Jurnal Info Kesehatan
Vol. 23, No. 3, September 2025, pp. 647-656
P-ISSN 0216-504X, E-ISSN 2620-536X
DOI: *10.31965/infokes.Vol23.Iss3.2127*
Journal homepage: *https://jurnal.poltekkeskupang.ac.id/index.php/infokes*

RESEARCH Open Access

Impact of Access to Mass Media and ICT on Knowledge of HIV Transmission During Pregnancy Among Women of Reproductive Age in the Republic of Fiji

Sri Musfiroh[1a], Siti Difta Rahmatika[1b], Fika Nurul Hidayah[2c], Diyanah Kumalasary[2d], Luisa Bainikoro[3e]

[1] Midwifery Professional Program, Faculty of Health Sciences, Muhammadiyah Ahmad Dahlan University Cirebon, Cirebon, West Java, Indonesia.
[2] Bachelor of Midwifery Program, Faculty of Health Sciences, Muhammadiyah Ahmad Dahlan University Cirebon, Cirebon, West Java, Indonesia
[3] Department of Social Walfare, Ministry of Women, Children & Social Protection, Suva, Fiji Island

[a] Email address: srimusfiroh052@gmail.com
[b] Email address: diftarahmatika@gmail.com
[c] Email address: fikanurulhidayah@gmail.com
[d] Email address: diyanahkumalasary@gmail.com
[e] Email address: luisa.bainikoro@mwcsp.gov.fj

Received: 18 August 2025 Revised: 12 September 2025 Accepted: 14 September 2025

Abstract
Access to accurate health information plays a pivotal role in shaping women's awareness and practices regarding HIV prevention, particularly during pregnancy. Mass media and information and communication technology (ICT) serve as crucial platforms for disseminating knowledge that can reduce mother-to-child transmission of HIV. This study aims to examine the impact of access to mass media and ICT on women's knowledge of HIV transmission during pregnancy. This study utilized secondary data from the 2021 Multiple Indicator Cluster Survey (MICS) in Fiji, conducted by the Fiji Bureau of Statistics in collaboration with UNICEF. A total of 3,649 women aged 15–49 years were included after excluding missing values. The outcome variable was knowledge of HIV transmission during pregnancy, while main independent variables were access to mass media and ICT, along with sociodemographic factors. Data analysis consisted of univariate, Chi-square test, and binary logistic regression, with significance set at $p < 0.05$. The findings revealed that only 59.36% of women correctly identified that HIV can be transmitted during pregnancy. The findings revealed that only 59.36% of women correctly identified that HIV can be transmitted during pregnancy. Several factors were significantly associated with HIV knowledge, including internet use, mobile phone ownership, reading newspapers, age group, marital status, and education. Among these, internet use and reading newspapers were found to substantially increase the likelihood of having HIV knowledge, while higher education and older age served as strong predictors. In contrast, women from the richest households and those who had never married showed lower odds of being knowledgeable about HIV transmission during pregnancy. Access to mass media, ICT, age, marital status, and education significantly influenced women's knowledge of HIV transmission during pregnancy. These findings highlight the need to integrate HIV education into antenatal care, community programs, and digital platforms to improve maternal knowledge.

Keywords: Access to Information, HIV Knowledge, ICT, Maternal Health, Reproductive Age Women.

Corresponding Author:

Sri Musfiroh
Bachelor of Midwifery Program, Faculty of Health Sciences, Muhammadiyah Ahmad Dahlan University Cirebon, Cirebon, West Java, Indonesia
Email: srimusfiroh052@gmail.com

1. INTRODUCTION

HIV remains a major global public health concern, particularly in low- and middle-income countries, where women of reproductive age represent a highly vulnerable population (Goga et al., 2019). Mother-to-child transmission (MTCT) of HIV, which can occur during pregnancy, delivery, or breastfeeding, contributes significantly to pediatric HIV infections worldwide (Kassa, 2018). Knowledge and awareness of HIV transmission pathways are therefore critical for prevention, early detection, and timely initiation of interventions to protect both maternal and child health (Obeagu & Obeagu, 2025). Despite global progress in reducing HIV prevalence, disparities in knowledge and access to information persist across regions and socio-demographic groups (Allorant et al., 2025). Although Fiji has historically reported low maternal HIV prevalence (from 1995-2003 was low (0-0.05%), recent increases in new cases, coupled with geographic isolation, socio-economic disparities, and uneven access to health services, underscore the need for focused research on maternal HIV knowledge in this context.

