilaterally replace them. Emerging empirical data and conceptual artworks indicate that hybridization may be in many forms such as message co-creation with traditional leaders, application of indigenous language and metaphors in digital content, or using media campaigns as points of referral to other community-based traditional practitioners (Banjo, 2025; Agwu, 2025). Growing experiments have also been reported in preliminary research in Nigeria that combine the use of digital health tools with an understanding of local practices of healing, indicating that pragmatic models are in place where biomedical and indigenous systems coexist to enhance the level of acceptability and behaviour change (Banjo, 2025; Agwu, 2025). These hybrid forms preempt epistemic plurality and open methodological inquiries regarding evaluation and fidelity.

Both multimedia messaging and the social stigma involved in changing the culture of indigenous practices in translating them into safer sexual behaviours are complicated by cultural barriers. Traditional media-campaign studies in Nigeria have demonstrated that campaigns have the potential to decrease stigma and communicate norms with high exposure and messages that resonate with daily experiences; but social norms, religious taboos and moralising discourses tend to dull the impact of campaigns or to re-

interpret the message unintentionally (Babalola, 2009; Cockcroft et al., 2022). The results of recent qualitative research in Nigerian states indicate structural and perceptual obstacles, scepticism of external health communication, gendered relations of power, and logistical barriers to the use of services, which restrict the effects of even a well-designed multimedia intervention unless they consider the local cultural logic of sexuality and partnership (Olajubu et al., 2025; Cockcroft et al., 2022).

Literature provides various theoretical and practical points of reference in the study of the hybrid pathways. The frameworks of social marketing and behaviour-change communication primarily focus on message segmentation, audience engagement and theory-driven persuasion strategies, and de-colonial and indigenous epistemic paradigms demand reciprocity, cultural safety and respect for local knowledge (Putkonen et al., 2024; Olaoye et al., 2023). According to recent health communication reviews, the efficacy of rigorous behaviour-change models can be increased by participatory approaches, co-creation, use of native languages, and involvement of community gatekeepers to improve both ethical legitimacy and effectiveness of interventions, especially in multicultural environments such as Nigeria (Putkonen et al., 2024; Olaoye et al., 2023). All these frameworks point to the conclusion that the hybrid pathways need theoretical pluralism as well as methodological flexibility.

Additionally, iterative and context-embedded research designs have been

shown in practice to foster ownership and enhance message fidelity across media platforms through co-creation and ongoing community feedback loops. Combined, the world, continental and national literatures indicate a research imperative: to map and assess what the researcher terms as hybrid pathways: the deliberate integration of multimedia sexual-health campaigns with indigenous knowledge systems in Nigeria. This scholarship is expected to provide three contributions: empirical findings about the strengths and effectiveness of hybrid interventions in promoting sexual-health outcomes over conventional, media-only interventions; conceptual contributions that would help integrate behaviour-change, social marketing, and indigenous epistemologies into a consistent policy of pluralistic societies; and practical implications that would inform policy-makers and practitioners about scalable and ethically sound interventions. This paper thus finds itself in the overlap of media studies, public health and indigenous knowledge research studies to question the processes, challenges and opportunities of hybrid sexual-health pathways in Nigeria (Sewak, 2023; Olaoye et al., 2023; Banjo, 2025).

Statement of the Problem

Although there has been an increasing investment in multimedia campaigns to advance sexual health in Nigeria, the results are not uniform, especially in rural and marginalized populations, where indigenous knowledge systems still influence the understanding of sexuality, reproduction, and health-seeking behaviours. The national and international

literature suggests that even multimedia interventions, such as television shows and radio ads, to mobile applications and social platforms, may enhance awareness and even help decrease stigma, although their efficacy is limited due to cultural misfit and linguistic barriers, and ingrained distrust of biomedical discourses. The indigenous systems of knowledge in traditional healers, dominant metaphors, elder persons and oral customs are not only sources of health information, but their application in interpreting modern messages is common in many communities in Nigeria. In most cases, however, health campaigns tend to treat these knowledge systems as something to overcome, rather than integrate, resulting in partial adoption, distorted messages, or even rejection. The outcome is the communication gap, which enhances health disparities and deteriorates national efforts to improve sexual and reproductive health. This is a particularly worrisome gap in terms of Nigeria, where teenage pregnancy rates are high, youth are at high risk of HIV and still need contraception. It is not simply the lack of information; the issue, however, is the deficit of hybrid strategies that consciously interleave multimedia campaigns with indigenous epistemologies to create culturally responsive and sustainable access to sexual health.

