

Narrative Communication in HIV/AIDS Education: The Impact of Storytelling on Health Behavior Change

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Received: April 03, 2026
Revised: May 01, 2026
Accepted: May 10, 2026
Published: May 21, 2026

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Abstract: Narrative communication and storytelling have increasingly been recognized as powerful tools in HIV/AIDS health education, offering culturally resonant pathways for promoting behavior change, reducing stigma, and improving health outcomes among diverse populations. This systematic literature review synthesizes evidence from 25 peer-reviewed studies published between 2021 and 2025, examining the mechanisms through which narrative formats including oral and theatrical storytelling, digital storytelling, video-delivered serial dramas, mHealth narratives, and peer ambassador models influence knowledge, attitudes, and practices related to HIV/AIDS prevention, testing, treatment adherence, and stigma reduction. Findings indicate that narrative interventions are consistently associated with increased HIV knowledge and awareness, reduced stigma and discrimination, improved HIV testing and screening uptake, enhanced antiretroviral therapy (ART) adherence, and decreased sexual risk behaviors. Theoretical frameworks including narrative persuasion theory, social cognitive theory, and the Health Belief Model provide robust explanatory foundations for the documented effects. Cultural adaptation, community participation, and digital media integration emerge as critical moderating factors that amplify narrative efficacy across diverse populations, including adolescents and young adults, people living with HIV (PLHIV), migrants and refugees, Black and other minority communities, and rural populations. The paper also identifies persistent barriers including health literacy limitations, structural stigma, and implementation fidelity challenges and proposes a research framework mapping the full pathway from theoretical foundations to measurable outcomes. These insights provide actionable guidance for public health practitioners, communication specialists, and policymakers designing HIV/AIDS education programs.

Keywords : narrative communication; storytelling; HIV/AIDS education; health behavior change; stigma reduction; digital storytelling; health communication; systematic review

How to cite:

Pramesti RD D L. (2026). Digital Transformation in Primary Healthcare Services: An Analysis of Telemedicine Effectiveness on Access and Quality of Public Health Services. *Journal of Public Health Indonesian*, 3(1) 2026-. DOI: <https://doi.org/>



INTRODUCTION

HIV/AIDS remains one of the most consequential public health challenges of our time. Despite decades of biomedical advances, including the development of effective antiretroviral therapies and pre-exposure prophylaxis (PrEP), the global epidemic persists with an estimated 39 million people living with HIV worldwide and approximately 1.3 million new infections recorded annually as of 2025. A central paradox of the HIV/AIDS response is that effective prevention and treatment tools exist, yet uptake, adherence, and health-seeking behaviors remain suboptimal particularly among the most vulnerable populations. This gap is not primarily biomedical; it is communicative, social, and behavioral.

Health education and behavior change communication have long been central to the HIV/AIDS response. Traditional information-based approaches pamphlets, didactic lectures, mass media campaigns have demonstrated limited effectiveness in shifting entrenched behaviors and overcoming deeply rooted social determinants such as stigma, discrimination, and structural inequity. In this context, narrative communication and storytelling have emerged as theoretically grounded and empirically supported alternatives. Drawing on the human capacity for story comprehension and emotional identification, narrative interventions engage audiences in ways that factual information alone cannot: they foster transportation into story worlds, promote identification with characters, model health behaviors, and create empathic bridges across social divides.

The theoretical basis for narrative persuasion in health contexts has been elaborated by multiple frameworks. Green and Brock's Transportation-Imagery Model posits that individuals who become deeply absorbed in narratives are less likely to counter-argue health messages and more likely to internalize them. Bandura's Social Cognitive Theory provides a complementary account, emphasizing observational learning and self-efficacy as mechanisms through which story characters model health behaviors that audiences can vicariously rehearse. The Health Belief Model highlights perceived susceptibility and severity as motivators of health action, which narrative can activate through emotionally compelling portrayals of health consequences and social responses.

In the HIV/AIDS context specifically, narrative approaches have proliferated across a wide spectrum of formats and media from community theatrical performances rooted in local folklore, to peer ambassador programs in which people living with HIV share personal testimonies, to technologically sophisticated digital storytelling platforms and mobile health applications. The rapid expansion of smartphone penetration in low- and middle-income countries has dramatically expanded the reach of mHealth narrative interventions, enabling tailored, culturally resonant storytelling to reach populations that were previously inaccessible through conventional health education channels.

