



UNIVERSITY OF NAIROBI
SCHOOL OF JOURNALISM AND MASS COMMUNICATION

**AN EVALUATION OF YOUTH PERCEPTION OF *JIJUE JIPANGE*
CAMPAIGN FOR HIV PREVENTION AND BEHAVIOUR CHANGE
AMONG THE YOUTH IN MATHARE SUB-COUNTY, NAIROBI COUNTY**

ELIZABETH NJUGUNA

K50/87543/2016

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
REQUIREMENTS FOR THE AWARD OF MASTER OF ARTS DEGREE
IN COMMUNICATION STUDIES, AT THE SCHOOL OF JOURNALISM
AND MASS COMMUNICATION**

DECEMBER 2018

DECLARATION

This is my original work and has not been submitted as a thesis for examination in any other university

Student

Njuguna Elizabeth Wairimu

K50/87543/2016

.....

.....

Signature

Date

Supervisor

This project has been submitted for the award of a Masters of Arts Degree in Communication Studies with my approval as the University supervisor

.....

.....

Signature

Date

Dr. Dorothy Omollo

Lecturer

School of Journalism and Mass Communication

University of Nairobi, Kenya

DEDICATION

I dedicate this research project to my family for their prayers and support they gave me throughout this studying period. I would also like to dedicate this work to my friends who encouraged me during this research journey.

ACKNOWLEDGEMENT

First, I want to thank the Almighty God for giving me the strength to do this research. His grace and provision has been sufficient and I give him all the glory.

My sincere appreciation goes to my supervisor Dr. Dorothy Omollo for her guidance and intellectual support throughout this research project. I would like to also acknowledge other lecturers whose insightful guidance and support helped me throughout this journey.

My special appreciation goes to my parents James Njuguna, Irene Muthoni, and my brother Leon Maina, for their emotional and financial support. I would also like to appreciate my friend Florence Anam for her support, especially in providing crucial information in regards to HIV. For all those who assisted me to achieve this, directly or indirectly, I sincerely appreciate you.

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LIST OF ACROYNMS AND ABBREVIATIONS

ARVS	Antiretroviral Therapy
KDHS	Kenya Demographic and Health Survey
NACC	National AIDS Control Council
NASCOP	National AIDS and STI Control Programme
NEPHAK	National Empowerment Network of People living with HIV in Kenya
NGOs	Non-Governmental Organisations
PEPFAR	Presidents Emergency Plan for AIDS Relief
UNAIDS	United Nations Programme on HIV/AIDS
UNHCR	United Nations High Commissioner for Refugees
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation
YPLHIV	Young People Living with HIV

ABSTRACT

The general objective of this study was to assess the youth perception of *Jijue Jipange* campaign. The specific objectives of this study were to: investigate the level of knowledge derived from *Jijue Jipange* campaign message by Mathare youth; investigate the influence of celebrities used in the campaign towards adoption of behaviour change by Mathare youth; find out how the youth in Mathare Sub-county perceived *Jijue Jipange* campaign message. In this study, both qualitative and quantitative research approach were used. The study population was 36,749 youth residing in Mathare Sub-county aged between 18 and 24. The sample size was 100 respondents. The method of data collection used was questionnaires, which were distributed to households in the Sub-county. Key informant interviews involving National AIDS Control Council campaign designer and communication officer were conducted. At community level, two HIV peer educators, two young HIV champions, and three youth leaders from three wards were interviewed with regards to *Jijue Jipange* campaign messages. The quantitative data collected was analysed using descriptive and inferential statistics and was presented in the form of tables and graphs. Qualitative data was presented in narrative form where key responses were presented in verbatim form. The key findings of the study were: *Jijue Jipange* campaign messages were clear since the language used – *sheng* language – was easy to understand and most youth identified with it. In order to understand the knowledge derived from the campaign messages, 60% of the respondents indicated that it is important to test for HIV while 9% indicated that they should not stigmatise those living with HIV. HIV testing message was more emphasised than the HIV stigma reduction message. In order to understand the influence of celebrities in the uptake of the new behaviour, 29% of the respondents indicated that celebrities were effective and well equipped with HIV information in the campaign's message. However, those who indicated that the celebrities were not effective explained that some of the celebrities talked more of their music journey and their background thus missing out on the campaign's objective. From the findings, campaign designers should ensure that the messages used in mass media campaigns are clearly elaborated and ambiguous words should not be used. This study can also recommend that the players involved in any HIV campaign should be well informed with what they are advocating for and so it is important for campaign designers to involve People Living with HIV to run with the campaigns message since they are well grounded on HIV issues and more especially educate the youth how to overcome HIV stigma.

CHAPTER ONE

INTRODUCTION

1.1 Overview

This chapter outlines the background of the study, the problem statement, objectives, the research questions, justification of the study, scope and limitations of the study and operational definition of terms.

1.2 Background of the Study

It is estimated that approximately 36.7 million people are living with HIV/AIDS globally (UNAIDS, 2017). Previous reports indicate that the number of HIV infections increased from 2.5 million in 2007 to 34 million in 2010. Since the onset of the HIV/AIDS pandemic, it is approximated that 78 Million people have been infected with HIV, while 35 million have lost their lives globally (UNAIDS, 2017). According to Avert report of 2014, it is estimated that HIV/AIDS is the leading cause of death among young people aged between 15–24 in Africa and the second leading cause of death among the same population globally (Avert, 2017). In 2014, it was estimated that 3.9 million young people were living with HIV whereas there were 62,000 new infections among young people aged 15-24 (Avert, 2017). The number of youth dying of HIV tripled between 2000 and 2015. In 2016, 55,000 adolescents between the ages 10-19 died of the disease, and over the years, the number of youth dying of this disease is increasing annually.

UNAIDS statistics in 2017 show that majority of people living with HIV are in low-income countries with an estimation of 22.5 million living in sub-Saharan Africa. Out of 22.5 million, 19.4 million are living in East and Southern Africa (UNAIDS, 2017). The same report indicates that there was a decline of the number of new HIV infections among adults (by 11%) between 2010 – 2016, yet the number of HIV-related deaths continues to rise (UNAIDS, 2017). New HIV infections between men and women are more pronounced at younger ages. In 2016, new infections among young women (aged 18 – 24 years) were 44% higher than men in the same age group. Since 2010, new infections among young women globally (aged between 15 – 24 years) have declined by 17%, reaching 360, 000 in 2016.

In Africa, Kenya is ranked fourth with the highest HIV burden (NACC, 2016). As of 2015, about 1.5 million people were reported to be living with HIV where HIV related deaths accounted for 29% among adults annually, 20% of maternal mortality, and 15% of children's death under five years (UNAIDS, 2017). The number of HIV related deaths in Kenya varies depending on gender, socio-economic status. HIV related deaths have declined among people aged 49 and above by 8% in 2010 while the HIV/AIDS prevalence among the youths aged 15 – 24 remain high (NACC, 2016). According to Kenya HIV Estimates report published in 2015, the National HIV prevalence among youth aged 15-24 years was at 2.26%, and overall HIV/AIDS prevalence was 3.12%, which therefore translates to 268,588 young people living with HIV (NACC, 2015). In other reports released in 2016, only 23% of adolescents aged 15-19 know their HIV status where the percentage of women aged 15-19 stands at 56% and 45% for men and men aged 20-24 records 92% and 67% for women for the same age group (Oliech, 2016). The data presented above demonstrate the urgency of having large scale efforts that disseminate effective prevention messages to youth aged 18-24 years.

In Nairobi County, HIV prevalence in urban slum settlements are significantly higher than other areas. In a study conducted in two slums settlements in 2011, HIV infection among the youth was at 12% which is much higher than national average of 7.1 % (Kabiru, 2011). Strategies and efforts to formulate effective HIV prevention and treatment programs targeted towards youth living in urban slum settings require practical evidence on the drivers of HIV-related behaviour. There is extensive evidence that the youth in urban slum settlements are more likely to engage in high-risk sexual behaviour and are at significantly higher risk for HIV infection than their peers in other settings.

1.2.1 HIV Mass Media Campaigns

Mass communication campaigns have played an integral role in HIV/AIDS prevention since the onset of the epidemic in 1980s (Jessica, 2013). The use of mass media interventions provide advantages such as wide reach, consistent sharing of the messages and the ability to use different formats, which include short advertisements and news (Jessica, 2013). Campaigns aim to prevent HIV by disseminating knowledge, improving risk perception, changing sexual behaviours, and questioning potentially harmful social

norms (USAIDS, 2011). Channels such as newspapers, radio, Television and the new media platforms have been used to broadcast HIV messages since they are easily accessed and can reach the target audience in a stipulated time (Jessica, 2013). HIV media campaigns must be aligned to the attainment of the intended outcomes.

In Kenya, although the first case of HIV was reported in 1984, the disease was initially not considered a serious problem until late 1980s when the government launched a five-year Medium Term Plan (MTP) in which the AIDS Programme Secretariat was established with the mandate of increasing HIV awareness through the use of mass media channels (Juma, 2001). The programme employed diverse approaches where the government and other agencies participated used strategies such as dissemination of preventive information. The Government of Kenya published informative articles in the press and launched campaigns urging people to use condoms or abstain from sex, especially among the youth (Mogambi, 2013). The programme also saw the introduction of HIV education in both primary and secondary schools targeting the youth as they were at risk of contracting the disease (Juma, 2001).

Over the years, several HIV media campaigns have been conducted in the country with an aim of passing across a message to the target audience. HIV media Campaigns such as *Sasa Hivi* campaign, *Wacha Mpango wa Kando* campaign, *Nimechill* campaign, *Kick out HIV* stigma campaign and many more were all geared at influencing behaviour, change perception and motivate people towards a particular behaviour. In Kenya, media campaigns ranging from HIV awareness, HIV testing, and stigma reduction campaigns have been conducted, and as a result, HIV prevalence has reduced generally except among the youths (15 – 24 years) where the infection remains high at 16%.

The use of media to disseminate HIV messages has played a critical role in informing the public on the milestones as far as HIV prevention, risk factors and behavioural change are concerned. Since HIV first reached Kenya, the public has been sensitized about it – the fact that it has no cure but can be prevented. Many HIV campaigns in Kenya have targeted people aged 15-64 since this age bracket has the highest number of people who are at high risk of contracting the disease (Oliech, 2016). HIV media campaigns have been used as a tool for improving and promoting health. A media campaign has a sole purpose of increasing the intended audience's knowledge and awareness of a health issue, influence perceptions, beliefs and attitude that may prompt

action, change social norms, demonstrate health skills, and show the benefits of behaviour change. In Kenya, HIV media campaigns have been conducted where different stakeholders and key agencies were involved. According to Rogers and Storey (1987), a campaign must have four essential ingredients: purposive and seek to influence individuals; aim at a large audience; have a more or less specially defined time limit; and lastly, involve an organized set of communication activities. Nowadays, many HIV campaigns are done through the print, broadcast and social media where key people are involved depending on the message being conveyed.

HIV prevention and behaviour change campaigns have been conducted in the country with an aim of advocating for HIV testing and counselling, as well as condom use among youth aged 15-24 years. Despite the increased use of Voluntary Centres for HIV Testing and Counselling, an estimated 80 per cent of Kenyan youth living with HIV are unaware of their status (Dupas, 2012). Response to these services in public places and government health centres is low hence one of the reasons why the HIV prevalence among the youth is high (Dupas, 2012). As such, alternative models of HIV testing and counselling (HTC) service provisions, such as mobile VCT, workplace VCT and home-based VCT have been launched and implemented (Avert, 2017). Condom usage among the youth in Kenya is also relatively low especially among women aged 15-49. According to research by UNAIDS 2018, only 24 percent of women aged 15-49 reported multiple partners in the last 12 months used a condom during their last sexual intercourse (UNAIDS, 2018). In spite of major efforts to increase availability of free male condoms, recent data suggest that condom distribution remains low, with on average 0.71 condoms distributed per eligible person per year. Lack of knowledge and awareness on the practice of HIV prevention measures remains as one of the major causes of HIV infection among the youth (Dupas, 2012).

1.2.2 HIV Knowledge Situation in Kenya

According to Kenya Demographic Health Survey (2014-2016), it was reported that only 56% of women and 66% of men, both aged 15-49 years had comprehensive knowledge about HIV/AIDS prevention methods. However, the level of knowledge may differ since some may only know the existence of HIV but lack important HIV information on the risk and behavioural factors, which are said to be the main causes of deaths among the Kenyan youth (Mogambi, 2013). The success of HIV prevention and control

programs worldwide depend on the quality of information, education, and communication interventions that address. Knowledge and information are the most important factors among the young people. Many youth rely on the information portrayed in the media, which largely influence their behaviour. Media campaigns are essential in ensuring that HIV prevalence rate is low and those already positive are able to live a positive (Mogambi, 2013). HIV prevalence rates in Kenya are higher in urban setting with an average of 16% to 17%, than in rural areas that has an average of 11% to 12%. HIV education is very important since it educates people on important behaviour changes such as stigma reduction. According to KDHS 2014/2016 report, knowledge of HIV preventions methods varies with gender where women and men aged 15-49 recorded 75% of HIV knowledge and 81% of men respectively (KDHS, 2014). Since the outbreak of HIV, the issue of HIV stigma remained unaddressed until a report by UNAIDS indicated that stigma was one of the facilitating factors of HIV deaths. Many people living with the virus shy off from carrying out HIV testing for fear of being stigmatized and discriminated. The government in collaboration with various NGOs and other partnership has conducted several campaigns targeting the youth with a clear focus on encouraging HIV testing and stigma reduction.

1.3 Problem Statement

According to the County profile report 2016, Nairobi County contributes to 4% and 7% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contribute to 21% and 46% of all new HIV infections in the County respectively (NACC, 2016). It is estimated that young people aged 20-24 years have the highest HIV infection prevalence with 92% of women and 67% for men in this age group (NACC, 2016). This clearly shows the need of having programmes that will change this pattern and the infection rate among the youth.

In Nairobi County, HIV prevalence in urban slum settlements is higher than non-slum areas. A study conducted in two slums settlements in 2011 shows that HIV infection among the youth was at 12%, which is much higher than national average of 7.1 % overall in Nairobi (Kabiru, 2011). Strategies and efforts to formulate effective HIV prevention and treatment programs targeted towards youth living in slums urban settings require practical evidence on the drivers of HIV-related behaviour. There is

extensive evidence that the youth in urban slum settlements are more likely to engage in high-risk sexual behaviour and are at significantly higher risk for HIV infection than their peers in other settings (Kabiru, 2011). Therefore, there is need to come up with active interventions to encourage the youth in the urban slum to opt for HIV testing. According to statistics released by National AIDS Control Council in 2017, 84.8% of youths aged 20-24 have reported to have once tested and those living in slums are 11 times more likely to be non-compliant or drop out from any HTC practice than those living outside the slums (Omboki,2017).Additionally, adoption of HIV prevention measures among the youth living in urban slum is very low and this is attributed to factors such as low literacy level, lack of resources and strong cultural and religious beliefs.