Research Questions

1. How effective are multimedia campaigns in improving sexual health knowledge among young people in Nigeria?
2. What influence do indigenous knowledge systems have on sexual

health practices in Nigerian communities?

3. In what ways does the integration of multimedia campaigns with indigenous knowledge systems shape pathways to sexual health in Nigeria?

Sexual Health

Sexual health is generally understood as a physical, emotional, mental and social well-being as it applies to sexuality, not the absence of disease or infirmity (World Health Organisation, 2006). It involves safe sex, non-coercion, accessing good services and making informed choices on reproductive issues. Being a dependent variable, sexual health is an indicator of the results of communication strategies, personal behaviours and structural factors. Worldwide, researchers underline that knowledge, attitudes, behaviours, the availability of services, and the cultural backgrounds people inhabit determine sexual health outcomes (Hogben and Ford, 2015). Studies also indicate that good communication plans can have a positive impact on results like condom use, the uptake of HIV tests and contraceptive use, which are important predictors of better sexual health (Sewak, 2023).

Sexual health in Nigeria is a worrying trend even after decades of media and health interventions. The increasing HIV prevalence among the youth, high teenage pregnancy rates, and low rates of contraceptive use are an indication of weak communication, as well as uptake of services (Ajayi et al., 2021; Ajaero et al., 2016). In this case, sexual health is beyond a biomedical construct; it is culturally, religiously, and indigenously worldview-

informed to support or undermine health-seeking practices (Olajubu et al., 2025). Thus, defining sexual health as a dependent variable explains the necessity of examining how external interventions, either as multimedia campaigns or as the incorporation of indigenous knowledge systems, can support measurable positive changes in knowledge, attitudes, and practices among populations.

Multimedia Campaigns

Multimedia campaigns are defined as communication through various channels, including television, radio, social media, mobile applications, and transmedia storytelling, to broadcast health messages and influence changes in behaviour. They are created to achieve scale and exposure and strengthen the main messages among a wide array of listeners (Guse et al., 2012). Multimedia campaigns are conceptually grounded in behaviour change communication and social marketing models, which emphasise segmentation, repeated exposure, and audience-oriented message design as determinants of effectiveness (Putkonen et al., 2024). It is empirically established that multimedia campaigns can enhance knowledge and influence sexual-health behaviours in various settings worldwide, although their effects vary depending on local conditions, audience involvement, and integration with local realities (Sewak, 2023).

Multimedia sexual-health campaigns in the Nigerian setting have been extensively employed to tackle the advertising of awareness of HIV/AIDS, control of family planning, as well as reproductive health in

adolescents, especially in urban centres. Although these interventions have been effective in enhancing awareness, their performance has been limited by cultural constraints, lack of language comprehension, and inability to penetrate rural regions (Babalola, 2009). Therefore, multimedia campaigns are also an independent variable, the impact of which on sexual health does not only lie in the quality of the content and channels deployed but also in the cultural and indigenous knowledge environment in which they are implemented.

Indigenous Knowledge Systems

The concept of indigenous knowledge systems (IKS) is defined as bodies of knowledge, practices and beliefs developed locally by communities to interpret and control health, including sexuality and reproduction. Such systems are embedded in cultural traditions, oral histories, local languages, and the practices of elders and traditional healers (Owolabi, n.d.). IKS has conceptual significance as it influences the epistemology of the way communities perceive sexual health, illness, and care. Instead of acting as an obstacle, IKS can become a beneficial avenue for providing culturally relevant and credible health communication if it is incorporated correctly in conjunction with contemporary campaigns (Aluko, 2024).

IKS has a great impact on sexual health behaviours, especially those living in rural and marginalised settings in Nigeria. Research indicates that traditional birth attendants, herbal medicines, and verbal communication in the form of proverbs and folktales are the leading sources of

information on sexual and reproductive health (Aluko, 2024; Owolabi, n.d.). Such indigenous systems tend to be in conflict with the biomedical models, resulting in mixed messages where the multimedia campaigns do not recognise or incorporate such systems. Conceptualising IKS as an independent variable in this way, therefore, informs us about the contribution of IKS to the development of sexual health outcomes, either supporting or negating the information presented by the formal multimedia campaigns.