Despite the growing body of evidence, significant gaps remain in the systematic synthesis of narrative communication research in HIV/AIDS education. Much of the existing literature is domain-specific, focusing on particular populations, formats, or outcomes without cross-cutting comparative analysis. The theoretical mechanisms underlying narrative effects on HIV-related



behaviors have not been fully explicated across intervention types. Moreover, critical questions about moderating factors including cultural adaptation, narrative format, channel, and implementation context remain underaddressed. This systematic review aims to address these gaps by synthesizing evidence from 25 recent peer-reviewed studies, articulating the mechanisms and conditions under which narrative communication is most effective in HIV/AIDS education, and proposing a coherent research framework to guide future inquiry and practice.

METHODOLOGY

Review Design and Search Protocol

This study employs a systematic literature review methodology guided by the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) framework. The review protocol was prospectively designed to ensure transparency, rigor, and reproducibility. Electronic database searches were conducted in PubMed/MEDLINE, PsycINFO, Scopus, and the Communication Abstracts database, supplemented by targeted searches in Google Scholar and the WHO Global Index Medicus. The search was conducted in May 2026, with no restrictions on geographic setting.

The search string integrated terms across three conceptual clusters: (1) narrative and storytelling approaches ("narrative communication" OR "storytelling" OR "digital storytelling" OR "narrative medicine" OR "narrative intervention" OR "serial drama" OR "edutainment"); (2) HIV/AIDS education and prevention ("HIV" OR "AIDS" OR "HIV/AIDS" OR "HIV prevention" OR "HIV education"); and (3) health behavior outcomes ("behavior change" OR "health behavior" OR "stigma" OR "HIV testing" OR "ART adherence" OR "PrEP"). Boolean operators and truncation were applied consistently across all databases.