Despite the many campaigns conducted in the country, there is a high level of HIV infection among the youth. Looking at the analysis and the reach of the previous campaigns, it is evident that many youth have the basic knowledge about HIV but the number of HIV infection among the youth is still high. Additionally, few studies have been done on how celebrities involved in HIV campaigns have influenced behaviour change. *Jijue Jipange* campaign is one of the HIV campaigns in Kenya whose key players were celebrities. It is, therefore, important to evaluate the youth perception of *Jijue Jipange* campaign messages and establish whether the celebrities used in the campaign were effective in conveying the campaign's messages and which aspect of the celebrities used were likely to influence youth behaviour.

1.4 Research Objectives

1.4.1 General Objective

The main objective of this study was to assess youth perception of *Jijue Jipange* campaign messages and find out whether the celebrities used were likely to propel the youth aged 18-24 in adopting the behaviours proposed in the campaign.

1.4.2 Specific Objectives

- i. To investigate the level of knowledge derived from *Jijue Jipange* campaign by Mathare youth.
- ii. To investigate the influence of celebrities towards adoption of behaviour change by Mathare youth.

- iii. To find out how the youth in Mathare Sub-County perceived *Jijue Jipange* campaign.

1.4.3 Research Questions

- i. What knowledge did the Mathare youth derive from *Jijue Jipange* campaign messages?
- ii. Were the celebrities used in *Jijue Jipange* campaign likely to propel the youth in adopting the behaviours proposed in *Jijue Jipange* campaign?
- iii. How did the youth in Mathare Sub-County perceive *Jijue Jipange* campaign?

1.5 Justification for the Study

HIV remains one of the major causes of death among the youth in the country. Even though countless HIV media campaigns have been carried out, it is significantly important to evaluate how the youth in Mathare sub county aged 18-24 perceived the *Jijue Jipange* campaign message and whether the celebrities used in the campaign had any contribution in making the campaign a success. It is important to note that carrying out campaigns with effective messages is essential in passing knowledge which influence people's perception, attitude and behaviour towards a particular health issue. Having key conveyers of the message in every campaign is imperative since they play a key role in ensuring the target audience understands the message. Further, there is disconnect between HIV testing and HIV stigma affect the outcome of another. According to HIV stigma Index 2011, many youth fail to respond to treatment due to stigma exhibited from the society. Additionally, youth fail to test for HIV because they fear being discriminated especially if one tests positive (NEPHAK, 2011).It was, therefore, important to evaluate the campaigns' messages and establish how well the youth understood the messages. It was also vital to investigate how the celebrities involved in the campaign contributed to the comprehension of the campaign messages.

1.6 Significance of the Study

The findings of this study gave an analysis of the messages in HIV media campaigns and how well the target audiences were able to understand the messages. This research also evaluated the influence of celebrities involved in the campaign and the aspect in

which they were likely to influence the youth in Mathare Sub-County in adopting what the campaign was advocating for. First, the findings of this research gave fundamental information on how agencies like NACC, the Ministry of Health and NGOs can carefully choose their campaign characters in order to influence their audiences in a positive way. Second, evaluating the contribution of the characters used in every campaign provided helpful guidance to HIV campaign designers on how well they can develop effective communication strategies. This research generated knowledge through various variables on how HIV stigma and lack of HIV testing messages should be clear in order to influence behaviour of young people aged 18-24 years. The findings and the recommendations of this research will be useful to National AIDS Control Council and the Ministry of Health on how well they can structure the messages of any HIV testing and stigma reduction campaigns as well as choosing the right casts who have information in regards to any HIV issues.

1.7 Scope and Limitations of the Study

In Nairobi County, HIV prevalence in urban slum settlements is significantly higher than non-slum areas. A study conducted in two slums settlements in 2011, shows that HIV infection among the youth was at 12% which is much higher than national average of 7.1 % overall in Nairobi (Kabiru, 2011). Strategies and efforts to formulate effective HIV prevention and treatment programs targeting youth living in slums urban settings require practical evidence on the drivers of HIV-related behaviour. There is evidence that the youth in urban slum settlements are more likely to engage in high-risk sexual behaviours and are at significantly higher risk for HIV infection than their peers in other settings.

The study sought to evaluate youth perception of *Jijue Jipange* campaign messages among the youth aged 18-24 years in Mathare Sub-county. This study evaluated the messages in the campaign and how the messages influenced their adoption of HTC. It also looked at whether the celebrities used in the campaign were the right people to convey the campaigns messages, and if they were, what aspect of their lives was likely to influence the youth in Mathare to adopt the behaviours proposed in the campaign? The geographical scope was Mathare Sub-county in Nairobi since according to research the HIV prevalence is higher in slum settlements compared to other urban settings. The

choice of the study area was informed by the fact that the researcher is well conversant with the slum and is aware of HIV programmes in the area.

HIV has been one of the greatest epidemics in Kenya where many campaigns have been conducted in advocating HIV testing, HIV awareness, and prevention measures and behaviour change. Despite the numerous communication campaigns, the number of youths capitulating to this pandemic is still high. This research was limited to Mathare Sub –County, Nairobi County, an urban setting. However, the Sub -County has a representation of youth from all cultural dynamics thus, making it all-inclusive.

1.8 Operational Definitions

Jijue Jipange Two Swahili words meaning ‘know yourself and plan’. This was the name of the campaign and it was essentially a call to youth to know their HIV status and plan on how to live positively and stop stigma.

Communication Strategy It is a written disposition that details how a health programme will achieve its vision towards a particular issue. A communication strategy uses a systematic process and the media to formulate and implement communication activities that encourage justifiable collective and behaviour change.

HTC An abbreviation of HIV Testing and Counselling. According to World Health Organisation this refers to a form of knowing ones HIV status where five C`s are included. The five C`s are consent, confidentiality, counselling, correct test result, and connections to care.

HIV Stigma HIV stigma refers to negative feelings, beliefs and attitudes towards people living with HIV, their families, and people who work closely with them (DeCarlo, 2016).

HIV related discrimination It is also known as enacted HIV stigma, which refers to the unfair and unjust treatment of someone based on his or her

real or perceived HIV status (DeCarlo, 2016).

Youth

World Health Organisation defines a youth as a person between the age of 15 and 24 years.

Perception

Defined as a thought, belief or opinion towards a particular issue or person

Celebrities

Refers to highly influential people whose actions and decisions are watched and more often emulated by a wide number of audiences.

Epidemic

An unusual increase of the number of new cases of a disease in a human population

High burden country

Refers to a country with high HIV prevalence rate

HIV prevalence rate

Refers to a proportion of individuals in a given population who are living with HIV

PrEP

Pre-exposure prophylaxis refers to HIV drugs taken by HIV negative people to prevent them from being infected. These drugs are taken when one is at risk of HIV infection

CHAPTER TWO

LITERATURE REVIEW

2.1 Overview

The aim of this section is to identify the existing knowledge about HIV media campaigns and how the messages employed led to the success or failure of the campaigns. This chapter further discusses the influence of celebrities and how their involvement in HIV/AIDS media campaigns contributed to the success of the campaign. This chapter has documented information related to HIV/AIDS among the youth. Various HIV/AIDS campaigns conducted in Africa with a major focus on Kenya have been discussed in this chapter. Theories linked with how audience perceive what they observe and are likely to propel adoption of the behaviour being proposed have been discussed in the theoretical framework section.

2.2 HIV Prevalence among the Youth in Africa

The current HIV prevalence rate among the youth in Africa continues to present a significant challenge to the control of HIV epidemic. New infections among the young people are likely to increase with an estimation of 293 million by 2025 (Vincent, 2017). Recent studies indicate that there are significant gaps in HIV clinical cascade among the youth and this has led to formulation of the joint United Nation Programme on HIV/AIDS 90-90-90 target. This joint programme was commissioned with an aim of involving program planners, researchers, funding agencies and policymakers in developing and designing effective adolescent and youth initiatives, policies and strategies for improving the first two 90s among the same population (Wong et al., 2017). Reports indicate that HIV infection has significantly reduced especially in mother –child transmission and other age groups. However, HIV burden among the youth remains high and the number is increasing daily. It is reported that the HIV infection rate remains high among the youth thus, posing a significant challenge in controlling the HIV pandemic. Sub-Saharan Africa has the highest number of youth living with HIV/AIDS where only one out of five adolescent know their HIV status (Vincent, 2017). According to a study done in South Africa, it highlights that girls in ages between 15-24 years are largely infected by older males putting them at high risk of early infection. It is estimated that in 2015, 250 000 were newly infected and two out of three were from Sub-Saharan Africa (Vincent, 2017).

A comprehensive combined-based HIV surveys conducted in 2016 measured HIV prevalence in Zambia, Zimbabwe and Malawi showed that 46% of young people aged 15-24 years know their HIV status, 82% were on treatment and 79% of the same age group were virally suppressed (Wong et al., 2017). In the same countries, older people, at 78%, knew their HIV status, 90% of those on treatment and 90% of the same age group were virally suppressed (Wong et al., 2017). Furthermore, the survey revealed that when adolescent seek HIV health services, the health care givers are hesitant in giving them much attention since most health care providers often do not recognise youth may be infected yet most of them are infected at birth or have acquired it through sexual activities. On the same, health facilities reported low rates of testing among the youth since many youth reported to fear facing stigma from the society and the family members.

There have been numerous efforts to get young people go for HIV testing and services but less has been achieved in reducing HIV burden among this age group. A systematic review conducted in 2016 in some African countries where a review of how young people and adolescent reacted towards HIV testing indicated that many young people failed to respond to testing and treatment due to stigma and discrimination they might face from the public (Avert, 2017). The statistics clearly shows that youth are at a high risk of being infected thus this should inform strategies and efforts that will ensure there is decline of HIV infection among the youth in Africa.

2.3 HIV/AIDS Campaigns in Africa

The aim of health communication interventions is to increase awareness and comprehension of health-related issues, as well as improve the health status of the intended audience. Knowledge dissemination of any health issue is paramount as it helps in achieving the intended goal particularly where there are conflicting factors such as cultural values and beliefs of the particular audience (Muturi, 2005). Communication plays a crucial role of disseminating information from the source to the target audience. In addition, it informs people by providing them with knowledge and understanding where ignorance and myths may prevail. Campaigns have been used to disseminate HIV/AIDS messages to the public. For many years, information, education and communication materials have been used globally to enhance HIV/AIDS awareness. Since the onset of HIV disease in the continent, many campaigns are conducted with

an aim of changing behaviours that are likely to increase the rate of HIV infection. Through this, the public is informed on major factors and deterrents in the reduction of the infection.

HIV/AIDS campaigns such as *Paper Prayers* and *Love life* campaigns in South Africa have been running since mid-1990s and commemorated every 1st December, which is marked as the World AIDS day. The consistency of the campaign has led to a more enlightened people on some of the major causes of HIV/AIDS infections. In most of the African countries, HIV/AIDS awareness campaigns have not necessarily used the mass media, but assets such folk-media, dances, plays, and drama which were mostly relevant in developing HIV participatory campaigns. These approaches were suitable especially during the early days of the HIV outbreak (Rawjee, 2002). Most of the campaigns conducted in African countries revolve around changing behaviour and advocating for preventive behaviours such as the use of a condom. Countries such as Nigeria have over time conducted campaigns in form of plays, thus simplifying complex messages.

2.4 HIV Messages and the language used

In spite of voluminous mass media HIV/AIDS campaigns, assurance of persuading the target audience in adopting particular health behaviour is far from guaranteed. Failure to develop a clear message may lead to a catastrophic failure in any campaign, especially if the audiences are not able to understand the message in their capacity (Jansen, 2017). HIV/AIDS campaigns should have clear messages that the target audience can relate with. In Nigeria, most of the interventions used in the early years of HIV/AIDS outbreak utilized traditional folk songs to pass across the message (Rawjee, 2002). Any HIV/AIDS campaigns geared to promote behaviour change should contain messages that the target audience can relate with and the messages should not imply a breach of the target audience beliefs, emotions and myths. Some of the HIV campaigns conducted in some African countries were reported to have appealing messages others intrigued fear while others the message was unclear. An example is *Love life* campaign conducted in South Africa where the message portrayed did not relate with the intended goal of the campaign. The campaign was advocating for ABC practice yet the message read `love 100% pure made to last` (Jansen, 2017).

The language used in any HIV/AIDS campaign is equally important since it is the main precursor of the campaign success. A study conducted in some African countries that have the highest HIV/AIDS prevalence indicate that people with low literacy found it difficult to understand HIV messages conveyed in English thus posing the need of using indigenous languages in creating HIV/AIDS awareness (Okebukola, 2013). In this research, it was noted that many teachers recorded high rates of understanding HIV/AIDS messages. Additionally, most of the billboards used to convey sexual abstinence messages were in English (Okebukola, 2013). In 2005, a HIV campaign was launched in Nigeria in a bid to raise public awareness of HIV pandemic. The campaign involved sending text messages written in English with HIV/AIDS information to all people with mobile phones. It was reported that over 33% of the populace did not understand the message since they were unable to understand English (Okebukola, 2013). In the African context, words can be pronounced the same, but have different meaning. It is important to conduct a background check of the words the stakeholders intend to use in the campaign and how the target audience interpret them.

2.5 Celebrities in HIV/AIDS campaigns in Africa

Celebrities' involvement in HIV related campaigns have been recorded in most of the African countries where celebrities ranging from music personalities, actors, influential leaders, soccer players, as well as TV personalities have participated in HIV campaigns. Use of celebrities in HIV media campaigns has been essential in various HIV Campaigns conducted globally. Role models influence public's perception and can lead to change of attitude and behaviour (Aghaizu et al., 2013). Celebrities are highly influential people whose actions and decisions are watched and often emulated by the wider audience. Many celebrities have used their prominent social standing to offer medical advice or endorse health products. This means that celebrities can certainly sway public's perceptions; behaviour and opinion since the public want to identify with what they stand for (Hoffman, 2017). Examples of celebrities involved in some HIV campaigns in Africa include singer Kelly Rowland, an ambassador for MTV'S International HIV/AIDS initiative where he participated in raising awareness in Kenya and Tanzania. Alicia Keys, an American artist and a Grammy Award winner, has participated in African projects such as *Keep a Child Alive* which aims at creating HIV awareness in Africa. Prince Harry, a member of the royal family, launched a campaign dubbed *Feel No Shame Campaign* whose aim was to reduce HIV stigma in Lesotho and

Africa as a whole (Sentebale, 2003). Other celebrities who have been involved in HIV related campaigns in Africa include Madonna, Bill Gates, and Bono among others. In Kenya, celebrities have also been involved in HIV campaigns.