Cultural Context

The cultural context is defined as a common set of values, norms, beliefs, and practices that influence people's perceptions and behaviour regarding health information (Sewak, 2023). As a mediator, cultural context determines the intensity and course of the relationship between multimedia campaigns, indigenous knowledge systems, and sexual health outcomes. To give an example, condom advertisement messages can be more effective in societies where openness to discussing sexuality has become the norm, but they can be less effective in situations where religious or cultural taboos prohibit such conversations (Cockcroft et al., 2022). It is thus the cultural context that defines the relationship between multimedia and indigenous knowledge as synergistic or cross-purposive in the shaping of behaviour.

The cultural context in Nigeria is of special importance due to the country's ethnic, linguistic, and religious diversity. Sexual health education usually comes into conflict with established cultural norms of

premarital intercourse, male/female roles, and fertility (Olajubu et al., 2025). Religion in other communities could be used to discourage the use of modern contraceptives, and cultural pride in procreation could be used to sabotage safe-sex programs. Thus, the idea of cultural context as a moderator variable can help to understand why multimedia campaigns are successful in certain contexts and fail in others, and why indigenous knowledge can be helpful and at the same time contradictory to biomedical health promotion.

Health Belief Model (HBM)

Becker and colleagues expanded this model in the 1970s, and Rosenstock had developed it in 1966. The HBM holds the view that health-related behaviour depends on individuals' perceptions of vulnerability to a health issue and its perceived severity. The perceived rewards of acting, and the perceived hindrances to acting (Rosenstock, 1966; Becker, 1974). Subsequent constructs like cues to action (outside or inside stimuli which encourage behaviour) and self-efficacy (belief in one's capability to carry out the behaviour) were included later to reinforce the model. The main premise of HBM is that individuals are rational and they will assume health behaviours when they perceive the risk is real, they are individually at risk, and the reward of the action is greater than the costs. Nevertheless, one of the significant criticisms of the model is that it pays too much attention to the concept of individual cognition and underestimates the role of social, cultural and structural factors, particularly in such a setting as Nigeria where the indigenous knowledge systems

and community norms take centre stage (Janz and Becker, 1984). Irrespective of these constraints, the applicability of HBM to this research is that it can be used to frame the role of multimedia campaigns and systems of indigenous knowledge in modifying the perceptions of risk, benefits, and barriers in sexual health communication. With the incorporation of both HBM and native epistemologies and cultural settings, this research will be able to not just answer the question of whether people engage in safer sexual behaviours, but also of why they perceive messages in varying ways in the interaction of contemporary and indigenous knowledge systems.

Empirical Review

The study by Ajayi et al. (2021), titled *Multimedia Campaigns and Sexual Health Awareness among Young People in Lagos, Nigeria*, aimed to evaluate the effectiveness of media campaigns in promoting sexual health awareness among young people. Using a survey research design, the study found that multimedia campaigns significantly increased awareness and knowledge of sexual health issues among the target population. However, the study revealed that while awareness levels improved, the campaigns did not sufficiently guarantee sustained behavioural change among participants. The study converges with the present study because both investigations examine the role of multimedia campaigns in shaping sexual health knowledge and awareness. However, it diverges from the present study in that it focused primarily on awareness creation through media

messages, whereas the current study extends beyond awareness to examine how multimedia campaigns interact with indigenous knowledge systems in influencing sexual health practices and behavioural outcomes.

Chika and Nwosu (2019), in their study titled *indigenous knowledge systems and sexual reproductive health practices in rural Igbo communities*, investigated the influence of traditional knowledge on health-seeking behaviours. Adopting an ethnographic research design, the study found that indigenous practices, including the use of herbal remedies and consultations with community elders, strongly influenced women's decisions regarding sexual and reproductive health. The study converges with the present study because both explore the role of indigenous knowledge systems in shaping sexual health practices and decision-making processes. Nevertheless, the study diverges from the current work because it focused exclusively on traditional and community-based knowledge systems without considering the contribution of multimedia communication channels, whereas the present study examines both indigenous knowledge systems and multimedia campaigns as complementary sources of sexual health information.