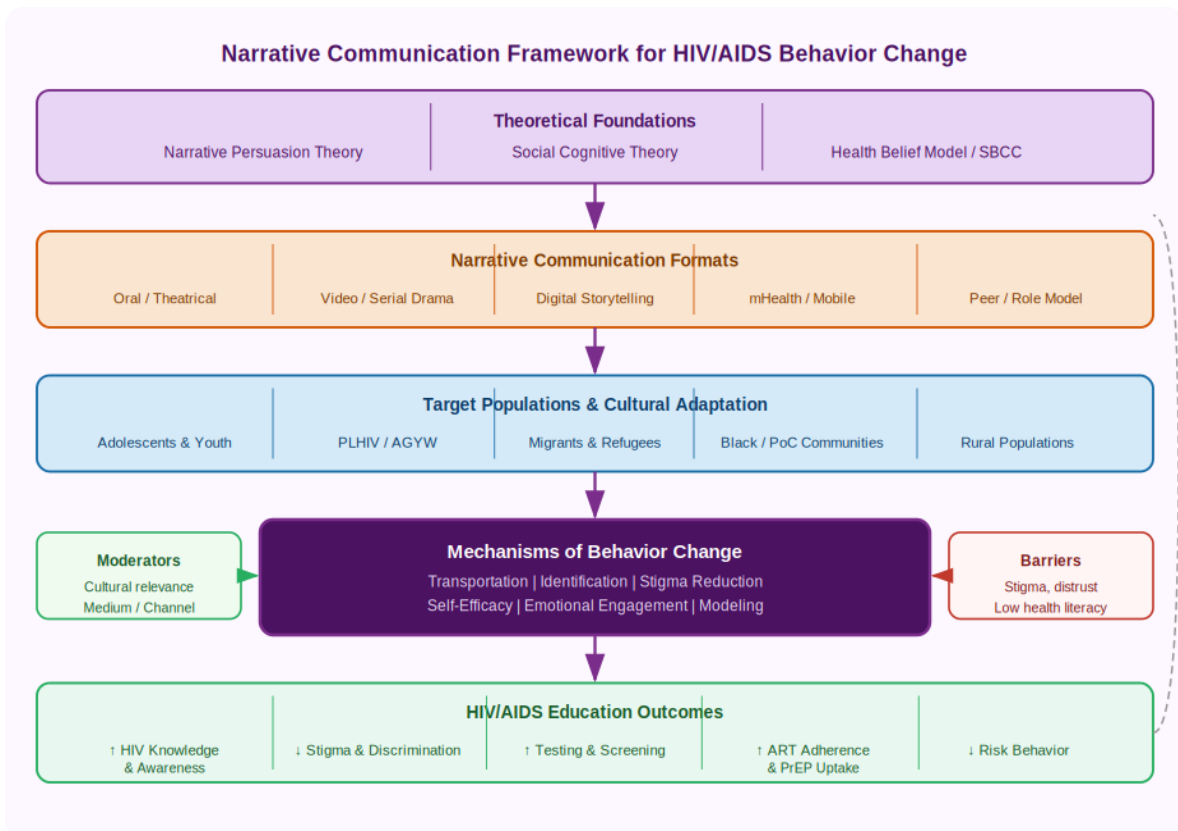


Figure 1. Research Framework: Narrative Communication Pathways for HIV/AIDS Health Behavior Change

RESULTS AND DISCUSSION

Theoretical Foundations of Narrative Communication in HIV/AIDS

The reviewed literature converges on three principal theoretical traditions that undergird narrative communication's effectiveness in HIV/AIDS education. Narrative persuasion theory specifically the transportation-imagery model is the most consistently invoked framework, with transportation defined as immersive cognitive and affective absorption into a narrative world that suspends counter-argumentation and facilitates belief and attitude change. Brooks et al. (2022) proposed a comprehensive framework synthesizing narrative persuasion, social cognitive, and knowledge translation theories to guide storytelling as a health behavior change intervention, arguing that all three frameworks must be integrated for narrative interventions to achieve durable behavioral effects.

Mojtahedzadeh et al. (2021) conducted a systematized review of digital storytelling in health profession education, finding that narrative approaches significantly enhanced empathy,

reflective practice, and patient-centered communication outcomes with direct relevance to HIV/AIDS care provider training and patient-provider communication. Loy and Kowalsky (2024) elaborated on narrative medicine as a clinical and educational practice, demonstrating that shared storytelling between patients living with HIV and health professionals reduces provider stigma and enhances therapeutic alliance. Nagarkar et al. (2025) contributed a scoping review of storytelling for health promotion, confirming that narrative approaches outperform didactic methods across a range of behavioral outcomes, particularly in populations with low baseline health literacy.

Social and Behavior Change Communication (SBCC) frameworks, which formally integrate narrative approaches within broader communication strategy architectures, were explicitly applied in several reviewed studies. Bose et al. (2023) produced a comprehensive evidence and gap map on SBCC interventions for HIV prevention among adolescent girls and young women (AGYW) in low- and middle-income countries, finding that narrative-based SBCC interventions consistently outperformed information-only approaches in improving knowledge and reducing stigma, though gaps in evidence on long-term behavioral maintenance were identified.

Narrative Formats and Media Channels

A defining feature of the reviewed literature is the diversity of narrative formats through which HIV/AIDS communication is delivered, each with distinct affordances and limitations. Theatrical and oral storytelling, rooted in local cultural traditions, represents one of the most contextually embedded formats. Uwah and Cheteni (2024) investigated the revitalization of African folklore traditions for HIV/AIDS messaging in South Africa, finding that theatrical storytelling grounded in culturally specific narrative traditions produced significant increases in HIV awareness and normative shifts toward safer sexual behavior, particularly among rural and semi-urban audiences who had limited engagement with digital media. Casapulla et al. (2022) demonstrated similar effectiveness for community narrative education interventions in rural Ecuador, where locally derived stories featuring community members as protagonists achieved substantial reductions in HIV stigma attitudes.

Video-delivered serial drama has emerged as a particularly powerful format for reaching youth populations with complex HIV/AIDS messaging. O'Leary et al. (2023) developed and evaluated a video-delivered serial drama specifically designed to reduce community homophobia and HIV stigma, decrease sexual risk behavior, and increase HIV testing among Black youth in the United States a population disproportionately affected by HIV. The serial drama format, which follows recurring characters across multiple episodes, was found to facilitate deeper narrative

transportation and stronger character identification than single-exposure video interventions, resulting in greater shifts in homophobia-related attitudes and HIV testing intentions.