In many developing contexts, access to health information is strongly influenced by social determinants such as education, marital status, wealth, and exposure to mass media and information and communication technology (ICT) (Okoye & Saewyc, 2024). Previous studies in sub-Saharan Africa and South Asia have demonstrated that women with greater media exposure and higher educational attainment are more likely to possess accurate knowledge about HIV transmission during pregnancy (Bokop et al., 2025; Dadzie et al., 2024). Conversely, limited health literacy and restricted access to communication channels have been identified as barriers to HIV awareness, particularly among adolescents, unmarried women, and those residing in rural or resource-constrained settings (Kiplagat et al., 2025).

Fiji, similar to other Pacific Island nations, encounters unique challenges in HIV and maternal health, as its geographic isolation and socio-economic disparities restrict consistent healthcare delivery and information dissemination, sustaining gaps in HIV knowledge (Kiplagat et al., 2025). While the overall HIV prevalence in Fiji remains relatively low compared to other regions, the risk of MTCT continues to exist, underscoring the importance of maternal knowledge as a preventive measure (Shah et al., 2021). Gaps in access to health information across geographically dispersed islands highlight the need to assess women's knowledge of HIV transmission during pregnancy and evaluate the effectiveness of existing PMTCT programs. However, evidence on the factors influencing women's awareness of HIV transmission during pregnancy in Fiji remains limited, as existing studies are based on small, single-center samples and do not provide national-level insights or examine the role of socio-demographic factors and information and communication technologies (ICTs) in shaping maternal HIV knowledge (Naidu et al., 2017).

Given this gap, it is essential to examine how socio-demographic characteristics and media/ICT exposure shape women's knowledge of HIV transmission during pregnancy. Understanding these determinants can provide valuable insights for policymakers and health practitioners in designing effective health communication strategies and targeted interventions. Therefore, this study aims to analyze impact of access to mass media and ict on knowledge of hiv transmission during pregnancy among women of reproductive age in Republic of Fiji.

2. RESEARCH METHOD

This study utilized secondary data derived from the 2021 Multiple Indicator Cluster Survey (MICS) conducted in Fiji by the Fiji Bureau of Statistics in partnership with UNICEF. The survey applied a stratified two-stage cluster sampling design to achieve nationally representative estimates, encompassing both urban and rural settings across all divisions of the country. Data were collected using standardized MICS instruments administered at household, women's, and children's levels, covering indicators related to maternal and child health, nutrition, education, child protection, as well as water and sanitation. Employing the global

MICS framework ensures cross-country comparability of findings and supports monitoring progress toward the Sustainable Development Goals (SDGs). Further details on the Fiji MICS and access to the dataset are available through the UNICEF MICS website: https://mics.unicef.org/.

The outcome variable in this study is knowledge about HIV transmission during pregnancy. The variable was came from question: "Is HIV can be transmitted from mother to child during pregnancy? (no/yes). The main independent variables are including access to mass media and ICT (Information and communications technology), including ever used internet, owning mobile phone, ever read newspaper or magazine, and ever listening to radio. The categories are yes or no. Yes was derived from options less than once a week, at least once a week, and almost every day, then No was derived from not at all. The other independent variables are including place of residence or are (urban/rural), women's age group with ordinal scale with 5 years interval starting from 15 to 49 years old. Marital status are including currently married/in union, formerly married/in union, and never married/in union. Educational level refers to the highest education level women's graduated (primary or none/ secondary/tertiary or vocational). The health insurance ownership is including with or without. Wealth index of the women are including poorest, second, middle, fourth, and richest.