2.6 Key Focus on HIV Situation in Kenyan Counties

HIV/AIDS prevalence varies in counties. Homabay, Siaya and Kisumu are among the leading counties with the highest HIV infection rates of 25.7%, 23.7% and 19.3% respectively. On the other hand, counties that recorded the lowest infection rates are Wajir, Tana River, and Marsabit at 0.2%, 1% and 1.2% respectively (NACC, 2016). Nairobi County is among the leading counties with the highest burden of people living with HIV/AIDS in the country with an estimation of 170,000 residents infected (NACC, 2016). According to the county profile report (2016), Nairobi County contributes to 4% and 7% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contribute to 21% and 46% of all new HIV infections in the County correspondingly (NACC, 2016). One of the major contributors of HIV infection in Nairobi County are as a result of in- and -out population flow of people from different cultures and dynamism. The county's high infection rate is due to the high number of key population, rapid urbanisation and high levels of poverty in informal settlements which seems to grow day by day and also the county is at higher risk of HIV/AIDS infection due to lingering stigma and discrimination (NACC, 2015).

Nairobi County consists of 17 sub-counties and 85 wards. It is approximated that about 58% of Nairobi's population live in slums where there are also about 55,000 refugees and asylum seekers (UNHCR, 2013). HIV prevalence in Nairobi County varies where informal settlement records the highest levels of infections compared to other areas in the county. Some of the major factors considered to contribute to high HIV prevalence in slums settlement include poverty where youth are involved in sexual practices in exchange of money or basic needs, lack of HIV knowledge and information due to low literacy levels, as well as existing religious beliefs who believe there is no need of using a condom since it is against their religious dogmas (Kabiru, 2011). There is need to control the HIV situation by coming up with right strategies to reduce the HIV infection rate in slum settlements in Nairobi. This can be done by sensitising people on

prevention and risk behaviours as well as deal with the persistent HIV stigma which is one of the major causes of deaths due to failure of responding to HIV treatment.

2.7 HIV/AIDS among the Kenyan Youth

In Kenya, youth record the largest proportion of people living with HIV/AIDS. Particularly, they have contributed 51% of adult HIV new infections showing high increase of 29% in 2013 (NACC, 2015). Various factors have advanced this rate of infection. For instance, wrong perception of HIV risk factors, limited knowledge on sexual behaviour that expose them to HIV such as failure to use condoms during sexual intercourse, failure to resist forced sex from partners, having sexual intercourse under influence of alcohol or drugs among others (NEPHAK, 2011). In December 2017, Kenya was ranked the fourth country in East and Central Africa with the highest HIV new infections among young people aged 15-24 (Omboki, 2017). High numbers of HIV/AIDS related deaths among the youths aged 18-24 are as a result of limited access to information on the need for undergoing HIV testing and adoption of prevention measures put across (Oliech, 2016). In most cases, lack of HIV testing is as a result of fear of being stigmatised and discrimination one is likely to face from the general public.

It is estimated that young people aged 20-24 years have the highest HIV infection prevalence with 92% of women and 67% for men in this age group (NACC, 2016). This clearly shows the need of having programmes that will change this pattern and the infection rate among the youth. The number of HIV related deaths has declined among people aged 49 and above by 8% from 2010, while the HIV prevalence among the youths aged 15-24 remain higher (NACC, 2016). According to Kenya HIV Estimates report 2015, the National HIV prevalence among youth aged 15-24 years was at 2.26% in 2015, and overall HIV prevalence was 3.12%, which therefore translates to 268,588 young people living with HIV (NACC, 2015). High numbers of HIV related deaths are related to real or perceived stigmatisation by the community. It is also this fear of stigmatisation that makes them fear coming forward for HIV testing. Despite the availability of anti-retroviral therapy, many YPLHIV are not comfortable in accessing the drugs hence leading to death (Omboki, 2017). The increased number of HIV infection raises the need of coming up with strategies that will reduce the high levels of infection among the youths.

2.8 An Evaluation of HIV Campaigns in Kenya

In Kenya, campaigns have been one of the major interventions used to disseminate HIV/AIDS messages to the public. According to UNAIDS (2006) report, Kenya was reported as one of the Sub-Saharan African countries that had registered a decline in new infections and this was attributed to significant behaviour change especially increased condom use and delayed sexual debut. This change has been attributed to the mass media campaigns conducted in the country. According to UNAIDS (2006) report, HIV infection decline has been noted among people aged 49 years and above, there is need to question why the number of youth infected with HIV is increasing (UNAIDS, 2006). It is important to evaluate the campaigns conducted before that targeted the youth.

2.8.1 *SasaHivi* Campaign

In 2016, the ministry of health through National AIDS Control Council and STI Control Programme NASCOP launched a campaign dubbed *Sasa Hivi* campaign with a slogan *Anza sasa*. The campaign aimed at encouraging ARV treatment among PLHIV regardless of their CD4count. The campaign also foresaw the launch of important materials and guidelines on the use of antiretroviral medicines for treating people living with HIV. This campaign majorly targeted the Kenyans who record low uptake of ARVS, which is attributed to internal and external stigma they may experience and this leads to death. The uptake of ARV has a correlation with stigma related cases and thus there is need to encourage YPLHIV to respond to treatment (Avert, 2017).

2.8.2 *Nimechill* Campaign

Many HIV campaigns in Kenya that target the youth use appealing language that youth can relate with. 'Sheng' is one of the informal languages used in many HIV campaigns. Since the commencement of HIV campaigns in the country, various campaigns targeting the youth have been conducted. An example is *Nimechill* campaign conducted in 2004 where the use of sheng language was profound. The word 'nimechill' is a Swahili slang meaning 'I have abstained' while the slogan 'nipoa kuchill' means 'it's cool to abstain'. The campaign further used a witty and enticing logo of a yellow cartoon showing a symbol of peace. The campaign aimed at influencing youth's behaviour by changing their perception correlated with sex abstinence. *Nimechill*

campaign had eight radio spots, four television spots, bill boards, and posters were developed to communicate issues affecting youths like early sex debut, peer pressure and violent sex (PSI/Kenya, 2006). At the end of the campaign, it was reported that 80% of youth in the Country saw the campaign, 45% of the young people would recall 'Nimechill' and 45% indicated that they watched or heard the campaign from television and radio (Okoron, 2013). The only fallacy exhibited from the campaign was the interpretation of the symbol where some people said it was a form of greetings and others said the two finger salute is a symbol of peace (Okoron, 2013). This, therefore, may have led to misinterpretation of these campaign messages.

2.8.3 *Jijue 1 Million Campaign*

Jijue 1 Million campaigns were conducted in the year 2009 with a major focus on getting the Kenyan youth to get tested for HIV and revolutionise HIV prevention strategies. The vision of the campaign was to have AIDS Free Africa while the mission was to create strategies for caring communities that make informed choices with regard to life and HIV/AIDS through testing for HIV and prevention measures (A movement for an AIDS Free Africa, 2009). The campaign was initiated by LVCT and I Choose Life organisation. The campaign targeted youth in churches, colleges and universities where 80% young men were tested for HIV, 30% of females were tested. Notably, as a result of the campaign, 62% of the youth tested were aged between 15-25 years. The success of the campaign was highly attributed to the involvement of top music celebrities who encouraged the youth on the need to know their HIV status (A movement for an AIDS Free Africa, 2009).

2.8.4 *Kick out HIV Stigma Campaign*

In April 2016, the National AIDS Control Council in collaboration with the Kenyan government, the Football Kenya Federation, Kuza Biashara a social enterprise on innovative information technology, Civil society and the United Nation started an anti-stigma campaign dubbed 'Kick out HIV stigma' with the theme engage, prevent and celebrate. The campaign targeted the young people aged 15-24 in all the 47 counties where there was formation of vibrant football leagues that were to lead in campaigning against HIV stigma as well as encourage HIV testing. The objectives of the campaign was to fast-track HIV testing to achieve 90% knowledge of HIV among young people aged 15-24, to reduce stigma and discrimination cases among young people aged 15-

24, harness the collective power leveraged by football of young people as leaders and champions to stop stigma (NACC, 2016). Following the completion of the campaign, it is estimated that 15 million people had received the HIV messages, 800,000 youths were tested and a one on one mentorship was provided by the key football role models to more than 3.8 million young people. The *Kick out HIV Stigma* campaign provided a broad partnership model that offered a wide visibility of the campaign and provided opportunities to empower young people through football champions on how it is crucial to test for HIV as well as stop stigma.

2.8.5 *Jijue Jipange* campaign

In December 2016, the National AIDS Control Council launched a campaign dubbed *Jijue Jipange* campaign. The campaign run under the theme ‘Knowing your HIV Status empowers you’ popularly known as the ‘STOP Stigma - `Jijue, Jipange’. It was supported by Global Fund to Fight TB, AIDS and Malaria through the Ministry of Health. The campaign was featured on mainstream media where a total of thirty-two channels nine TV stations and twenty-three radio stations ran the campaign. Short videos and audios of the campaign were shared on platforms popular with young people urging them to get tested for HIV as well as stop HIV stigma. The short videos were shared on social media platforms such as Facebook and YouTube. The overall goal of the campaign was to empower young people living with HIV (YPLHIV), to increase participation in advocacy for stigma reduction and improved access to HIV prevention and treatment interventions, increase demand for access to sexual reproductive health options and improve their quality of life. The campaign contained key messages that urged young people to change the way they see, think and speak about HIV.

Jijue Jipange campaign was informed by the following thematic areas: increase HIV knowledge among the youth in Kenya, increase access to quality HIV, sexual and reproductive health services among young people and mentor Young HIV champions who will influence other young people in fighting HIV stigma as well as advocate for HIV testing. The objectives of this campaign were as well informed by the Kenya’s fast track plan to end HIV & AIDS among adolescents and young people and they are as follows; To reduce HIV infection among the youth and adolescent by 40%, to reduce HIV related deaths among the adolescent and young people by 15% and to create an enabling environment to reduce stigma and discrimination by 25%.

As a strategy, the campaign used influential and famous young people who resonated with the targeted population to encourage them to test for HIV, reduce stigma and if after a test, they were HIV positive to lead positive lives. Using Celebrities from all walks of life from Musicians to pastors the campaign attempted to speak differently about HIV removing the ‘gloom’ that is somewhat associated with the disease and promoting Hope for a better future as well as urging young people to take responsibility for knowing their HIV status as a tool for empowering their lives. The influential young people in the campaign were celebrities who happen to be role models to young people in the country. The celebrities were drawn mainly from the Kenyan Music Industry and the young religious pastors whom the youth mimic.

The campaign was monitored and it was indicated that within the period the campaign was aired, the nine TV stations recorded daily audience reach of 22,132,605 as indicated in the table below;

Table 2.1: *The TV Stations and Audience Reached*

Television Stations	No of spots	Daily Audience reach
K24 TV	129	890,000
KTN	78	1,290,340
NTV	29	1,012,890
KUTV	510	8,689,920
KWESESORT TV	85	1,870,225
KBC TV	625	3,470,230
CITIZEN TV	58	4,830,600
PWANI TV	221	540,000
NJATA TV	9	320,400
		Total 22,132,605

Source: Media Council of Kenya (2017)

Table 2.2: *Radio Stations and Audience Reached*

Radio Stations	No of spots	Daily audience reach
Kaya FM	281	512,900
Radio Citizen	55	960,300
Radio Maisha	49	634,800
Kameme FM	320	720,000
Kass FM	304	790,400
Akicha	106	434,900
Ramogi FM	135	650,000
Classic FM	97	890,00
Egesa FM	41	590,00
Mbaitu FM	429	290,000
Milele FM	88	470,000
BibiliaHusema	107	219,000
West FM	234	620,200
Ghetto Radio	370	158,000
Namlolwe FM	287	526,300
Pwani FM	502	340,600
Star FM	179	212,300
Iftin FM	564	705,900
Muuga FM	47	538,100
Nosim FM	584	225,331
Radio Taifa	294	540,500
Radio Jambo	316	420,800
Athiani	90	580,900
Total		Total 10,822,822

Source: Media Council of Kenya (2017)

2.9 Audience Interpretation of HIV Messages

Campaigns serve as an educational platform to disseminate HIV/AIDS messages in order to achieve the set outcome – influencing behaviour, attitude and knowledge dissemination in regards to any HIV prevention measures (Shimbuli, 2009). The level of understanding of a particular message is highly attributed to how the message is

presented. Use of visual communication is vital in ensuring comprehension of the HIV campaign. Visual messages can be presented in form of photographs, charts and illustrations depending on the message shared. Most of the HIV campaigns conducted in Kenya were presented in short videos /audios that were shared in various media houses. *Jijue Jipange* campaign was presented in videos that were majorly characterised by young celebrities in the country who showcased the importance of testing for HIV and the need to curb stigma among the youth in Kenya. Leveraging the Research on Visual Communication Journal indicate that people tend to understand a visual message 10 times more than messages presented in word (Dewan, 2015).

In Kenya, either the target audience or the secondary audiences have misinterpreted some of the HIV messages in various campaigns. For example, *Mpango Wa Kando* campaign conducted in 2009 faced criticisms from religious leaders stating that advocating for condom use was a form of propagating immorality which in the long run contradicts religious beliefs (Okoron, 2013). Additionally, World Health Organisation highlights that the use of fear appealing phrases such as ‘AIDS HAS NO CURE’ / ‘AIDS KILLS’ accompanied with pictures of shuttered faces, use of red and scary symbols such as skull can highly contribute to failure of the campaign (Marube, 2015). It is also important to note that language plays a key role in message dissemination since one is able to decode the message. Most of the Kenyan HIV campaigns have used ‘sheng’ which is preferred by youth. Examples of campaigns that used sheng include, *Nimechill*, *Mpango wa Kando*, *Jijue 1 million campaigns*, *Sasa Hivi campaign*, *Weka Condom Mpangoni` campaign*, *Jijue Jipange* campaign etcetera.

Repetition of the message is another concept that helps in the retention of the message as it acts as a reinforcement of the message. According to Cacioppo and Petty (1989), repeated, persuasive messages are processed more analytically than unrepeated messages. Additionally, repeated statements are perceived as more truthful than statements made less frequently, seemingly because recurrence permeates the statement with familiarity. In other words, consistency results into familiarity which builds trust of the message. Moreover, many HIV campaigns in Kenya use popular personalities as key players in the campaign. Popular personalities such as celebrities play a key role in creating positive appeal for dispersing the wrong perception the target audience may have towards a particular prevention method as well as advocating for behaviour

change. To enhance understanding of the campaign message, it is significantly important to use people whom the target audience look up to and inspire them (Moraro, 2015). Popular songs and catchy phrases are used to attract audience. Examples in Kenya include use of rap music as one of the genres that youth relate with and use of catchy phrases such as *nipoa kujijua, Jijue Jipange* etc.