Digital storytelling and mHealth delivery have dramatically extended the reach and personalization potential of narrative HIV/AIDS communication. West et al. (2022) conducted a systematic review of digital storytelling as a method in health research, documenting its application across multiple HIV-relevant populations and confirming its effectiveness in promoting health-seeking behaviors through first-person narrative production. Lee et al. (2024) implemented a mobile health-delivered narrative intervention to increase cervical cancer screening among Malawian women living with HIV, finding that mHealth-delivered narrative content significantly outperformed standard care in screening uptake — a finding with direct implications for integrated HIV/reproductive health service delivery. Huaju et al. (2025) demonstrated the effectiveness of a brief video-based narrative intervention for improving AIDS prevention knowledge among older men in China, a population often neglected in HIV/AIDS education programming.

Peer ambassador and role model story programs represent a distinct narrative modality distinguished by the authenticity of lived experience testimony. Jaramillo et al. (2023) conducted formative qualitative research on a peer ambassador story program among Latino men who have sex with men (LMSM) in South Florida, finding that hearing personal narratives from trusted peers substantially increased willingness to seek PrEP, HIV testing, and behavioral health treatment — outcomes attributed to the credibility and relatability of peer storytellers. Metz et al. (2025) evaluated a Dutch sexual health program using role model stories for chlamydia prevention, finding that systematic optimization of story content based on narrative persuasion theory principles significantly enhanced the program's effectiveness.

Target Populations and Cultural Adaptation

A consistent finding across the reviewed literature is that the effectiveness of narrative HIV/AIDS communication is substantially modulated by the degree to which interventions are culturally adapted and responsive to the specific communicative traditions, literacy levels, and psychosocial contexts of target populations. Kisa and Kisa (2025) conducted a scoping review of digital storytelling for immigrant and refugee populations, finding that narrative interventions that incorporated culturally specific characters, languages, and story structures achieved substantially greater engagement and behavior change than generic narrative content a finding with particular relevance to HIV/AIDS programs targeting migrant communities with elevated HIV risk.

Maragh-Bass et al. (2025) synthesized evidence from a systematic review of digital storytelling among young adults of color, documenting consistent positive effects on HIV testing, ART adherence, and stigma reduction, but noting that effect sizes were significantly larger when

intervention content was co-created with community members rather than produced externally. Fournier et al. (2025) conducted a process evaluation of an HIV stigma reduction intervention among young people in northern Uganda, finding that community-based peer storytelling was associated with meaningful reductions in HIV stigma and increases in community solidarity, with cultural ownership of narrative content identified as a primary mechanism of effectiveness.

France et al. (2023) evaluated the Wakakosha intervention in Zimbabwe a community-based, peer-led self-stigma program for young people living with HIV finding that narrative sharing among peers produced significant improvements in self-worth, psychological wellbeing, and ART adherence, primarily through the mechanism of shared identity and the normalization of HIV status disclosure. Namer, Drüke, and Razum (2022) reviewed the practice of involving people living with HIV in public health teaching, arguing that first-person narrative testimony by PLHIV in educational settings constitutes a transformative communicative encounter that reduces provider stigma and builds empathic competence among health students.

Mechanisms of Behavior Change

The reviewed literature identifies several interacting mechanisms through which narrative communication produces HIV/AIDS behavior change outcomes. Transportation the state of cognitive and affective immersion in a narrative is the most frequently cited mechanism, operationalized as reduced counter-argumentation, heightened emotional engagement, and narrative-induced attitude change. Identification with narrative characters, particularly characters who share demographic or psychosocial characteristics with audience members, is identified as a secondary mechanism that amplifies transportation effects and promotes observational learning of modeled health behaviors.

Stigma reduction emerges as both a mechanism and an outcome of narrative communication in HIV/AIDS contexts. By humanizing people living with HIV through narrative portrayal, storytelling interventions challenge dehumanizing stereotypes, build empathic understanding, and create conditions for behavioral normalization of HIV testing and disclosure. Dhir et al. (2025) conducted a systematic review of stigma reduction interventions designed to enhance antiretroviral uptake and adherence, finding that narrative-based contact approaches in which community members are directly exposed to the stories of PLHIV produced the largest and most durable stigma reduction effects compared to education-only or structural interventions.