This study used women of reproductive aged 15 to 49 years old which after removed all missing value. Among 4,850 women joined the survey, they were 497 reported "don't know", 3 was "no response", 401 had missing data, and 89 had incomplete survey. The final total number of women into analysis were 3,649. The data was tested for univariate, bivariate, and multivariate. The univariate explains the frequency and percentage. The bivariate analysis used Chi-square test to test the association between each independent variable and knowledge of HIV transmision during pregnancy. The multivariate analysis used binary logistic regression to analyse the adjusted odd ratio of all independent variables and HIV knowledge. The signnificant level used 0.05 with confidence interval 95%. UNICEF standard for survey tools was used and the anynomous rawdata used for public. Then, this current study does not require ethical clearance.

3. RESULTS AND DISCUSSION

The results in this study consisted of univariate, bivariate, and multivariate. The univariate analysis shows the frequency and percentage of all variables. It revealed that women had knowledge of HIV transmission during pregnancy was only 59.36%. The rest of them did not have knowledge that HIV can be transmitted during pregnancy. According to main independent variables, access to mass media and ICT shows that 71.66% of them ever used internet, 74.13% are owning mobile phone, 64.15% ever read newspaper or magazine, and 77.47% ever listening to the radio. Other independent variables revealed that more than half of the women residenced in urban area, which was 51.41%. The proportion of women's age groups looks not too different, with the highest one was those aged 40 to 44 years old (16.14%). Almost three fourth of the women are currently married/in union (70.16%) and graduated from secondary school (66.46%). Almost all the women had no health insurance (99.66%) and around one fourth of them are poorest (24.25%).

Table 1. The univariate analysis of all variables included in the study

Independent variables (N=3.649)	Frequency	Percentage
Known HIV can transmitted during pregnancy		
No	1483	40.64
Yes	2166	59.36
Ever used internet		
No	1034	28.34
Yes	2615	71.66

Independent variables (N=3.649)	**Frequency**	**Percentage**
Owning mobile phone		
No	944	25.87
Yes	2705	74.13
Ever read newspaper or magazine		
No	1308	35.85
Yes	2341	64.15
Ever listening to radio		
No	822	22.53
Yes	2827	77.47
Place of residence		
Urban	1876	51.41
Rural	1773	48.59
Women's age group		
15-19	551	15.10
20-24	382	10.47
25-29	534	14.63
30-34	534	14.63
35-39	577	15.81
40-44	589	16.14
45-49	482	13.21
Marital status		
Currently married/in union	2560	70.16
Formerly married/in union	194	5.32
Never married/in union	895	24.53
Educational level		
Primary or none	437	11.98
Secondary	2425	66.46
Tertiary or vocational	787	21.57
Health insurance ownership		
insurance	122	3.34
Without insurance	3527	96.66
Wealth index		
Poorest	885	24.25
Second	870	23.84
Middle	731	20.03
Fourth	623	17.07
Richest	540	14.80

Table 2 below presents the result of Chi-square test of association between each independent variable and knowledge of HIV transmission during pregnancy. Among all independent variables, there are six variables were found significantly associated with HIV transmission during pregnancy, including ever used internet, owning mobile phone, ever read newspaper or magazine, age group, marital status, and educational level. However, the independent variables were found insignifincalty associated with knowledge of HIV are ever listening to the radio, place of residence, health insurance ownership, and wealth index.

Table 2. The bivariate analysis of the association between mass media and transmission of pregnancy

Independent variables (N=3.649)	Knowledge of HIV transmission during pregnancy		Total	Chi-square	*p-value*
	No (%)	Yes (%)			
Ever used internet				23.7698	**0.000**
No	33.95	66.05	1.034		
Yes	25.89	74.11	2.615		
Owning mobile phone				41.9303	**0.000**
No	36.33	63.67	944		
Yes	25.32	74.68	2.705		
Ever read a newspaper or magazine				25.2728	**0.000**
No	33.18	66.82	1.308		
Yes	25.37	74.63	2.341		
Ever listening to radio				0.152	0.697
No	28.71	71.29	822		
Yes	28.02	71.98	2.827		
Place of residence				0.0013	0.971
Urban	28.2	71.8	1.876		
Rural	28.14	71.86	1.773		
Women's age group				125.3563	**0.000**
15-19	47.19	52.81	551		
20-24	29.32	70.68	382		
25-29	25.47	74.53	534		
30-34	20.6	79.4	534		
35-39	25.13	74.87	577		
40-44	25.81	74.19	589		
45-49	23.44	76.56	482		
Marital status				121.642	**0.000**
Currently married/in union	23.4	76.6	2.560		
Formerly married/in union	24.74	75.26	194		
Never married/in union	42.57	57.43	895		
Educational level				65.6337	**0.000**
Primary or none	40.27	59.73	437		
Secondary	28.99	71.01	2.425		
Tertiary or vocational	18.93	81.07	787		
Health insurance ownership				0.2354	0.628
insurance	26.23	73.77	122		
Without insurance	28.24	71.76	3.527		
Wealth index				3.4091	0.492
Poorest	28.47	71.53	885		
Second	25.86	74.14	870		
Middle	29.14	70.86	731		
Fourth	28.41	71.59	623		
Richest	29.81	70.19	540		