2.10 Theoretical Framework

Communication plays a vital role in sharing important information that may lead to behaviour change, as well as educate on important factors that may help reduce HIV related stigma experienced by youth in Kenya and the world as a whole (Melkote, 2014). It is, therefore, important to highlight some of the theories/models that relate to HIV/AIDS prevention measures noting their theoretical contribution in addressing pertinent factors that help in the success of any HIV/AIDS campaigns. The theoretical Framework for this study centres more on decoding and encoding model and social cognitive theory.

2.10.1 Decoding and Encoding Model

Decoding and encoding model was developed by Stuart Hall in (1980). This theory centres more on audience understanding of any media text. According to Stuart Hall, decoding is the process in which the audience analyses, understands and interprets a text while encoding is the process which a text is formulated by the producers. This model explains that there are three positions taken by audiences during the process of decoding and they include; *the preferred meaning* which explains that audience interpretation of the text reflects the assumptions and intention of the message designers. If the audience accepts the meaning of the particular text, then the whole message can be seen as an instrument in influencing the audience behaviour as well as the basis of adoption of what the message is advocating for (Hall, 1980). *The negotiated reading* is the second process which explains that audience may accept the meaning of the message but it may not be the intent of the message producers. This further means that some aspects in the message may be accepted by the audience while other aspects rejected. *Oppositional reading* is the instant where the audience understands the meaning of the message being conveyed but does not act upon it. This model explains on how audiences construct meaning of a given messages and depending on how they interpret the meaning they can choose to adopt what is being advocated for or reject it.

This research focused on analysing how the youth in Mathare Sub-County interpreted the *Jijue Jipange* campaign message and whether the messages used were accurate enough to convince them to adopt the behaviours that the campaign was advocating for. From the findings, the respondents indicated that the messages in *Jijue Jipange* campaign were clear and precise thus it was easy to draw lessons of how important it is to test for HIV. Further still, the use of catchy phrases *Jijue Jipange* was one of the precursors that allowed the youth to remember the campaign and it was easy for them to interpret the HIV testing message. However, much as the youth indicated that they appreciated HIV testing message which was framed as `Jijue`, the message advocating for stigma reduction was not clear and was not quite elaborated. This clearly indicates that the oppositional reading process described in this model was only applicable to one of the campaigns objective of advocating for testing. This is because 34% of the respondents agreed that the HIV testing message propelled them to think of getting tested and 29% disagreed that the HIV stigma reduction message was impactful. This explains that the youth did not fully understand the HIV stigma reduction and so they were likely not to act upon the action.

2.10.2 Social Cognitive Theory

The Social Learning Theory was propounded by Albert Bandura in 1986, which he modified into the Social Cognitive Theory in 1986. This theory explains that people learn from one another via observation, modeling and imitation. People learn through observing others` behaviour, attitudes and the outcomes of those behaviours are adopted. By observing others one gets an idea of how new behaviours are performed which in return serves as a guide for action (Bandura, 1986). The theory further postulates that observing a portrayed action can prompt the viewer to engage in the behaviour they have learnt. In HIV/AIDS media campaigns, the most fundamental aspect in this theory is modeling, attention and self-efficacy. Modeling is where role models` actions are imitated and their behaviours are adopted by the recipients of the campaign. In most cases, human behaviour is adopted through modeling. In this research, *Jijue Jipange* campaign was one of the HIV media campaigns that used celebrities as the main casts. In order to understand how the youth perceived the use of celebrities in the campaign, the respondents indicated they were influenced by some of the celebrities used because they went ahead and actualized the behaviour they were

advocating for. Attention is the other aspect which explains that people get awareness of the action being portrayed (Bandura, 1986). In this research, *Jijue Jipange* in itself was a campaign which aimed at creating awareness on the need to test for HIV as well as advocate for reduction of HIV related stigma among the youth aged 18-24 years and during its timeframe more than twenty five million people saw and heard the campaign.

Retention is the second component where people get familiar with the action they observe (Bandura, 1986). From the findings, it is clear that 91 % of the youth targeted could recall they heard the campaign. On the other hand, those who never heard the campaign indicated that they might not have accessed the media platforms conveying the campaign. This accentuates more on the need of running the campaign repetitively in media platforms to enhance audiences` familiarity with the message. Self-efficacy is another component applicable in this research work. This aspect involves showing the actions by practically portraying the behaviours being advocated for in the campaign. For example if a HIV campaign is advocating for preventive behaviours, it is important to show case a systematic process of the preventive behaviours. In this research work, the findings revealed that the campaigns objective was not 100% achieved because the HIV stigma reduction message was not well elaborated. Further still, in regards to the HIV testing message, the youth indicated that the campaign told the obvious. They ought to have included the new knowledge as far as HIV testing is concerned.

CHAPTER THREE

METHODOLOGY

3.1 Overview

This chapter outlines the methodology that was used in order to investigate how the youth in Mathare viewed the *Jijue Jipange* campaign messages. This chapter discusses the following components: research design, study population, sampling methods, data collection methods, data presentation methods, data analysis methods, and the ethical considerations.

3.2 Research Design

The function of a research design is to ensure that the results obtained answers the research questions as unequivocally as possible (Creswell, 2014). Parahoo (1997) defines a research design as a plan that describes how, when, where the data will be collected and how it will be analysed. The approach used can be either qualitative or quantitative where qualitative refers to a social enquiry that focuses on the way people construe and make sense of their experience and the world they live in. Mostly, researchers use qualitative approach to learn the behaviour, viewpoints, experience and feelings of people and highlights their understanding of the elements being studied (Creswell, 2014). While quantitative approach is based on scientific inquiry where findings are presented in statistical form (Creswell, 2014).

This study used both qualitative and quantitative research approach, which is also referred to as mixed method. This led to understanding of how the youth in Mathare viewed *Jijue Jipange* campaign messages and whether the celebrities involved were likely to propel them to adopt what was being advocated for and clearly understand whether the campaign generated any knowledge in regards to HIV.

3.3 Site and Study Population

According to Polit and Hungler (1999), population can be defined as a summative of all the subjects or members that belong to a set of specifications. Study population is a sub-set of the general population in which the researcher can get the findings or draw a conclusion of the research matter. Before identifying a subset of a population, it is important for the researcher to consider the characteristics the subset has and to learn whether the subset possess the traits that the research intends to study. This research

was carried out in Nairobi County with a specific focus on Mathare Sub-County and it targeted youth aged 18-24 years. Mathare Sub-County has a population of 36,749 of young people aged 15-24 years (Kenya National Bureau of Statistics, 2009). The choice of this population is informed by statistics that indicate that informal settlements in Nairobi records the highest number of youth living with HIV/AIDS which is majorly caused by low literacy level, unemployment and crowded poor living conditions which propel the youths aged 18-24 years to engage in unprotected sex. As a result, so many young people end up being stigmatised due to lack of knowledge and most of them do not go for HIV testing. The choice for this geographical area was informed by the fact that Mathare Sub-County is densely populated with high HIV prevalence of 21% (Kabiru, 2011) and the youth in the area are from different ethnic backgrounds thus the likelihood of achieving equal representation of different ethnic groups.

3.4 Target Population

The proposed study was conducted in six wards in Mathare Sub-County within Nairobi County. The county has been earmarked by the Ministry of Health to scale up HIV prevention, treatment, care and support targeted study participants who were identified at three levels; namely, institutional, community and household. At institutional level, NACC campaign designer and communication officer were interviewed to provide insight on how *Jijue Jipange* campaign and the related messages have influenced Young people regarding HIV prevention in general and how the campaign has influenced their behaviour towards uptake of HTC and other forms of HIV prevention. At community level, selected HIV Peer Educators and HIV champion together with Youth leaders were interviewed to gather information on their perception of the campaign, the key benefits and the knowledge they generated from the campaign messages. At household level, young people (18-24) responded to a self-administered questionnaire based on the three objectives above.

3.5 Sampling Procedures

Some studies entail a large population that cannot all be studied. Therefore, it is important to have a portion of the population and this is referred to as a sample. A sample is a smaller group or the subset of the population drawn through a definite procedure. The sample should contain the elements and the characteristics of the population being studied (Dulock, 1993). In this research work, the sample selected was

youth aged 18-24 years residing in Mathare Sub-County. This study used probability sampling technique including stratified and systematic random sampling procedures. The stratification was done on the basis of the existing wards in Mathare Sub-county which included Hospital ward, Mlango Kubwa, Mabatini, Huruma, Kiamaiko and Ngei ward. Random sampling was done in the various wards where every young person between 18-24 years had equal chance of being selected to participate until the selected sample was reached.

Simple random sampling was used whereby this technique enables selection of samples at ward level that possess the characteristics and the qualities that are viable for this research work (Creswell, 2014). This process involved getting the population of each ward from the 2009 census. In order to get a sample from each ward, the researcher did a random walk from a school and health centre where by between three households the researcher selected one.

3.6 The Sample Size

Mathare Sub-County has a population of 193,416 people this is according to Kenya Population and Housing Census 2009. Out of the overall population 36,749 are young people aged 18-24 years with 19% (Kenya National Bureau of Statistics, 2009). Based on the target population, a sample size of 100 respondents representative of the study population was determined. Youth permanently residing in Mathare slum and falls under the age bracket of 18-24 years were the major target for this research work. The sample size of this research was calculated by using Taro Yamene Formula (1973) which is indicated below.

$$n = \frac{N}{1 + N(e)^2}$$

$$\frac{36749}{1 + 36749(0.1)^2} \quad n=100 \text{ (rounded)}$$

n= the sample size required

N= the number of the target population

e= allowable error (%)

The table below shows the number of youth selected in each ward since the population of every ward is per the 2009 census.

Table 3.1: *Mathare Sub-County Wards and the Population Targeted*

Mathare Wards	Population	Total
Mlango Kubwa	7,291	20(total number per ward/total number of youths*100
Hospital	3,888	10
Mabatini	5,369	15
Huruma	6,887	19
Kiamaiko	6,427	17
Ngei	6,887	19
Total	36,749	100 respondents

3.7 Data Collection Methods

In selecting the data collection method, the researcher should consider several factors which include costs and time, reliability of findings, essential philosophies in research and other underlying factors found to affect the data collection procedure. According to (Mugenda, 2003), research study depends largely on the data collection procedures. The research tools used must generate the findings that will answer the research questions and capture quality evidence that can be interpreted thus giving credible responses. This study used questionnaires and Key informant Interviews since the research approach applicable in this study was the mixed methods approach. The questionnaires consisted of both closed -ended questions and open-ended questions that sought to gather information on how *Jijue Jipange* campaign messages were understood by the youth of Mathare sub-county aged 18-24 years .The questionnaires were distributed to the above age group both male and female who are either living with HIV or those not living with the virus. The use of questionnaire as one of the data collection method is significant since it gives valid results (Kothari, 2004). Key informant interviews are designed to provide in depth information from specific people who are identified as knowledgeable about the particular study. Key informants interviews seeks to implore participants’ attitudes and perceptions, knowledge and experiences, and practices. This technique is based on an assumption that the

participants possess the characteristics and knowledge that will answer the research questions (Wong et al., 2008). In evaluating any HIV campaign conducting in-depth interviews with open –ended questions is imperative since the facts drawn from the interviews provides rich, textured data presented by the persons` words and expressions (Creswell, 2014).

Key informant interviews were conducted whereby the informants included three HIV youth leaders drawn from three wards in Mathare, two peer educators who run HIV networks in the sub county, National AIDS Control Council communication officer and Campaign designer , and two HIV champions who work closely with young people in Mathare. The key informants gave their views on *Jijue Jipange* campaign messages and whether the celebrities involved in the campaign had any influence on youth as far as HIV behaviour change and prevention methods are concerned. This method generated broad ideas which were analysed qualitatively hence giving comprehensive information about the understanding of the campaign message by the target group. The interview guide consisted of open –ended questions which gave comprehensive information thus better understanding of the campaign from the stakeholders` level to the target audiences.

3.8 Data Presentation Methods

Data are normally collected in a raw format and hence it is difficult to understand the information. Therefore it is important to summarise and present the raw data in an effective format to ease understanding of the research findings (Wong et al., 2008).Data can be presented in three ways which include; tabular form, graphical/diagrammatic form and in text form. Data presentation methods are usually determined by the data format and data analysis method .Inappropriately presented data fail to disseminate clear information about the research (Creswell, 2014).This study presented data inform of tables, graphs and text form. The quantitative data was presented in bar graphs and tables while the qualitative research was presented in text form. In this research work, tables was used to present the preliminary data that is gender, marital status and education level of the youths aged 18-24 years in Mathare sub-county. On the other hand, bar graphs were used to present variables on how effective the campaign was in HIV behaviour change. Key informant interview responses were presented in narrative form where comprehensive description clearly showing the attitude and perception

change and how impactful the campaign was to the targeted age group in Mathare Sub-County as well as get to learn whether the celebrities in the campaign had any contribution in conveying the campaign message.

3.9 Data Analysis Methods

Descriptive analysis describes what is or what the data shows. This type of analysis is used in both quantitative and qualitative techniques applied in any research work. This research work employed both qualitative and quantitative approach where quantitative data from the questionnaire was coded into the computer for the computation of descriptive statistics. The Statistical Package for Social Sciences (SPSS version 22) was used to generate descriptive statistics as percentages and frequencies which were presented in form of tables and bar graphs. Qualitative data generated from the open ended questions in Key informant Interviews were presented in descriptive form based on the research questions of this research work and reported in narrative form. A vivid description was provided on how youth in Mathare perceived *Jijue Jipange* campaign and what were the lessons derived from the campaign message. Further still, the findings of whether the celebrities involved in the campaign had any contribution to the success of the campaign was discussed.

3.10 Ethical Considerations

During the study, various ethical issues were considered. A certificate of field work (see appendix 3) was obtained from the university in order to seek permission from National AIDS Control Council and HIV networks in Mathare Sub-County. The researcher informed the respondent that the research will be used only for academic purposes and their responses were protected by strict standards of anonymity. The researcher made it clear that the respondent participation was out of good will and they were free to withdraw and interject anything that will interfere with their private lives. After data collection, the results were presented before the School of Journalism panel where the panel advised the researcher on key points to be changed. Afterwards, the certificate of corrections (see appendix 4) and a certificate of originality was obtained. (See appendix 5)

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Overview

This chapter consists of the data presentation and interpretation of the findings of the study. The data presented was based on the research questions of the study. The data was collected through the use of questionnaires and key informants interviews where the two were designed in lined with the objectives of this research work.

4.2 Demographic Data of the Respondents

The demographic characteristics captured from the respondents include; gender, age, marital status, employment status, education level and religion. The inclusion of demographic characteristics is of paramount importance since it helps the researcher understand how particular characteristics influenced the understanding of the campaign. In this study, 100 questionnaires were distributed to the respondents and out of this, 96 were completed and returned.

4.2.1 Gender of the Respondents

Presentations of gender attributes in research allow the researcher to gauge how the campaign was understood by different genders. The table below shows that 61.5% were female while 38.5% were male. Table 4.1 below shows the percentage and the frequency of both male and female from Mathare Sub-County who were involved in the survey.