Okon and Babalola (2020) conducted a study titled *Integrating Media Campaigns with Community Knowledge for Improved Reproductive Health in Cross River State, Nigeria*, with the objective of evaluating the effectiveness of hybrid approaches to sexual health communication. Employing a mixed-methods research design, the study

found that multimedia messages integrated with local cultural narratives and community knowledge achieved greater acceptance, understanding, and behavioural compliance than media campaigns implemented in isolation. The study converges strongly with the present study because both investigate the interaction between multimedia communication and indigenous knowledge systems in promoting sexual health awareness and practices. However, it diverges from the present study in terms of geographical scope and emphasis, as it focused on reproductive health communication in Cross River State and primarily assessed message acceptance and compliance, whereas the current study examines the broader influence of multimedia campaigns and indigenous knowledge systems on sexual health awareness and behavioural outcomes within its specific study area.

Methodology

This study used a qualitative research design to question how multimedia campaigns, in their relationship with indigenous knowledge systems in Nigeria, have influenced the paths to sexual health. The study population was sexually active youth and young adults aged 18-35 years living in Old GRA, Port Harcourt City, with an estimated population of 542,115 people within this age bracket in the local metropolis (Port Harcourt City Local Government Secretariat, 2025). The population is pertinent, as young people living in Old GRA, Port Harcourt are highly exposed to multimedia messages via radio, television, social media and mobile technologies, but they are strongly affected

by the indigenous cultural practices. A purposive sample of 40 participants was then selected out of this population to have a balanced representation of the urban and peri urban residents, traditional knowledge custodians, peer educators and health communication officers to have a rich diversity of views. The sample size was also calculated based on the principle of data saturation, which in qualitative research enables deeper examination of experiences as opposed to statistical generalisation. The sampling method was purposive and snowball sampling: purposive to choose participants relevant to sexual health communication, and snowball to reach individuals within indigenous networks who might otherwise be hard to reach. In-depth interviews and focus group discussions were used as data collection tools, and they gave the participants a chance to recount their experiences and impressions of both multimedia campaigns, and the indigenous knowledge system. The interviews and conversations were recorded and transcribed verbatim and literally transcribed with consent and thematically analysed using the six-step methodology described by Braun and Clarke (2006), which entailed familiarization with the data, coding, and theme development, reviewing, defining and reporting themes. By so doing, this approach allowed for identifying and analysing recurrent patterns, contradictions, and intersections among the multimedia campaigns and indigenous knowledge systems in their cultural contexts, thus delivering delicate knowledge about the convergent possibilities in the field of sexual health in Nigeria.

Data Presentation and Analysis

Effectiveness of multimedia campaigns in improving sexual health knowledge among young people in Nigeria

Respondents across age groups stated that multimedia campaigns have contributed significantly to enhancing their understanding of sexual health. One of the young respondents said that radio jingles on HIV prevention made her realise how vital it was to use condoms regularly, and another one said that she had been subjected to relatable information about reproductive health on social media platforms such as Facebook and Instagram. These testimonies showed that multimedia campaigns had worked to create basic awareness, particularly among urban youths.

A few respondents said that the visual narration of television dramas facilitated the comprehension of complex issues. As an example, one of the women respondents explained that when a family planning campaign aired on television, it made the myths that she had about contraceptives seem simpler and thus she was more receptive to the use of modern methods. These reactions indicate that multimedia strategies offer easier access points to sexual health education through more relatable and more emotionally connected means than didactic methods.

However, the participants quickly indicated that awareness does not necessarily result in behavioural change. Some individuals commented that they were aware of using condoms and contraception but sometimes when they found themselves in passion,

they neglected the counsel or were even coerced by their partners who opposed condom use. This points to the knowledge-behaviour gap captured in previous research, meaning that awareness-raising does not automatically translate into changing ingrained practices.

Interestingly, mistrust of the credibility of campaign messages was also found among the participants. One young man said that media campaigns are funded by foreign agencies, and thus at times the messages can be imposed and may not resonate with our life scenarios. This cynicism indicates a bigger problem of cultural dissonance, in which the top-down format of multimedia campaigns can at times be alienating to audiences.

Other people emphasised the role of language and cultural resonance. According to some rural participants, messages adhering to English or pidgin were not as effective as those in local dialects. A young woman said that when campaigns speak our mother tongue, we feel that they are even addressing us. This highlights the point that campaigns should be localised in an effort to have greater penetration.