The result of multivariate analysis which used binary logistic regression is shown in Table 3. It was revelaed that after adjusted to all independent variables, ever used internet, ever read

newspaper or magazine, women's age group, marital status, educational level, and wealth index. In detail, compare to women never used internet, women ever used internet are 1.40 times more likely to have knowledge that HIV can be transmitted during pregnancy. Additionally, compared to women who never read newspaper or magazine, women who ever read newspaper or magazine are 1.33 times more likely to have the knowledge about HIV. Compared to women aged 15 – 19 years old, women aged 20 – 24, 25 – 29, 30 – 34, 35 – 39, 40 – 44, and 45 – 49 are more likely to have knowledge about HIV by 1.40, 1.46, 1.96, 1.63, 1.75, and 2.24 times, respectively. In terms of women's marital status, compared to married/in union women, never married women decreased 47% the probability to have HIV knowledge transmission during pregnancy. Additionally, compared to women finished primary school or never attended schoo, women graduated from secondary and tertiary or vocational are 1.86 and 2.91 times more likely to have knowledge about HIV transmission. Compared to poorest women, richest women decreased 30% the probability to have HIV transmission knowledge. However, independent variables which found insignificantly associated with HIV knowledge are owning mobile phone, listening to the radio, place of residence, and health insurance ownership. The model of the analysis covered 5.92% of independent variables related to knowledge about HIV transmission during pregnancy.

Table 3. The binary logistic regression result of factors related to HIV transmission during pregnancy

Independent variables (N=3.649)	**Adjusted Odds ratio**	**[95% conf.**	**interval]**	**p-value**
Ever used internet				
No	ref			
Yes	1.40	1.16	1.69	**0.000**
Owning mobile phone				
No	ref			
Yes	1.05	0.87	1.28	0.605
Ever read newspaper or magazine				
No	ref			
Yes	1.33	1.12	1.56	**0.001**
Ever listening to radio				
No	ref			
Yes	0.96	0.79	1.15	0.638
Place of residence				
Urban	ref			
Rural	0.97	0.82	1.15	0.712
Women's age group				
15-19	ref			
20-24	1.40	1.02	1.93	**0.037**
25-29	1.46	1.04	2.05	**0.027**
30-34	1.96	1.37	2.81	**0.000**
35-39	1.63	1.15	2.30	**0.006**
40-44	1.75	1.23	2.48	**0.002**
45-49	2.24	1.54	3.24	**0.000**
Marital status				
Currently married/in union	ref			
Formerly married/in union	0.93	0.65	1.31	0.662

Never married/in union	0.53	0.41	0.68	**0.000**
Educational level				
Primary or none				
Secondary	1.86	1.48	2.33	**0.000**
Tertiary or vocational	2.91	2.18	3.89	**0.000**
Health insurance ownership				
insurance				
Without insurance	1.10	0.71	1.71	0.660
Wealth index				
Poorest	ref			
Second	1.08	0.86	1.35	0.527
Middle	0.88	0.69	1.12	0.289
Fourth	0.81	0.62	1.06	0.126
Richest	0.70	0.53	0.93	**0.012**
_cons	0.71	0.38	1.30	0.265

LR chi2(20) = 256.97
Prob > chi2 = 0.0000
Log likelihood = -2041.1066
Pseudo R2 = 0.0592