Table 4.1: *Gender of the Respondents*

Gender	Frequency	Percent
Male	37	38.5
Female	59	61.5
Total	96	100.0

Source: Research (2018)

4.2.2 Age of the Respondents

Much as the target age group was age between 18-24 years, it was important to gauge the understanding of young people aged between 18-20 years and 21-24 years. Table 4.2 shows the variations of the ages of the youth involved in the survey. From the table below, the youth between 21-24 years recorded the highest percent of 84.4% while youth aged 18-20 years recorded 15%. The percentage difference could be as a result of the so many youth aged between 18-20 are high school students thus making it difficult to get them. Additionally, the campaign was targeting the youth aged 15-24 years since statistics shows that the age group records 29% of new HIV infection in Kenya annually. However, it was difficult to access the young people aged 15-17 years since the researcher had to obtain consent from the parents. According to NACC 2016 reports, eight AIDS related deaths occur daily among young people aged 15-24 years (NACC, 2016).

Table 4.2: *Age of the Respondents*

Age	Frequency	Percent
18-20	15	15.6
21-24	81	84.4
Total	96	100.0

Source: Research (2018)

4.2.3 Marital status of the Respondents

The researcher captured the marital status of the target group as presented in table 4.3. The table captures the percentages of single young people, married, cohabiting and in a steady relationship. There was need to capture the marital status of the target group since according to UNAIDS reports 2017, marital status tend to influence HIV behaviour change due to the fact that married couples record the highest HIV infection due to unfaithfulness. However, unmarried people are likely to record a high percentage of HIV infection due to lack of use of condoms as well as having multiple sexual partners. The table below shows that single young people recorded the highest percent of 59%, married were 17.7%, those who are cohabiting and in a steady relationship recorded 20.8% and 40.6% respectively.

Table 4.3: *Marital Status of the Respondents*

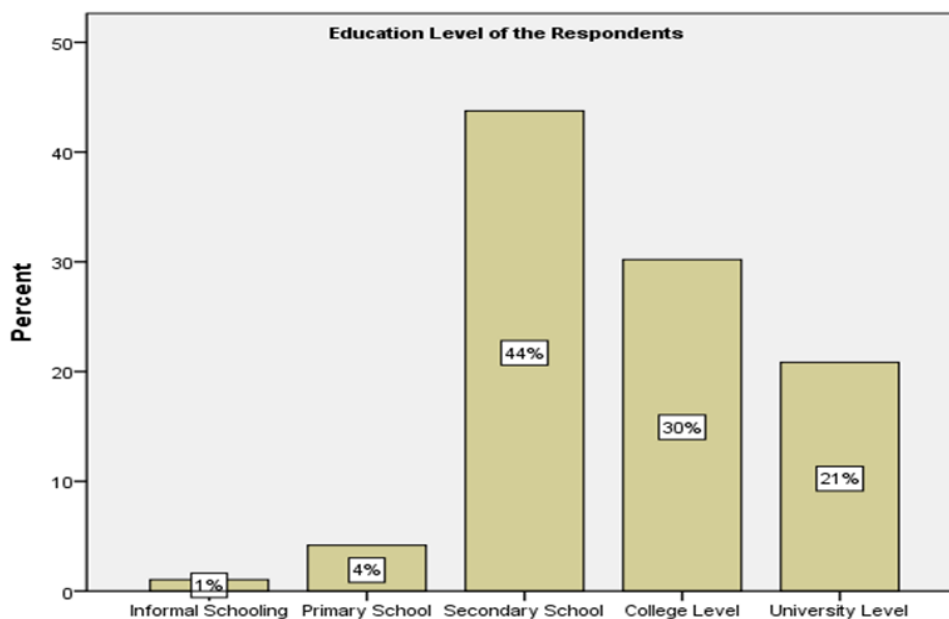
Marital Status	Frequency	Percent
Married	17	17.7
Cohabiting/Come we stay	3	3.1
In a steady relationship	19	19.8
Single	57	59.4
Total	96	100.0

Source: Research (2018)

4.2.4 Education level of the Respondents

According to National Academy research in USA, individuals with low level of health related knowledge have low ability of comprehending health issues which most of them are taught in schools (Stephen, 2014). A research conducted by World Food Programme that focused on investigating the impact of education level and HIV/AIDS prevalence rates shows that education level increases the ability to understand HIV prevention information thus influencing behaviour (WFP, 2006). To understand the respondents better, the respondents were asked to indicate their education level in order to gauge their understanding of any HIV mass media campaigns. HIV is a health issue that implies the use of health terms that one can identify based on their education status. The figure below shows that 44% of the respondents had attained secondary school education while 30% had attained a tertiary college certificate, 21% were in Universities while 4%, 1% had attained primary school certificate and 1% had acquired skills from informal schooling.

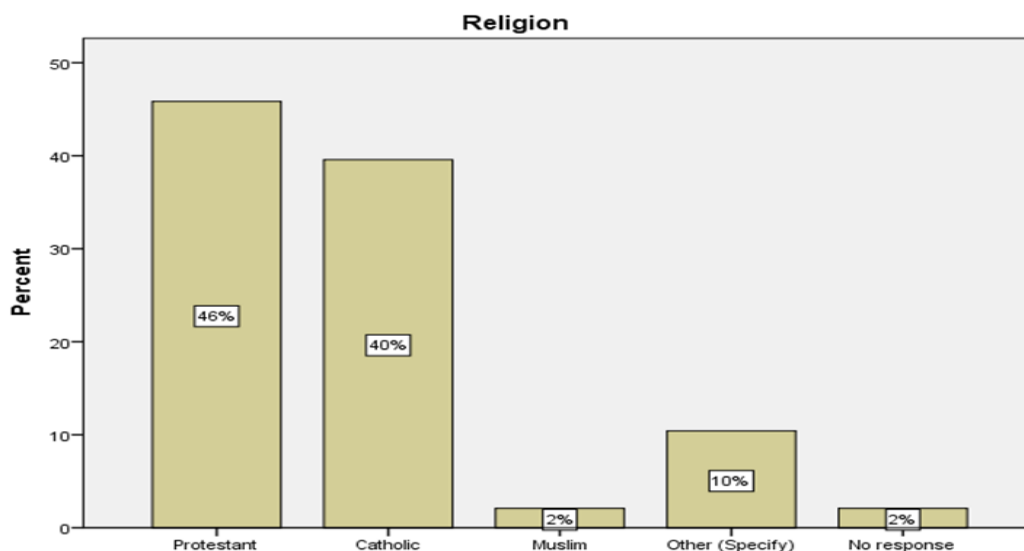
Figure 4.1: The Education Level of the Respondents



4.2.5: Religious status of the Respondents

Health related beliefs are likely to be influenced by religious practices. It is therefore important for a researcher to consider looking at the religious backgrounds of their target respondents in order to see how different religious beliefs influence adoption of any HIV related messages. In this research work, the respondents were asked to indicate their religious affiliations. In this case, there was need to disintegrate Christianity being one of the largest religions in the Kenya where two main groups that is; protestant and catholic were looked upon. The two groups fall under Christianity but they differ in various religious practices such as adherence to drugs where some Protestants are against it. Figure 4.2 shows that Protestants recorded the highest percent of 46%, Catholics 40%, Muslims 2%, others who some specified themselves as Adventists and atheists 10% and 2% never responded.

Figure 4.2: Religion of the Respondents

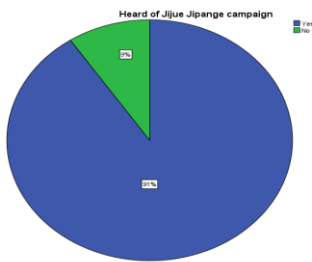


4.3. Awareness of *Jijue Jipange* Campaign

In order to investigate the awareness of *Jijue Jipange* campaign, It was important to ask whether the respondents heard of the campaign. 91% of the respondents indicated that they heard and saw *Jijue Jipange* campaign while 9% of the 96 respondents reached, indicated that they never heard of the campaign this could be because they never accessed the media used to run the campaign and they were not able to access the media channel at the time the campaign was being aired. Additionally, others noted that they were never exposed to the campaign because they mostly listen to community radios and it is evident the campaign was not featured in the popular community radio stations in Mathare like Koch FM.

The statistics revealed that the campaign reached 91% of the respondents, a good number of young people residing in Mathare Sub-county. Therefore, the use of mass media in conveying HIV messages is effective since it gets to reach a wide number of audiences and the message conveyed within a short time. The campaign designers should use these platforms to run any HIV message however, they should consider using other upcoming radio stations more preferably, the community radios in order to make it more effective. Figure 4.3 shows the percentage of the awareness of *Jijue Jipange* campaign.

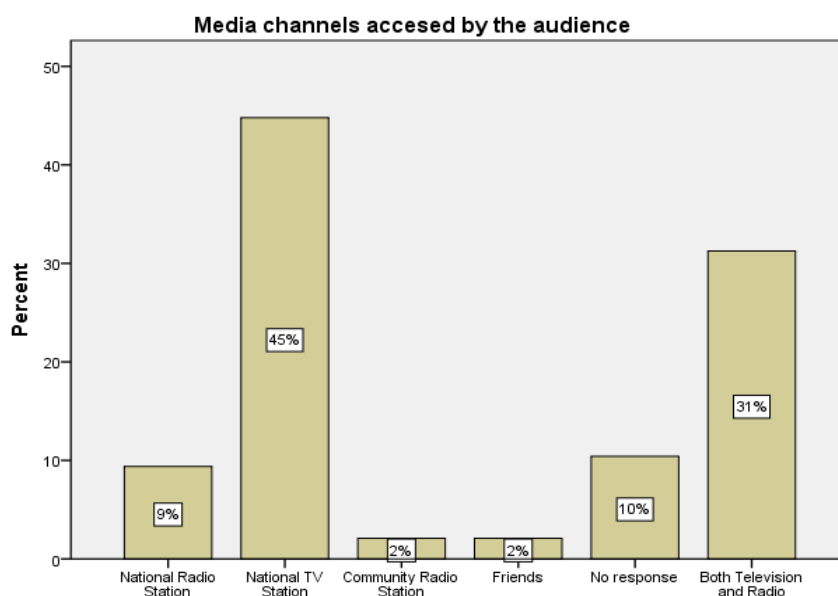
Figure 4.3. Awareness of Jijue Jipange Campaign



4.3.1 Media Channel accessed by the Respondents

It was important for the researcher to find out the media channel that the respondents saw/heard the campaign. Many youth in Mathare got to view the campaign from the nine TV stations which include; CITIZEN TV, KTN, NTV, KUTV, KWESESPORT TV, NJATA TV, PWANI TV, KBC, and K24. Additionally, 31% of the respondents heard the campaign in both national radio stations and national TV stations. Much as community radio stations are of increase in the informal settlements, the campaign was only featured in Ghetto Radio, which only recorded 2%, and this raised concern among the youth in Mathare who felt the campaign advert ought to have been featured in the community radio stations in order to create a sense of ownership. Out of 96 respondents reached, 9% of respondents indicated that they heard the campaign in some of the national radio stations while 2% indicated that they heard the campaign from their friends. In spite of low involvement of community radios in running this campaign, it is evident the campaign recorded high reach through National TV stations. Figure 4.4 indicates the media channels that the respondents got to see the campaign. It is evident that, TV stations recorded the highest view yet only nine TV stations were involved. This indicates that TV stations serve as one of the suitable platforms where HIV messages can be conveyed and a good number of audience are able to access the TV channels.

Figure 4.4: Media channel accessed by the audience



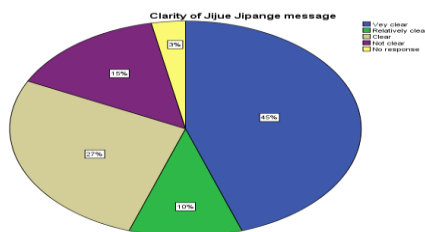
From the interviews conducted, one of the youth leaders residing in Mathare Huruma ward indicated that, ‘*some of the youth might not have heard the campaign because they listen to Mathare FM that exist in the area.*’ It is very vital for campaign designers to ensure that the upcoming community radios are used in conveying HIV messages. Community Radio stations are effective in conveying messages that youths residing in informal settlement can identify with.

4.3.2 Clarity of Jijue Jipange Campaign

One of the objectives of this study was to determine how the youth in Mathare perceived *Jijue Jipange* campaign. Figures 4.5 indicate that 45 % of the respondents indicated that the campaign message was very clear. This was because of the use of ‘sheng’ language which the youth in Mathare were able to understand easily. Additionally, the use of a catchy phrase *Jijue Jipange* contributed to the clarity of the campaign’s message. The 15% of the respondents, who thought the campaign was not clear pointed out that the message was not relevant since the celebrities involved never elaborated on the messages further. For example, some wrote ‘*Message haikua clear ju hao wasanii walisema tu msee ajue hali yake ya HIV lakini haku elaborate ntajipanga aje?*’ (‘The message was not clear because the celebrities only mentioned that one should know their HIV status but what next after knowing my status?’).

Another respondent indicated that, the campaign was not clear because it focused more on youths living in urban settings since ‘sheng’ language cannot be understood by those living in rural areas.

Figure4.5: Clarity of Jijue Jipange Campaign



To further understand the clarity of the messages and how the youth perceived them, the researcher asked the key informants to give their views. One of the HIV champions interviewed indicated that the *Jijue Jipange* campaign was somehow clear but it lacked critical aspect;

‘The message design was lacking and deficient of one thing. The message told the youth the obvious which is HIV testing, but never expounded more on reduction of HIV stigma. There was need to show the relationship between lack of HIV testing which is presumably as a result of expected stigma. Many youth suffers self-stigma which was not spelt out clearly. ‘As a young person living with HIV, I would have preferred a very clear message on how to fight self-stigma and how to overcome discrimination from my peers.’

Although 45% of respondents reached indicated that the campaign’s message was clear, it is important to consider restructuring of the message design. The terms used *Jijue Jipange* were catchy however, it was likely to be translated in different ways. One of the HIV peer educators further added that: *‘If you tell someone jipange ‘what do you mean? Is it going for treatment and most youth do not know where to get ARVS and HTC. The phrase Jipange was not clearly elaborated’.*

From the responses indicated above, it is clear that the use of catchy phrase would have contributed to clarity of the campaign but the message lacked more elaboration on which steps one should take after testing.

Campaign designers should consider including new HIV knowledge messages in campaigns. For example, inclusion of the steps one should follow in accessing HIV

treatment as well as the number of times one should test for HIV. *‘Many young people still rely on the HIV tests they did five years ago’*, one of the peer educators said. ‘It is therefore important for message designers to include the emerging issues reported in the HIV in mass media campaigns as well as consider elaborating them further. Much as catchy phrases make it easy for one to remember the campaigns message, it is critical for them to align the messages and give more insights rather than just statements.