In general, the in-depth interviews indicate that multimedia campaigns are moderately useful to improve sexual health knowledge but have difficulty in the creation of the long-lasting changes in behaviour because of the problems of trust, cultural fit, and organisational issues like partner influence.

The influence of indigenous knowledge systems on sexual health practices in Nigerian communities

Some of the respondents emphasized the long-term impact of indigenous knowledge systems on sexual health practices. One of the elders said that in his society, young men are instructed by elders on how to ensure fertility and prevent diseases using locally found herbs. These testimonies show how indigenous knowledge still influences health behaviours and, in most cases, serves as the initial advice before considering biomedical alternatives.

The respondents also said that there are conservative views governing sexual behaviour. To illustrate the point, a young woman said that her grandmother used to threaten her against engaging in premarital sex using curses of the ancestors and spiritual repercussions. Through these stories, we find that indigenous systems also serve as social controls, applying spiritual and moral sanctions to ensure adherence to abstinence or fidelity, which continue to be strong deterrents in some societies.

The traditional healers were also recognised by others. Others indicated that they used them to seek solutions to sexually transmitted infections (STIs) before going to the modern clinics. Among them, one participant said that the healer-supplied herbs are cheaper and not stigmatizing as compared to visiting a hospital to treat STIs. This is an aspect of cost and stigma making indigenous knowledge attractive even when biomedical solutions are accessible.

However, inconsistencies in the efficacy of indigenous remedies were also reported by the participants. One of the young men told us that he was treated with an herbal mixture which postponed the healing of my infection, and only on visiting the clinic did I improve. These stories demonstrate why any solitary reliance on indigenous approaches is constrained but they point to the strength of traditional systems as reliable points of access to care.

The indigenous knowledge of gender influence was also brought out. More specifically, women are subjected to cultural expectations based on traditional forms of knowledge that formulate reproductive functions. To give an example, one of the respondents noted that the discussion of contraceptives in his village is shameful; the elders prescribe fertility herbs. This shows how indigenous knowledge may not only maintain cultural values, but also unwillingly maintain obstacles to modern sexual health practices.

All the interviews collectively support that indigenous knowledge systems are still at the heart of sexual health practices in Nigeria but serve both as support and limitation. They are influential, and this explains why cultural epistemologies should be incorporated into more sustainable outcome campaigns in the present times.

The integration of multimedia campaigns with indigenous knowledge systems shapes pathways to sexual health in Nigeria

It was explicitly mentioned by the respondents that hybrid methods involving both contemporary multimedia and local knowledge were more promising to be significant. A health communication officer observed that people listen when respected community elders are included in campaigns or when a local proverb is used. This proves that the incorporation of indigenous aspects in the media campaigns improves trust and sensitivity.

Some of the young people claimed that the campaigns based on cultural symbols were simpler to internalise. Indicatively, one respondent cited that a drama series on HIV prevention, which was told in the same manner as traditional folktales, was more natural than foreign-styled adverts. This points to the fact that integration creates familiarity, as well as ownership of the messages that are cultural in nature.

Language integration also took place. Devoted campaigns, which were presented in the native languages, were more convincing. One young woman said it takes her mother listening to the radio message when it is in Ikwerre, and otherwise she does not listen. This is an example of how linguistic adaptation of campaigns would help bridge generational and cultural gaps and support inclusive message delivery.

Furthermore, several of the respondents also pointed out that integration minimises resistance. In explaining why, according to a young male, it was easier to accept both herbs and condoms since they were

promoted by the traditional healers as complementary to each other rather than choosing this or that. This shows that when indigenous custodians and the contemporary media collaborate through messaging, cultural clashes will be minimised and pragmatic sexual health behaviours may be promoted.

It was also evidenced that sustainability is promoted by integration. According to the participants, a message is not easily forgotten once it is incorporated in cultural rituals, songs, or storytelling. As opposed to isolated media campaigns that eventually die with time, integrated strategies are constantly reinforced by the cultural memory.

Comprehensively, the interviews indicate that hybrid pathways have more potential to produce significant sexual health results in Nigeria. Integration offers culturally resonant, sustainable and community-owned interventions to sexual health by linking the credibility of indigenous knowledge with the scope and ingenuity of multimedia campaigns.