Self-efficacy enhancement through observational modeling is a particularly important mechanism in narrative HIV prevention programs targeting condom use, PrEP uptake, and testing behavior. When story characters successfully navigate HIV-related challenges overcoming barriers to testing, managing disclosure, adhering to treatment audiences vicariously acquire confidence in their own capacity to perform similar behaviors. Joorbonyan, Ghaffari, and

Rakhshanderou (2021) demonstrated the synergistic effects of peer-led HIV/AIDS prevention interventions grounded in the Health Belief Model, finding that combining narrative persuasion with formal health belief constructs perceived susceptibility, severity, benefits, and barriers — produced greater changes in condom use intentions than either approach alone.

Emerging evidence also highlights the role of digital and AI-mediated narrative personalization in amplifying these mechanisms. Chu and Liu (2025) demonstrated that AI-generated targeted and tailored health communication narratives can substantially increase message relevance and persuasive impact for HIV-related health communication, with implications for scalable, personalized narrative interventions. Wang and Leng (2025) analyzed dialogue pathways and narrative analysis in health communication on Chinese social media, demonstrating that user-generated HIV narratives and peer interaction on social platforms produced organic behavior change effects analogous to those documented in designed narrative interventions.

Key Outcomes Across Studies

The synthesized evidence across 25 studies documents significant narrative communication effects on five principal outcome clusters in HIV/AIDS education. First, HIV knowledge and awareness are consistently improved by narrative interventions across formats and populations, with particular strength noted in settings where baseline awareness is low and where narrative content is culturally embedded. Second, HIV-related stigma and discrimination both internalized and community-level show robust and replicable reductions following narrative exposure, particularly when interventions feature authentic PLHIV voices and community co-production. Third, HIV testing and screening uptake are improved by narrative interventions that feature character modeling of testing behavior, normalize testing as routine, and address emotional barriers through narrative transportation. Fourth, ART adherence and PrEP uptake are enhanced by mHealth narrative interventions and peer story programs that build self-efficacy and social support for treatment engagement. Fifth, sexual risk behaviors including unprotected intercourse, multiple partnering, and transactional sex show modest but consistent reductions following narrative interventions, particularly when combined with structural supports.

Ratnawati et al. (2024) contributed a meta-analysis of HIV prevention educational program effectiveness across knowledge, attitude, and behavior domains among adolescents, confirming that interventions incorporating narrative and peer communication components achieved significantly larger effect sizes than information-transfer-only programs. The meta-analytic findings provide particularly strong quantitative support for the narrative communication approach in adolescent HIV education.

Table 1. Summary of Selected Narrative Communication Interventions in HIV/AIDS Education (2021–2025)

Author(s) & Year	Study Format / Medium	Target Population	Key Outcome(s)	Setting
Uwah & Cheteni (2024)	Theatrical storytelling / folklore	General community	↑ HIV awareness; ↑ safe-sex norms	South Africa
Lee et al. (2024)	mHealth narrative (mobile video)	Women living with HIV	↑ Cervical cancer screening uptake	Malawi
O'Leary et al. (2023)	Video-delivered serial drama	Black youth	↓ HIV stigma; ↑ HIV testing	USA
Jaramillo et al. (2023)	Peer ambassador stories	Latino MSM	↑ PrEP uptake; ↑ HIV testing	South Florida, USA
France et al. (2023)	Peer-led self-stigma narrative	Young PLHIV	↑ Self-worth; ↓ internalized stigma	Zimbabwe
Casapulla et al. (2022)	Community narrative education	Rural adults	↓ HIV stigma attitudes	Rural Ecuador
Hill & Coker (2022)	Video logs (vlogs)	Black women	↑ Disease prevention knowledge	USA
Brooks et al. (2022)	Storytelling KT framework	General / health prof.	Framework for behaviour change via stories	Multi-context