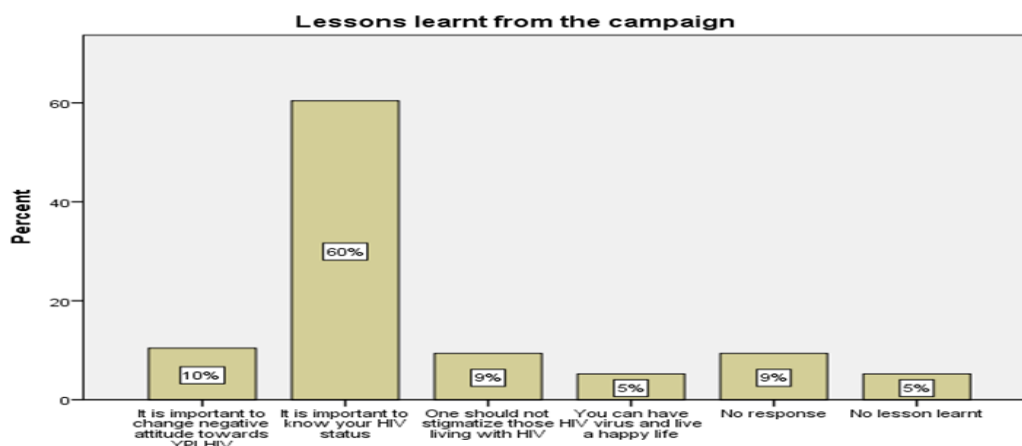
4.3.3 Lessons learnt from *Jijue Jipange* Campaign

To further understand the level of knowledge derived from *Jijue Jipange* campaign messages by the youth, it was important to ask the respondents to indicate the lessons they derived from the campaign. Figures 4.6 indicate that 60% of the respondents indicated that they learnt it is important to test for HIV, which was presented as *‘Jijue’* in the campaign. However, much as the campaign was advocating for HIV testing and HIV stigma reduction, the campaign did not clearly emphasize on fighting HIV stigma. Some of the respondents indicated,

‘The campaign pushed more towards testing and only a bit of HIV stigma, the celebrities involved did not note the realities of stigma, they ought to have shared more on their experience with HIV stigma, and as a young person living with HIV I would have felt better if they addressed more on HIV stigma in this filled stigma country.’

It is evident that much as the campaign was clear, it emphasised more on HIV testing rather than addressing HIV stigma which is one of the leading cause of HIV related deaths among the youths since many youths don’t adhere to drugs and treatment (Avert, 2017).

Figure 4.6: Lessons learnt from the campaign



From the interviews, it was important to enquire some of the factors that National AIDS Control Council message designers considered when designing the campaigns message. The communication officer commented that, the messages in the campaign were informed by the fact so many youth do not go for HIV testing due to fear and stigma they are likely to face if the test positive.

‘We chose to have the two key messages in the campaign because so many young people do not see the importance of testing for HIV and more so those who turn positive develop self-stigma thus the reason for high rate of HIV infection.’

One of the HIV champions commented that; *‘It was hard for someone who do not know what HIV stigma is to relate with the campaign stigma reduction message. I meet some youth who still cannot tell what HIV stigma is.’* Further still, the HIV champion added,

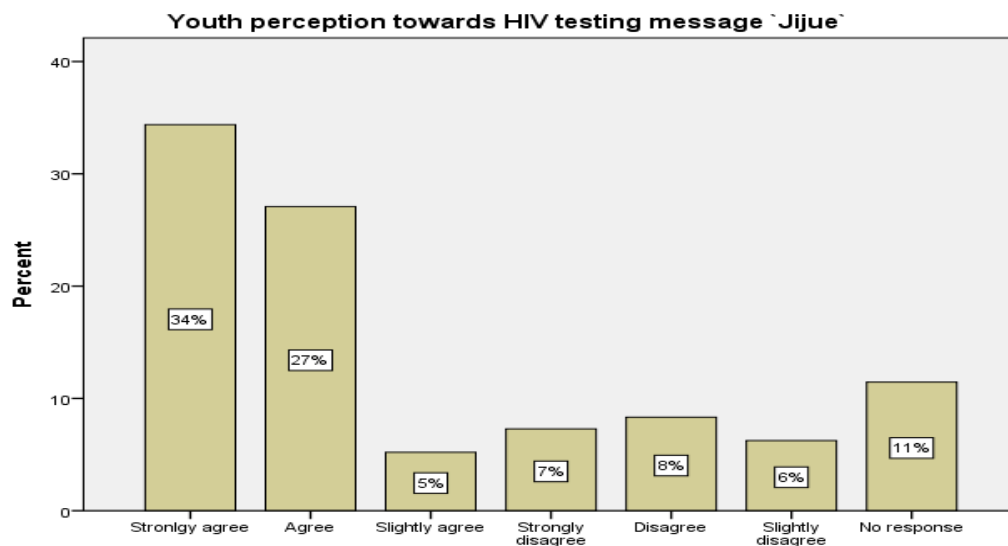
‘Some of the celebrities featured did not bring out HIV stigma reduction message clearly, .An example is one of them who narrated more of her background and mentioned stop stigma at the very end of the advert.’

From the responses above, one can therefore settle the assumption that the message of HIV stigma was not well positioned and did not clearly come out. This could be as a result that the celebrities used were not able to elaborate the message clearly and most of them talked only about HIV testing only. It is very critical for campaign designers to consider enriching the characters running with the campaign message with rightful information in order to make the objectives of the campaign achievable. If a particular campaign is advocating for two aspects, there is need to ensure that the messages are fully presented and emphasized equally.

4.4 Audience perception towards HIV testing message in *Jijue Jipange* campaign

To further understand how *Jijue Jipange* campaign messages of HIV testing was interpreted by the Mathare youth, it was important for the researcher to understand how the respondents perceived the campaign messages more specifically the HIV testing message. Figures 4.7 indicate that, 34% of the respondents agreed that the HIV testing message in the campaign was straight to the point. *‘The Jijue Jipange campaign ilifanya nione importance yakujua my HIV status.’* The campaign showed me the importance of testing for HIV. However, the 7% who strongly disagreed with the statement indicated that the campaign never showed the importance of knowing ones HIV status and more so the precautions one should take when they are tested. Those who disagreed further suggested that, the campaign ought to have generated new knowledge as far as HIV testing is concerned. Additionally, some respondents indicated they have heard of the need of HIV testing before and most of them indicated they already knew their status.

Figure4.7: Audience Perception towards HIV Testing Message ‘Jijue’



The interviews conducted generated responses as to whether the campaign was likely to persuade the youth to know their HIV status. One of the HIV peer educator pointed out that,

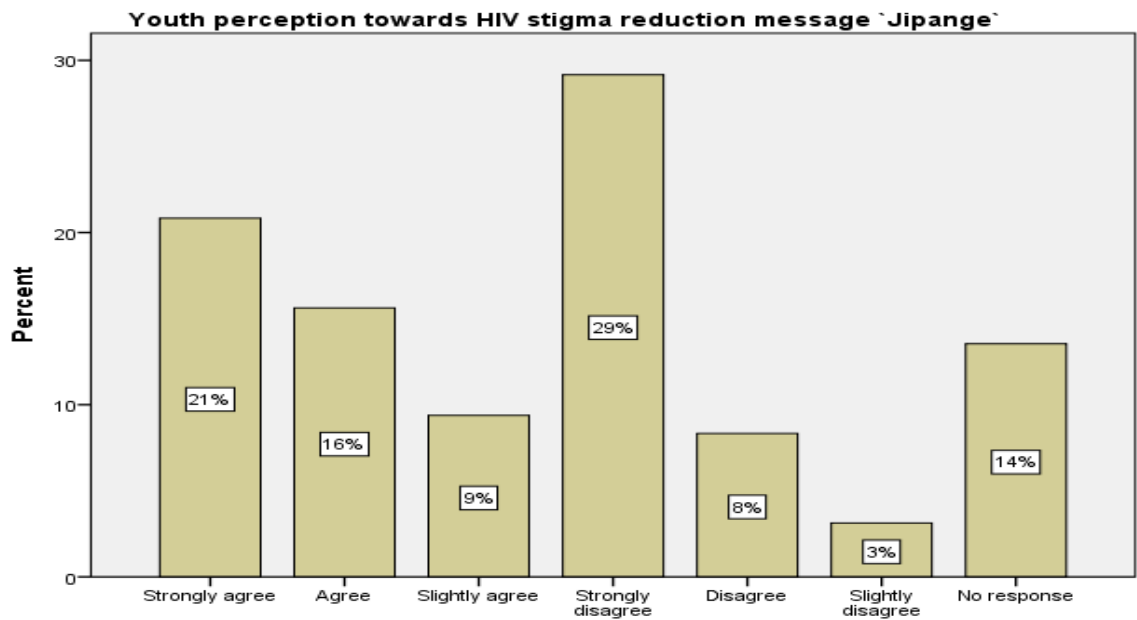
‘The HIV testing message was likely to propel the youth to know their HIV status. However, much as they highlighted the need of testing, there was need to show some of the risks that come on board if one don’t test.’

From the findings, it is apparent that the campaign influenced a good number of young people to see the importance of HIV testing. The fact that there are other ways of testing, there is need to educate the public on how to access various tools such as self-testing kits. Self-testing kit is one of the new methods that have been introduced and some respondents mentioned about it. There is need for health agencies to sensitise people more on how to use it and they should be assimilated to health services with affordable costs.

4.4.1 Audience Perception towards HIV Stigma Reduction Message `Jipange`

In order to understand how the respondents perceived HIV stigma reduction message in *Jijue Jipange* campaign, it was important to seek the level in which they thought HIV stigma message was clearly spelled out and whether the message was likely to reduce HIV stigma among the youth. Figure 4.8 indicate that, 29% of the respondents strongly disagreed with the fact that the campaign advocated for HIV stigma reduction. In order to support why they strongly disagreed, most of them indicated that a big portion of the campaign advert was advocating for HIV testing while the stigma reduction message was mentioned at the end of the advert which was not even elaborated. Some respondents indicated that, they never heard the stigma reduction message since most of the celebrities never mentioned about it. One of the respondents indicated: *'All I can remember is, it spoke more on knowing your status nothing else.'* The statistics clearly indicate that much as so many youth indicated that the message was clear, HIV stigma message was not well elaborated in the campaign.

Figure 4.8: Youth perception towards HIV stigma reduction message `Jipange`



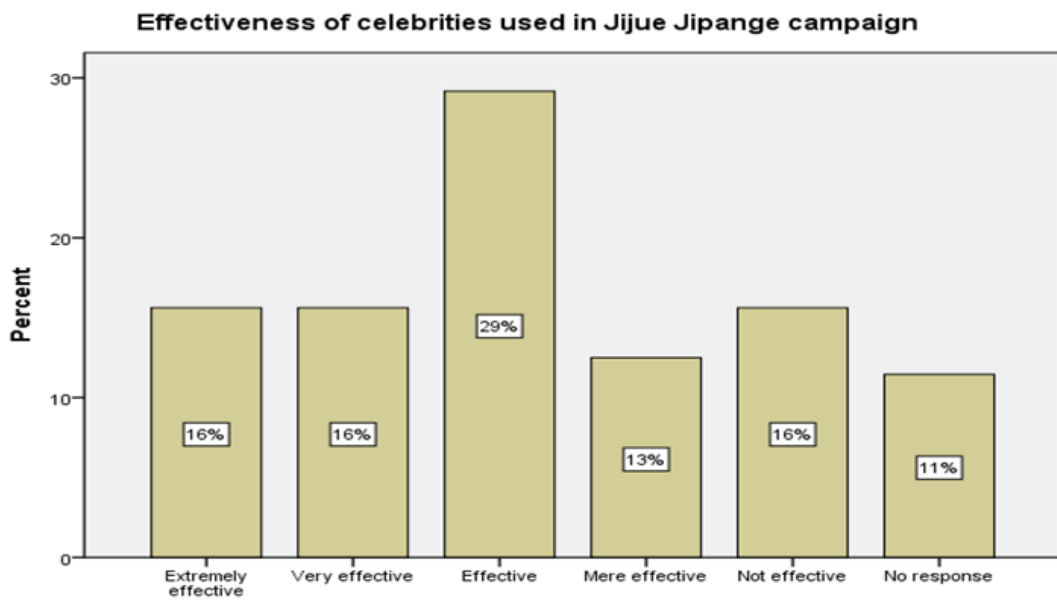
4.5 Suitability of Celebrities Used in *Jijue Jipange* Campaign

One of the objectives of this study was to investigate the influence of celebrities used in conveying the campaign`s message .In order to understand their influence and how suitable they were in delivering the message, the researcher sought to look at the effectiveness of using celebrities in the campaign. Figure 4.9 below shows that 29% of the respondents indicated that the celebrities were effective in delivering the *Jijue Jipange* campaign message, 16% indicated they were extremely effective and very effective In order to support their view some respondents indicated; *‘those celebrities are role models to so many youth and most youth look up on them.’* Another respondent who indicated that celebrities were effective indicated *‘Hao wasanii walipea ma youth assurance that even nkitest positive naweza ishi a happy life.’* (This some artist assured the youth that even when one test HIV positive, one can as well live a happy life). This therefore translated that the use of celebrities to run the campaign was the best choice that youth in Mathare preferred. On the other hand, 16% of the respondents clearly indicated that the use of celebrities in campaign was not effective. Some of the respondents indicated, *‘The celebrities were completely generic and fake, they didn’t even show their results. I didn’t feel influenced at all.’* Another respondent indicated that;

‘Next time use YPHIV who are mentors so that the message can be clear. Celebrities only get money yet they are as well involved in risky behaviours of getting HIV in order to get money’.

To further support their response as to why the celebrities were not effective another respondent indicated that; *the celebrities had less information about HIV I could not relate with them.*

Figure 4.9: Effectiveness of Celebrities Used in Jijue Jipange Campaign



From interviews conducted, the researcher sought to understand what informed National AIDS Control Council in selecting the celebrities. The digital strategist from NACC pointed out that they went for celebrities who many young people mimic and term them as their role models. The choice of the celebrities was informed by the baseline survey, which was carried out before the onset of the campaign. From the survey, many youth suggested that the use of celebrities in running HIV campaign would be effective since many youth look up to them. One of the peer educators indicated that; *‘the celebrities were the right people but how they conveyed the message did not bring out what the campaign was expected to achieve.’* From the interviews, one of the key informants who heads a youth network counted that;

‘I do not think the youth in rural settings like Turkana identified with the celebrities since the celebrities are well known by urban youth. This therefore indicates that the campaign only focused in influencing urban youth and living out rural youth.’