The findings of this study revealed that exposure to mass media and ICT, particularly internet use and reading newspapers or magazines, significantly increased women's knowledge about HIV transmission during pregnancy. Women who had ever used the internet and those who accessed print media were more likely to demonstrate awareness, indicating that exposure to digital platforms and traditional mass media may be associated with greater health knowledge, although unmeasured confounders or reverse causality cannot be ruled out. These results are consistent with previous studies in sub-Saharan Africa and South Asia, which also demonstrated that women with greater access to media are more informed about HIV prevention and maternal health (Aboagye et al., 2022; Fatema & Lariscy, 2020; Sohn & Jung, 2020; Yaya et al., 2018). Expanding digital literacy and ensuring equitable access to information technologies could therefore play a pivotal role in improving HIV-related knowledge among women of reproductive age (Alhassan et al., 2025). Such findings highlight the intersection between health communication and maternal health service utilization, where exposure to media serves as a gateway to greater awareness and informed decision-making (Kandpal & Dutta, 2024). Strengthening community-based health promotion strategies that integrate mass media and digital platforms could therefore complement formal healthcare services in addressing knowledge gaps and improving maternal and HIV-related outcomes (Mushamiri et al., 2021).

Age was another significant determinant, with older women showing a greater likelihood of knowing that HIV can be transmitted during pregnancy compared to adolescents. This may reflect accumulated life experience, longer exposure to health information, and increased interaction with healthcare systems over time. Younger women, particularly those aged 15–19, displayed the lowest knowledge levels, which is concerning given their vulnerability to early pregnancy and HIV risk. These findings highlight the need for age-appropriate interventions, including comprehensive sexuality education and targeted awareness programs, to address the knowledge gap among adolescents and younger women (Leung et al., 2019; Sa et al., 2021). Integrating such interventions within school curricula and community youth programs could enhance early awareness and foster long-term health-seeking behavior. Moreover, leveraging peer education and digital platforms may provide innovative avenues to effectively reach adolescents, who are often underserved by traditional health communication channels (Mancone et al., 2024).

Marital status and educational attainment were also found to be strong predictors of HIV knowledge. Married women were more knowledgeable than their unmarried counterparts, possibly due to increased engagement with reproductive health services during pregnancy and childbirth. Likewise, women with secondary or higher education were substantially more likely to have knowledge compared to those with little or no formal education. These findings are consistent with global evidence that education is associated with women's ability to seek health information, understand preventive practices, and make informed decisions; however, in Fiji, this relationship may also be shaped by context-specific factors such as variation in school curricula and rural-urban disparities in education quality (Ojong et al., 2024). Strengthening female education and integrating HIV awareness into school curricula could therefore serve as effective strategies for improving maternal and child health outcomes (Obeagu & Obeagu, 2025).

Interestingly, this study found that household wealth index did not consistently predict higher knowledge, as women in the richest group were significantly less likely to be knowledgeable compared to the poorest group. This result contrasts with studies from other low- and middle-income countries, where economic advantage often translates into better health awareness. One possible explanation is that wealthier women may rely more on private healthcare providers who focus on treatment rather than prevention-oriented education, although this remains a hypothesis and requires further empirical investigation. This finding underscores the complexity of socio-economic influences on health knowledge and suggests that health communication strategies should not solely target disadvantaged populations but also address gaps among wealthier groups (Silva et al., 2023; Stormacq et al., 2023). Overall, the results underscore the need for multi-sectoral strategies that integrate HIV education into reproductive health programs, leverage ICT platforms under Pacific Health initiatives, and engage faith-based organizations to improve maternal health knowledge in Fiji.

This study is subject to several limitations. The cross-sectional design restricts the ability to infer causal relationships, and the observed associations should be interpreted with caution. Data were self-reported, which may introduce recall bias or social desirability bias, particularly given the sensitive nature of HIV-related questions. Furthermore, the assessment of HIV knowledge was confined to transmission during pregnancy, excluding delivery and breastfeeding, which may limit the comprehensiveness of the findings. Finally, while survey weights and design variables were applied, potential residual effects of the complex MICS sampling design may have influenced the precision and generalizability of the results.