Author(s) & Year	Study Format / Medium	Target Population	Key Outcome(s)	Setting
Audet et al. (2021)	Storytelling RCT intervention	Serodiscordant couples	↑ ART/PrEP retention in care	Mozambique
Huaju et al. (2025)	Brief video-based intervention	Older men	↑ AIDS prevention knowledge	China
Maragh-Bass et al. (2025)	Digital storytelling (systematic review)	Young adults of color	↑ HIV testing; ↓ stigma; ↑ ART adherence	Multiple (Global)
Fournier et al. (2025)	Community-based peer stories	Young people	↓ HIV stigma; ↑ community engagement	Northern Uganda

Source: Synthesized from systematic literature review (2021–2025). PLHIV = People Living with HIV; AGYW = Adolescent Girls and Young Women; MSM = Men who have Sex with Men; ART = Antiretroviral Therapy; PrEP = Pre-Exposure Prophylaxis.

Barriers and Limitations

Despite the documented effectiveness of narrative communication in HIV/AIDS education, the reviewed literature also identifies a set of persistent barriers that constrain implementation and effectiveness. Health literacy both general and HIV-specific moderates the impact of narrative interventions; audiences with very low health literacy may struggle to connect narrative moral conclusions to personal behavior change even when narrative transportation is achieved. Structural stigma enacted through discriminatory laws, healthcare provider attitudes, and community norms can attenuate the effects of narrative interventions that operate primarily at the individual attitudinal level.

Implementation fidelity represents a critical operational challenge, particularly for community-based narrative programs that rely on trained peer facilitators and locally adapted content. Kimera et al. (2025) conducted a systematic review of community-based HIV stigma interventions in Sub-Saharan Africa, finding that program effects diminished substantially when facilitator training was insufficient and monitoring inadequate. Abbas et al. (2023) demonstrated that combining narrative communication with cognitive behavioral therapy produced superior

stigma reduction and quality-of-life outcomes compared to either approach alone among PLHIV suggesting that narrative approaches may be most effective when embedded in broader psychosocial support structures rather than implemented in isolation.

Finally, the generalizability of existing findings is limited by the concentration of research in a relatively small number of geographic settings (primarily sub-Saharan Africa and the United States), the heavy reliance on self-reported outcome measures, and the generally short follow-up periods that preclude assessment of long-term behavioral maintenance. Future research should prioritize longitudinal designs, objective behavioral outcome measures where feasible, and systematic evaluation of narrative interventions in underrepresented regions including South and Southeast Asia, Eastern Europe, and Latin America.

CONCLUSIONS

This systematic literature review of 25 peer-reviewed studies confirms that narrative communication and storytelling represent evidence-based, theoretically grounded, and practically adaptable approaches to HIV/AIDS health education with demonstrated effectiveness across multiple formats, populations, and settings. The review documents consistent narrative intervention effects on HIV knowledge and awareness, stigma reduction, HIV testing and screening uptake, ART adherence and PrEP use, and sexual risk behavior with effect magnitudes that generally exceed those of information-only educational approaches.

The research framework proposed in this paper spanning theoretical foundations, narrative formats, target population adaptation, mechanisms of change, and measurable outcomes provides a comprehensive conceptual architecture for researchers designing narrative HIV/AIDS communication interventions and for practitioners selecting and implementing them. The framework highlights the critical importance of cultural adaptation and community co-production, identifies transportation, identification, and self-efficacy as primary mechanisms of narrative behavior change, and situates individual-level communication effects within the broader structural and social contexts that moderate their impact.

Emerging developments in digital media, artificial intelligence, and mobile health create new and promising frontiers for narrative HIV/AIDS communication. AI-powered narrative personalization, social media-based peer storytelling, and interactive digital narrative platforms offer opportunities to deliver highly targeted, culturally resonant, and scalable HIV/AIDS education that were not available a decade ago. Realizing this potential will require sustained interdisciplinary collaboration across communication science, public health, information technology, and community engagement disciplines.

Ultimately, the power of narrative communication in HIV/AIDS education rests on a fundamental truth about human cognition and social life: we understand the world through stories. By placing the stories of people living with or affected by HIV at the center of education and prevention efforts told authentically, received with empathy, and acted upon with courage — narrative communication contributes not only to behavior change but to the broader social transformation that a just and effective HIV/AIDS response requires.

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