One of the peer educators from Huruma commented that;

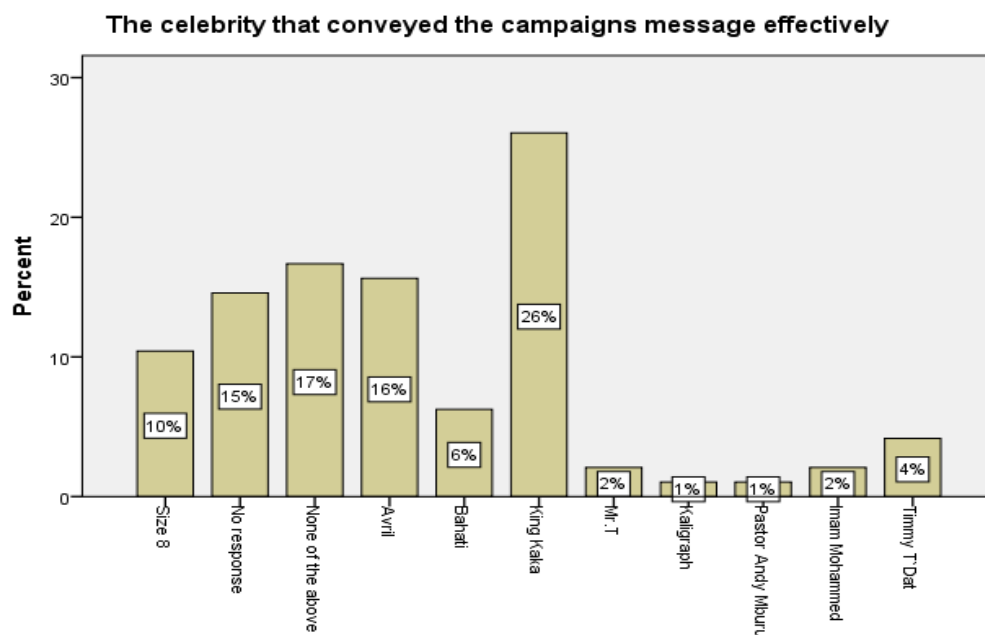
‘Many youth in Mathare heard the campaign but an ordinary youth like me would have felt better if an upcoming artist was featured and especially those that are still living in the ghettos.’

From the findings, it is clear that, celebrities were well suited in running the HIV campaign since they are role models to many young people. Much as the celebrities were the right people to carry the campaign’s message, it was important to enrich them further with HIV information so as to avoid telling the youth the obvious. Additionally, there is need for campaign designers to consider using celebrities that youth in all forms of setting whether rural or urban can relate with. It is also imperative for campaign designers to consider using young people that openly share about their HIV status to help combat the cases of self-stigma that go unattended.

4.5.1 The Aspect in Which the Celebrities Influenced the Youth in Adoption of the Campaign Messages

To further understand how the celebrities involved influenced the youth perception in appreciating the *Jijue Jipange* campaign messages, the researcher asked the respondents to indicate the celebrity that effectively conveyed the message. Figure 4.10 indicates that King Kaka recorded 29% and the least was Kaligraph and Pastor Andy Mburu. Most of the respondents who preferred King Kaka indicated that the aspect that influenced them is because it was easy to identify with him since he is always involved in helping the youth living in the informal settlements in Nairobi and empowers them economically. This clearly indicates that he is a role model and a motivator to many youths living in Mathare. Further still, some respondents indicated that: *‘At least King Kaka did a song about HIV and he tweeted and keeps tweeting about it.’* Avril, one of the female artists in the campaign, recorded 16%. The respondents indicate that the aspect that they liked in her was that she went ahead and shared her HIV status online. On the contrary, most of the respondents indicated that none of the celebrities influenced them because some of them displayed more of their music work and hence making the campaign more of entertainment and leaving out the objective of the campaign.

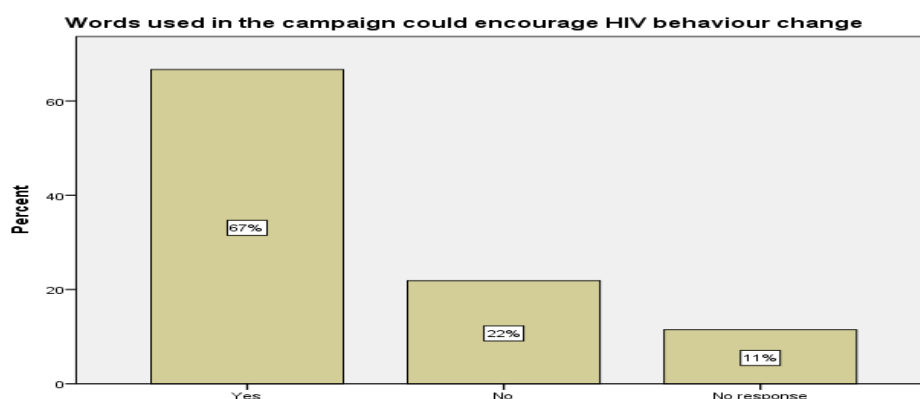
Figure 4.10: The Celebrity That Influenced the Youths in Adopting the Campaigns Message



4.6 Interpretation of *Jijue Jipange* Campaign Messages

In order understand how the target group interpreted the words in `Jijue Jipange` campaign the respondents were asked whether *Jijue Jipange* campaign words were likely to encourage HIV behaviour change. Figure 4.11 shows that, 67% of the respondents indicated the words *Jijue Jipange* were likely to change behaviour while 22% indicated that the words used could not influence them in adopting the messages proposed in the campaign.

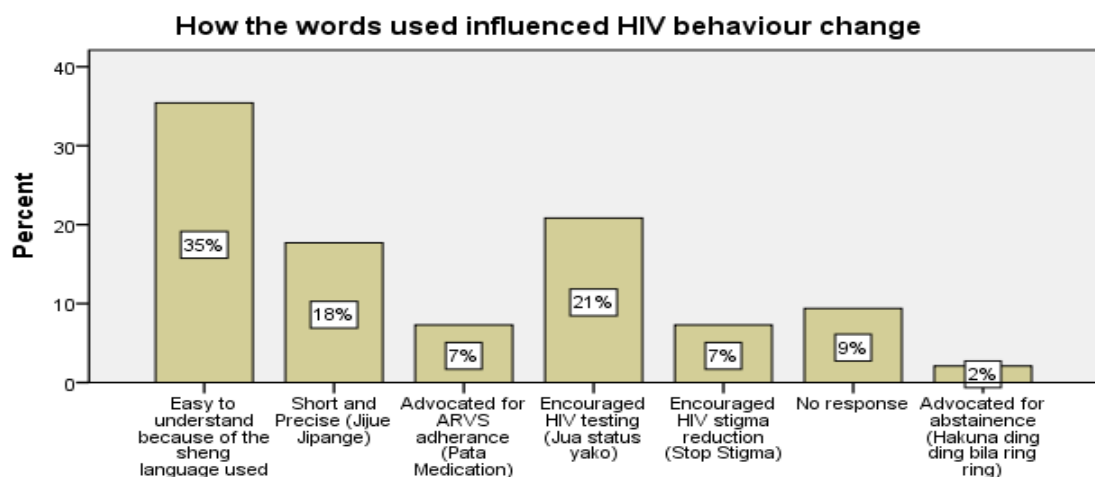
Figure 4.11: Words used could encourage HIV behaviour change



4.6.1 Aspects of behaviour influenced by the wordings of the campaign

Figure 4.12 presents an analysis of the campaigns message and how the respondents interpreted the messages .Out of 96 respondents, 35% indicated that the use of sheng language propelled the understanding of the campaign messages.21% of the respondents indicated that the words used propelled the youths to think of going for HIV testing `Jua status yako` was the word used meaning know your HIV status while `Jipange` meant plan meaning when you know your status you can know how to start treatment immediately and if found negative you can choose to avoid some of the risky behaviours that can lead to infection.. Much as the campaign was advocating for both HIV testing and HIV stigma reduction, it is evident that the message of HIV stigma was only acknowledged by 7% of respondents. This was because it was mentioned at the very end of the campaign by using the phrase `stop Stigma`. Some respondents indicated that they are not aware of what stigma entails. This therefore questions the success of the campaign especially in advocating on HIV stigma reduction. Other respondents indicated that the campaign was more of entertainment because the celebrities displayed more of their performance rather than emphasize on the campaigns objectives. In order to support this, some respondents indicated; the artist never expounded more on how to test for HIV and the HIV stigma message was not clearly spelt out.

Figure 4.12: How the words encouraged HIV behaviour change



The key informants gave their thoughts in regards to messages used in `Jijue Jipange` campaign. One of the HIV champions interviewed commented that;

‘The simplicity of the message in Jijue Jipange campaign was likely to cause behaviour change. ‘However, the message designers ought to have consulted YPLHIV and get to see the gap that exists and more so get to air the needs in the public in order to solve the issues existing.’

Further still, the stigma reduction message was not well spelled out. The celebrities on the other hand did not bring the message out clearly. Communication Officer of National AIDS Control Council added that, the choice of words used was informed by the fact that many youth are well vast with sheng language hence it was easy for them to understand.

From the findings presented above, it is clear that the messages used were likely to influence youth perception in regards to the behaviour that the campaigns were advocating for. The use of catchy phrases ‘*nipoa kujijua, Jijue Jipange*’ were likely to attract audience since it was simple and clear. The messages used in any HIV/AIDS campaign are very important since it is the main precursor of the campaign success. It is therefore important to develop messages that attract and can easily be remembered by the target audiences. The key players used should be well vast with the campaigns information so that the campaign can be termed as educative and not more of entertainment.

4.7 Discussion of Findings and Implication for Future HIV Campaign Development

This section gives an implication of the study and how the findings are related with literature review and the objectives of this study.

4.7.1 Audience Perception on Campaigns Message Design

The aim of every health communication programme is to disseminate knowledge and awareness of health related issue as well as improve the health status of the target audiences (Muturi, 2005). Campaigns serve as an educational platform that disseminates HIV/AIDS messages (Shimbuli, 2009). The level of understanding of a particular message is attributed to how the message is presented. Failure to develop a clear message in any campaign may end up becoming unsuccessful if the audiences are not able to understand the message in their capacity (Jansen, 2017). The message design of any HIV campaign is the critical stage and major steps are taken to make the message of the campaign inclusive and aligned to the campaigns objective. Presentation of the

message in a campaign determines whether the campaign is likely to cause a positive impact to the target group.

Most of the HIV campaigns conducted in Kenya have attributed its success to the message design, which was termed as clear and precise by the target audience of this study. An example is *`Nimechill`* campaign where 45% of the target audience reported that the catchy phrase was easy to recall (Marube, 2011). Numerous HIV campaigns that have been conducted in Kenya have used catchy phrases which most of the target audience find easy to remember and this is likely to change their perception and influence behaviour change. 'Mpango Wa Kando' Campaign conducted in 2004, recorded a reach of 70% who indicated that the message was clear, and the words used were likely to influence behaviour. 'Jijue Jipange' campaign message was also found by the respondents to be clear and easily understood. From the findings, only 15% of the respondents indicated that the message was not clear. It is evident that, use of catchy phrases such as *`jijue, Jipange, Wacha Kudcriminate`*, *`Nipoa Kujijua`* allowed the audience to understand the campaigns message and makes it easy to remember which also improves positive action towards the message. However, *Jijue Jipange* stigma reduction message was questioned because of its positioning in the message design. From the findings, only 9% of the respondents who indicated that they have learnt HIV stigma reduction lessons. The construction and positioning of the stigma reduction messages were wanting since some of the celebrities never mentioned while the few who did, mentioned it at the tail end of the campaigns advert.

The *Jijue Jipange* campaign messages ought to have included new knowledge as far as HIV testing is concerned. New methods of testing have been introduced. For example, the self-testing kit which many of the respondents mentioned, majority of them may have heard about it but they may not know how to use it. Additionally the goal of every campaign is to ensure that new knowledge is disseminated as well as countering the existing myths which in the long run contradicts the true facts (Muturi, 2005). Existence of myths have also resulted to the increase of HIV stigma and discrimination cases where factors such as religious practices and cultural practices are hindering people from accessing health services. *Jijue Jipange* campaign messages ought to have expounded more on HIV stigma and given vivid description of what it is by including ways in which one can overcome self –stigma as well as external stigma.

The consistency and the repetition of *Jijue Jipange* campaign in different media channels led to understanding of the message. Looking at the number of spots the campaign was aired in both Radio and TV stations, it is clear that consistency was observed. Repetition of the message is another concept that helped in the retention of the message as it acts as reinforcement to the message. According to Cacioppo and Petty (1989), repeated, persuasive messages are processed more analytically than unrepeated messages. Additionally, repeated statements are perceived as more truthful than statements made less frequently, seemingly because recurrence permeates the statement with familiarity. In other words, consistency results into familiarity, which builds trust of the message. Campaign designers should consider including the above factors in order to achieve the campaign objectives and goals and thus could lead to adoption of the behaviours proposed as well as change perceptions and attitudes towards the audience health behaviour.

In looking at the message design, Campaign designers should as well choose the right channels that can relay the message to the target audience. Mass media platforms were the suitable means of conveying *Jijue Jipange* campaign. However, only one community radio was featured in the campaign that is Ghetto Radio. It is important to factor in the use of upcoming community radio stations that are in existence in the urban settings.

4.7.2 Suitability of the Celebrities in Conveying *Jijue Jipange* Campaign

Participation of celebrities in HIV Media campaign can have a great influence on public's health-related attitudes, beliefs and behaviour. For example, Magic Johnson, former Lakers basketball star from Los Angeles, announced that he had tested for HIV and he was willing to promote HIV/AIDS prevention campaigns particularly among the youth and adolescents. On 14th November 1991, Magic announced to the public that he had tested positive (Brown, 1995). This news were spread all over America and by the end of the day, National AIDS Control hotline had received over 40,000 calls. This was a ten times increase from the other days (Brown, 1995). Celebrities are highly influential people whose actions and decisions are watched and often emulated by wide variety of audiences. Many celebrities have used their prominent social standing to offer medical advice or endorse health products or a trend that is expected to increase or change positively. Prince Harry, a member of the royal family launched a campaign dubbed'

Feel No Shame Campaign` whose aim was to reduce HIV stigma in Lesotho and Africa as a whole (Sentebale, 2003). Other celebrities who have been involved in HIV related campaign in Africa include Madonna, Bill Gates and Bono among others. In Kenya, celebrities have also been involved in HIV campaigns to promote certain messages or behaviour.