4. CONCLUSION

This study demonstrated that exposure to mass media and ICT, women's age, marital status, and educational attainment were significant determinants of knowledge about HIV transmission during pregnancy, while wealth status showed an unexpected inverse association. These findings emphasize the multifaceted nature of health knowledge acquisition, reflecting both individual and structural factors such as access to information, life stage, and formal education. Addressing these gaps requires tailored interventions that prioritize young and less educated women, while also ensuring that health communication strategies reach all socio-economic groups. Therefore, it is recommended that policymakers strengthen media-based health promotion and integrate HIV awareness into reproductive health programs to enhance maternal knowledge and improve health outcomes.

REFERENCES

Aboagye, R. G., Seidu, A.-A., Ahinkorah, B. O., Cadri, A., Frimpong, J. B., Hagan, J. E., Kassaw, N. A., & Yaya, S. (2022). Association between frequency of mass media exposure and maternal health care service utilization among women in sub-Saharan

Africa: Implications for tailored health communication and education. *PLOS ONE*, *17*(9), e0275202. https://doi.org/10.1371/journal.pone.0275202

Alhassan, R.H.A.H., Haggerty, C. L., Fapohunda, A., Affan, N. J., & Anto-Ocrah, M. (2025). Exploring the Use of Digital Educational Tools for Sexual and Reproductive Health in Sub-Saharan Africa: Systematic Review. *JMIR Public Health and Surveillance*, *11*, e63309. https://doi.org/10.2196/63309

Allorant, A., Kuchukhidze, S., Stannah, J., Xia, Y., Masuku, S. S., Ekanmian, G. K., Imai-Eaton, J. W., & Maheu-Giroux, M. (2025). Socio-demographic and geographic disparities in HIV prevalence, HIV testing and treatment coverage: An analysis of 108 national household surveys in 33 African countries. *Journal of the International AIDS Society*, *28*(8), e70024. https://doi.org/10.1002/jia2.70024

Bokop, C., Dhar, N., Izu, A., Thaver-Kleitman, J., Prabdial-sing, N., Ali, M. M., Akaba, G., Barsosio, H. C., Berkley, J. A., Beck, M. M., Chaka, T. E., Cutland, C. L., Dorji, P., Islam, M., Keita, A. M., Lema, F. B., Medugu, N., Mwakio, S., Obaro, S., … Madhi, S. A. (2025). Prevalence of hepatitis B virus infection among pregnant women and cord blood hepatitis B surface antigen positive newborns in sub-Saharan Africa and South Asia. *Journal of Clinical Virology*, *179*, 105826. https://doi.org/10.1016/j.jcv.2025.105826

Dadzie, L. K., Gebremedhin, A. F., Salihu, T., Ahinkorah, B. O., & Yaya, S. (2024). Socioeconomic inequalities in uptake of HIV testing during antenatal care: evidence from Sub-Saharan Africa. *International Journal for Equity in Health*, *23*(1), 4. https://doi.org/10.1186/s12939-023-02068-1

Fatema, K., & Lariscy, J. T. (2020). Mass media exposure and maternal healthcare utilization in South Asia. *SSM - Population Health*, *11*, 100614. https://doi.org/10.1016/j.ssmph.2020.100614

Goga, A. E., Dinh, T.-H., Essajee, S., Chirinda, W., Larsen, A., Mogashoa, M., Jackson, D., Cheyip, M., Ngandu, N., Modi, S., Bhardwaj, S., Chirwa, E., Pillay, Y., & Mahy, M. (2019). What will it take for the Global Plan priority countries in Sub-Saharan Africa to eliminate mother-to-child transmission of HIV? *BMC Infectious Diseases*, *19*(S1), 783. https://doi.org/10.1186/s12879-019-4393-5

Kandpal, K., & Dutta, P. (2024). Harnessing Mass Media and Media Education to Enhance Health Literacy on Maternal Health through IEC Materials. *Медиаобразование*, *3*, 408–418.