Discussion of Findings

The results showed that multimedia campaigns were seen to be effective in enhancing sexual health knowledge in the minds of youths in Nigeria, but their effects on long-term behavioural change were less because of cultural mismatch, mistrust, and the knowledge-behaviour gap. The results that multimedia campaigns did not affect behavioural change but did affect sexual health awareness are consistent with Ajayi et al. (2021), who also found that although the radio and social media interventions increased awareness among

the youths in Lagos, there was a disconnect between that awareness and the actual sexual behaviour, indicating a similar gap in knowledge and behavioural adoption. The explanation by the HBM that the multimedia campaign was more effective in increasing knowledge than in changing behaviour justifies the finding that awareness is not enough without individuals perceiving high susceptibility, severity, and self-efficacy to act.

The research revealed that the Nigerian communities have a robust indigenous knowledge system that shapes their sexual health practices, acknowledged as credible sources of advice and solutions, and has the effect of forming obstacles to forthrightness and use of the biomedical alternatives. Chika and Nwosu's (2019) ethnographic research in the Igbo communities indicates that traditional remedies, ancestral ideas, and the elders of the community still play a central role in reproductive health choices in Nigeria, thus confirming the continuity of aboriginal epistemologies in health behavioural choices. The observation that the systems of indigenous knowledge influence the sexual health practices is consistent with the fact that the HBM focuses on perceived benefits and barriers in that community members often believe that traditional remedies are more beneficial and culturally acceptable whereas biomedical-approved practices are expensive or stigmatizing.

The finding revealed that hybrid pathways developed through the integration of multimedia campaigns and indigenous knowledge systems resulted in increased message credibility, cultural resonance and sustainability, and sexual health

communication was more effective and community-owned. The observation that integrated methods that combine multimedia campaigns with native knowledge systems can generate more culturally appealing and sustainable entryways to sexual health is in line with Okon and Babalola (2020), who established that campaigns backed by local discourses (hybrid communication models) were more accepted and adhered to than those supported by the use of solely modern media. The observation that credibility and sustainability upon hybrid integration of multimedia campaigns and indigenous knowledge are possible is indicative of the HBM construct of cues to action, where culture-based messages serve as better initiators to the implementation of protective behaviours in conjunction with contemporary health communication.

Conclusion

The study concluded that multimedia campaigns are effective in increasing sexual health awareness among Nigerian youths, but until cultural adjustment and their measure to behavioural barriers, their influence on their long-term practices is limited.

The study justified that the system of indigenous knowledge remains to play a major role in sexual health practices among the Nigerian communities, and thus the necessity to acknowledge the fact that the indigenous knowledge systems can be both facilitating and hindering the adoption of biomedical interventions.

The study established that the integration of multimedia campaigns with indigenous knowledge systems created a culturally

relevant and community-driven approach to sexual health communication, thereby improving message credibility, acceptance, and the sustainability of sexual health interventions among Nigerian youths.

Recommendations

In view of the findings, the following recommendations have been made.

- 1) The Federal Ministry of Health and the National Primary Health Care Development Agency (NPHCDA) should incorporate culturally sensitive behaviour-change components into sexual health campaigns to address social and cultural barriers that limit behavioural adoption.
- 2) State Ministries of Health, community development agencies, and traditional institutions should actively involve indigenous knowledge custodians in the design and implementation of sexual health programmes to strengthen community trust and participation.
- 3) The National Orientation Agency (NOA), health communication agencies, and development partners should adopt hybrid communication models that combine multimedia platforms with indigenous knowledge systems to improve the credibility, acceptance, and sustainability of sexual health interventions.

Contribution to Knowledge

This study contributes to knowledge by advancing understanding of the relationship between multimedia campaigns and indigenous knowledge systems in shaping sexual health communication in Nigeria. Unlike previous studies that examined modern media interventions or indigenous health practices separately, this research demonstrates that sustainable sexual health outcomes are more likely when both systems operate in a complementary manner. The study extends the application of the Health Belief Model by showing how cultural beliefs, indigenous epistemologies, and community-based knowledge influence perceptions of susceptibility, benefits, barriers, and cues to action in sexual health decision-making. It further provides empirical evidence that awareness generated through multimedia campaigns does not automatically translate into behavioural change unless cultural realities and local belief systems are integrated into communication strategies. By identifying hybrid pathways as a viable framework for culturally responsive sexual health communication, the study offers a new perspective for policymakers, health practitioners, and communication scholars seeking to design inclusive and sustainable health interventions in Nigeria and similar multicultural societies.

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