Kassa, G. M. (2018). Mother-to-child transmission of HIV infection and its associated factors in Ethiopia: a systematic review and meta-analysis. *BMC Infectious Diseases*, *18*(1), 216. https://doi.org/10.1186/s12879-018-3126-5

Kiplagat, J., Naanyu, V., Kamano, J., Vedanthan, R., Pastakia, S., & Wools-Kaloustian, K. (2025). Healthcare providers perspectives on HIV-NCD integration to Meet the needs of older adults living with HIV. *BMC Geriatrics*, *25*(1), 599. https://doi.org/10.1186/s12877-025-06288-8

Leung, H., Shek, D. T. L., Leung, E., & Shek, E. Y. W. (2019). Development of Contextually-relevant Sexuality Education: Lessons from a Comprehensive Review of Adolescent Sexuality Education Across Cultures. *International Journal of Environmental Research and Public Health*, *16*(4), 621. https://doi.org/10.3390/ijerph16040621

Mancone, S., Corrado, S., Tosti, B., Spica, G., & Diotaiuti, P. (2024). Integrating digital and interactive approaches in adolescent health literacy: a comprehensive review. *Frontiers in Public Health,* 12, 1387874. https://doi.org/10.3389/fpubh.2024.1387874

Mushamiri, I., Belai, W., Sacks, E., Genberg, B., Gupta, S., & Perry, H. B. (2021). Evidence on the effectiveness of community-based primary health care in improving HIV/AIDS outcomes for mothers and children in low- and middle-income countries: Findings from

a systematic review. *Journal of Global Health*, *11*, 11001. https://doi.org/10.7189/jogh.11.11001

Naidu, S. L., Heller, G. Z., Koroi, S., Deakin, L., & Gyaneshwar, R. (2017). Knowledge, attitude, practice and barriers regarding safe sex and contraceptive use in rural women in Fiji. *Pacific Journal of Reproductive Health*, *1*(5), 223–231.

Obeagu, E. I., & Obeagu, G. U. (2025). Building a Healthier Future: A Narrative Review on Early Infant Diagnosis's Role in HIV Prevention. *Health Science Reports*, 8(3), e70591. https://doi.org/10.1002/hsr2.70591

Ojong, S. A., Temmerman, M., Khosla, R., & Bustreo, F. (2024). Women's health and rights in the twenty-first century. *Nature Medicine*, *30*(6), 1547–1555. https://doi.org/10.1038/s41591-024-03036-0

Okoye, H. U., & Saewyc, E. (2024). Influence of socio-contextual factors on the link between traditional and new media use, and young people's sexual risk behaviour in Sub-Saharan Africa: a secondary data analysis. *Reproductive Health*, *21*(1), 138. https://doi.org/10.1186/s12978-024-01868-0

Sa, Z., Tian, L., & Wang, X. (2021). Evidence for a Comprehensive Sexuality Education Intervention that Enhances Chinese Adolescents' Sexual Knowledge and Gender Awareness and Empowers Young Women. *Sex Roles*, *85*(5–6), 357–370. https://doi.org/10.1007/s11199-021-01223-8

Shah, T., Sidloski, M., & Toroca, E. (2021). Mapping the spatial variability of sexually transmitted infections across Fiji Health Regions. *Pacific Health*, 4, 1-15. https://doi.org/10.24135/pacifichealth.v4i.50

Silva, P., Araújo, R., Lopes, F., & Ray, S. (2023). Nutrition and Food Literacy: Framing the Challenges to Health Communication. *Nutrients*, *15*(22), 4708. https://doi.org/10.3390/nu15224708

Sohn, M., & Jung, M. (2020). Effects of Empowerment and Media Use by Women of Childbearing Age on Maternal Health Care Utilization in Developing Countries of Southeast Asia. *International Journal of Health Services*, *50*(1), 32–43. https://doi.org/10.1177/0020731419867532

Stormacq, C., Oulevey Bachmann, A., Van den Broucke, S., & Bodenmann, P. (2023). How socioeconomically disadvantaged people access, understand, appraise, and apply health information: A qualitative study exploring health literacy skills. *PLOS ONE*, *18*(8), e0288381. https://doi.org/10.1371/journal.pone.0288381

Yaya, S., Uthman, O. A., Amouzou, A., & Bishwajit, G. (2018). Mass media exposure and its impact on malaria prevention behaviour among adult women in sub-Saharan Africa: results from malaria indicator surveys. *Global Health Research and Policy*, *3*(1), 20. https://doi.org/10.1186/s41256-018-0075-x