Jijue Jipange campaign is one of the HIV campaigns whose key casts were celebrities. The celebrities were majorly popular music artists and influential religious leaders that are more often than not emulated by young people. The celebrities included, King Kaka well known for his rap music and a reputable award winner, Avril, Bahati, Timmy Dat, Size 8, Pastor Andy Mburu a TV host of a Christian programme, Imam Mohammed, Mr T, and Kaligraph. From the findings, it is evident that the youth were able to identify these celebrities and most of them mentioned that some of the artists are their role models. The findings clearly indicate that, the celebrities were effective in delivering the message since most of them are icons to many youth. Additionally, it was easy to influence them in adopting the behaviours they were proposing

Campaign designers should consider working with celebrities because they are likely to influence public perception and contribute to attitude change. However, they should consider using celebrities that youth from all kinds of setting identify with. The celebrities used were likely to influence the youth perception by showing the importance of carrying out HIV testing especially among the youth residing in urban areas and leaving out those in rural areas. Additionally, it is important to involve artist who can freely share their HIV status without shying off. One of the artists, Avril, recorded 16% because she went ahead and shared her HIV status online/publicly.

Campaign designers should factor in YPLHIV who freely share their HIV status and most of them have been running initiatives that help the youth on how to overcome self-Stigma. Further still, Campaign designers should include health care givers in such campaigns. This will resolve the issue of fear of judgment for the young people who may feel stigmatized if they open up their HIV status to the caregivers. It is important for HIV campaign designers to consider impacting the key players with the right information in order to avoid miscommunication. During the data collection, one of the key informant commented that, the celebrities displayed more of their music journey rather than expounding more on HIV issues. It is important to ensure that the celebrities

involved in any HIV campaign are well informed with emerging HIV issues. This approach tended to distract the audience from picking the key HIV and AIDS messages inherent in the campaign.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Overview

The purpose of this chapter is to provide a summary of the key findings as well as give a comprehensive conclusion, recommendations and areas for future study. The inclusion of the section of future study will help scholars and researchers on the areas they need to focus on in HIV related issues.

5.2 Summary of the Findings

This study established that most of the respondents understood the campaign based on the lessons they learnt from the campaigns message. The respondents learnt about testing for HIV and others learnt that they should not stigmatise people living with HIV. The respondents indicated that one of the profound lessons they learnt from the campaign was the need to test for HIV however, much as the campaign was advocating for both HIV testing and HIV stigma reduction, the respondents indicated that the HIV stigma message was not emphasised at the same level like HIV testing. Other lessons that the respondents learnt is that if one tests positive he/she can as well live a happy life since there is availability of treatment which reduces the viral load and improves ones immunity.

This study also established that many respondents saw the campaign from TV stations more than radio stations. Youth in Mathare indicated that, much as they saw the campaign on TV, it is important to make use of the community radio stations in the informal settlements.

In order to understand how the youth viewed the involvement of celebrities in the campaign and whether they think the celebrities would influence the youth in adopting the behaviour being proposed, this research established that the celebrities were effective in conveying the HIV message since most youth could identify with them and they are their role models. Some of the aspects used by the celebrities that were likely to influence their behaviour was the fact that some of the celebrities are great motivator since they carry out activities that empower the youth and some of them are youth role model. Additionally, another aspect that the youth observed from the celebrities and found it effective was one of the celebrities Avril who went ahead and shared her HIV

status online and this showed that she not only spread the message but went ahead and actualised it. Most of the respondents indicated that many youth tend to mimic and copy the music icons and so choosing them to run the campaign was one of the appropriate ways of making the campaign successful. On the contrary, some of the respondents indicated that, the celebrities used had less HIV information and most of them are not well equipped with HIV knowledge. They also indicated that the campaign designers would have included celebrities that openly talk about their HIV status such Joji Baro, Frigacy, Achong Pong Clan and many more yet they are icon who have empowered the youth on matters to do with HIV.

YPHIV also indicated that the campaign could have impacted them if they heard one of the conveyers openly sharing their status as well as educating the youth on how to go about treatment and counselling. The researcher also sought to look at the celebrity that conveyed the campaign's clearly and objectively. Most of the respondents indicated that King Kaka influenced them positively since out of his participation in the campaign, he produced a song advocating for HIV prevention dubbed '*Life na Adabu*'. Avril also influenced the youth since she courageously shared her status online.

To determine how the Mathare youth perceived the *Jijue Jipange* message, the researcher sought to know whether the campaigns message was clear and whether the youth appreciated the campaign. Most respondents indicated that the campaign was very clear and easy to understand and grasp. Use of catchy phrases and the simplified language that youth can easily understand contributed to easy understanding of the campaign. The phrases *Jijue* was easy to remember as well as '*Jipange*'. Additionally, the consistency and the repetition of the campaigns' advert led to easy understanding because the message was repetitive and consistent. For those who indicated that the campaign message was not clear indicated that; the advert was more of entertainment and the campaigns main objectives did not come out clearly. On the contrary, the key informants indicated that the campaign seemed to be targeting the youth in the urban setting and living out those in rural setting. This was more evident by the sheng language used and more so the celebrities involved.

It was established that the words such as *Jijue* recorded positive impact among the youth in Mathare. The respondents indicated that, the HIV testing *Jijue* was precise and clear. The use of sheng in the campaign made the youth to understand the campaign fully.

Especially the HIV testing message which was straight to the point. The respondents indicated that words used by the celebrities were likely to encourage behaviour change and responsible living. Some of the respondents indicated that HIV stigma message was not clear. By saying *Jipange* there are so many applications that can be used and thus making HIV stigma message unclear. Most of the respondents indicated that, the celebrities trusted to run the campaign showcased more of their music journey as well as their backgrounds which the youth termed as irrelevant. Additionally; the campaign was more of entertainment which overshadowed the campaigns objectives. Much as the campaign reached quite a big number of youth, it was observed that there were gaps when it comes to HIV testing since most of the youth indicated that they already knew their status but they don't know the procedure to follow if one tests positive. Some of the respondents indicated that, a message on how to adhere to drugs would have been featured since many youth do not adhere to treatment.

5.3 Conclusion of the Study

In conclusion, how the messages are designed in a campaign plays a crucial role in ensuring that the audiences targeted derive as much knowledge as possible. Decoding and encoding model discussed in this research work, point out that the intention of every message producers is to ensure that the message is well interpreted by the target audience.

From the finding of the study, it is evident that the youth in Mathare appreciated the campaign's message the message was perceived as clear and precise because of the language used .The findings indicate that, it was easy for the target audience to understand the campaign's message due to the use of sheng and short catchy phrases. It can be concluded that, the simplicity of the language used in *Jijue Jipange* campaign led to understanding of the campaigns objective. Jargons were not used in the campaign hence it was easy to grasp and derive lessons such as; it is important to know your HIV status, take medication (ARVS), abstain from sex, and stop stigmatising those living with HIV. The above lessons indicate that the youth derived the lessons above thus indicating that the above are some of the lessons the youth derived from the campaign message.

Looking at whether the celebrities used were suitable in running the campaigns message, the respondents indicated that choosing the celebrities was one of the ways of

influencing the youth in changing their perception on HIV related practices. However, much as the celebrities' were termed as effective, some respondents indicated the campaign designers should have included influential YPLHIV who freely share about their HIV status. The campaigns main objective was to create awareness of HIV testing and HIV stigma reduction, which was well reciprocated by the target group although the stigma reduction message was not well understood due to its positioning and it was passively elaborated. The positioning of HIV stigma message was deficient and it was not given more elaboration compared to HIV testing message. The youth perceived the campaign's message as clear and precise. It is therefore important to consider the gaps indicated by the respondents above in order to make HIV mass media campaigns effective and this will eventually lower the rate of HIV infection among the youth.

5.4 Recommendation of the Study

From the findings presented in chapter four, the researcher recommends the following recommendations which should be considered by campaign designers when coming up with HIV campaign messages.

NACC and NASCOP should consider involving YPLHIV who have specifically come out freely and shared on how they overcome stigma in their daily endeavours. It is clear from the key informants interviewed, some young people can freely share about their HIV status publicly and this is leading by example. By involving them in the campaigns, it is easier for young people especially those infected and affected to identify with them and understand the campaigns message from a perspective of someone who has experienced stigmatisation and discrimination.

NACC and NASCOP needs to involve health care providers in the campaign design and implementation of such campaigns in order to ensure effective access to services like HTC whenever young people visit the clinic. Training of health workers to be able to provide youth friendly services will go a long way in ensuring the uptake of HIV testing services by young people.

According to a research published by Network of People living with HIV Kenya (NEPHAK) it is evident that many health care providers tend to stigmatise young people especially when they go for treatment. This in a way influence young people from not going for testing or treatment thus leading to deaths. Therefore CSO's like

NEPHAK need to work collaboratively with NACC, NASCOP and other stakeholders to address stigma within health facilities and as well develop campaigns messages that address HIV stigma in order to inform the public how they can avoid stigmatising PLHIV.

Communication experts designing behaviour change communication interventions need to use community radio stations in the informal settlements to disseminate HIV related messages. From the findings, some of the respondents indicated that the campaign was not featured in community radios and this is one of the reasons why they never heard the campaign. Further still, looking at the findings, it is evident that TV stations recorded high access of the target group thus there is need to use Television channels more effectively since large number of people are able to access them

NACC, NASCOP and CSO's need to formulate campaigns with messages that educate the public on the existence of myths that mislead and misinform the public in regards to HIV. So many people still believe that HIV is a curse while others carry out some traditional practices with an aim of curing the disease. It is therefore vital for agencies involved in formulating HIV related campaigns to include messages that can keep the public upfront with some of the myths they should avoid believing and practicing. In order to sensitise people on such, use of mass media channels can help in dispatching the information to a large number of people thus changing perception and the behaviour.

REFERENCES

- Aghaizu, A., Brown, A., Nardone, A., Gill, O. N., & Delph, V. (2013). *HIV in the United Kingdom: 2013 report*. UK Government. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/326601/HIV_annual_report_2013.pdf
- Avert. (2017). *Young people, HIV and AIDS*. Retrieved from Avert. website <https://www.avert.org/>
- Bandura, A. (1986). Health promotion by social cognitive means. In A. Bandura, *Health Education & Behaviour*, 143-164. California: Stanford University.
- Baran, S. (2008). *Mass Communication theory*. Chicago: Cengage Learning.
- Bekalu, M. A. (2014). Effect of media use on HIV-related stigma in Sub-Saharan Africa. *Department of Social and Behavioural Sciences*, 2.
- Brown, W. J. (1995). Media celebrities and public health. *Health Communication*, 345-374.
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative and mixed methods Approaches Second Edition*. London: International Educational and Professional Publisher.
- DeCarlo, P. M. E. (2016, October). How does stigma affect HIV prevention and treatment. *Center for AIDS Prevention Studies*, 1.
- Dewan, P. (2015). Leveraging the research on visual communication. *The Canadian Journal of Library and Information Practice Journal*, 10 (1).
- Dulock, H. L. (1993). Research design: Descriptive research. *Journal of Pediatric Oncology Nursing*, 1-3.
- Dupas, P. (2012). *HIV prevention among youth in Kenya*. Retrieved from <http://cega.berkeley.edu/evidence/hiv-prevention-among-youth-in-kenya/>
- Hoffman, S. J. (2017). Celebrities' impact on health-related. *Protocol for a Systematic Review*, 1-2.
- How to develop a communication strategy. (2009). *How to develop a communication strategy*. Retrieved from https://eeagrants.lv/files/communication_strategy_guidance_FPs.pdf
- Jansen, C. (2017). *Developing persuasive health*. New York: New York Publishers.
- Jessica, M., & LaCroix, M. (2013). Effectiveness of mass media interventions for HIV prevention 1986-2013. *Effectiveness of Mass Media interventions*, 66.

- Kabiru, D. B. (2011). HIV/AIDS among youth in urban informal slum settlements in Kenya: What are the correlates of and motivations for HIV testing? *BMC Public Health*, 2.
- Kaufman, M. (2014). Health behaviour change models for HIV prevention and AIDS care. *Multi-Level Approach to HIV Behaviour Change*, 66.
- Kothari. (2004). *Research methodology*. New Delhi: New Age International.
- Kuhlman, A. K. (2008). Radio role models for the prevention of mother to child transmission of HIV. *Health Promotion International*, 23(3), 1.
- Juma, M. (2001). *Coping with HIV/AIDS in education*. London: Commonwealth Secretariat.
- Kenya National Bureau of Statistics.(2009). *Kenya Population and Housing Census, 2009*.
Retrieved from http://international.ipums.org/international/resources/enum_materials_pdf/enum_instruct_ke2009a.pdf
- Marube. (2011). Impact of behaviour change campaign on HIV prevention on HIV/AIDS in Kenya. A case study of Mpango wa Kando. *University of Nairobi Archive*, 51.
- Melkote, S. (2014). What Makes an effective HIV/AIDS prevention Communication Campaign? Insights from Theory and Practice. *Journal of Creative Communications*, 9, (1), 85-92.
- Moffitt, M. (2000). *Campaign strategies and message design*. U.S.A: Praeger Publishers.
- Mogambi, H. W. K. (2013). Priming HIV messages in Kenyan print media: Patterns, trends and issues. *SAGE*, 2.
- Mugenda, O. M. (2003). *Quantitative and qualitative approaches*. Nairobi: ACTS Press.
- Muturi, N. (2005). Communication for HIV/AIDS prevention in Kenya: Social-Cultural Considerations. *Journal of Health Communication*, 1-2.
- Muturi, N. (2005). Cultural considerations in HIV/AIDS communication and prevention in Kenya. *Journal of Health Communication*, 77-98.
- National AIDS Control Council.. (2015). *Kenya HIV- Estimates- 2015*. Retrieved from <http://nacc.or.ke/wp-content/uploads/2016/12/Kenya-HIV-Estimates-2015.pdf>
- National AIDS Control Council. (2015). *Nairobi City County HIV&AIDS Strategic Plan 2015/2016-2018-2019*. Retrieved from <https://nacc.or.ke/>

- National AIDS Control Council.. (2016). *Kenya HIV County Profiles*. Retrieved from <http://nacc.or.ke/wp-content/uploads/2016/12/Kenya-HIV-County-Profiles-2016.pdf>
- Omboki, A. (2017, December 1st). Kenyan youth ranked 3rd in new HIV cases in East and Central Africa.*Daily Nation*, pp 2-5.
- National AIDS Control Council. (2016). *Kick out HIV Stigma*. Retrieved from: <http://www.maishamaarifa.or.ke/admin/Content/Uploads/research/Kick%20out%20HIV%20Stigma.pdf>
- NEPHAK. (2011). *The people living with HIV Stigma Index*. Retrieved from Network of People Living with HIV Kenya Network: http://www.stigmaindex.org/sites/default/files/news-attachments/Kenya_LowResab5e.pdf
- Okebukola, F. O. (2013). The role of language and education in eradicating HIV/AIDS in Africa: Evidence of parents, teachers and students. *Health Education*, 4-5.
- Oliech, O. (2016). *The state of HIV among the adolescents and young people in Kenya*. Retrieved from <https://www.standardmedia.co.ke/ureport/article/2000207457/the-state-of-hiv-among-the-adolescents-and-young-people-in-kenya>
- Payne, R. W. (2014). Sports role model and their impact on participation in Physical activity. *Research Gate*, 1.
- Rawjee, V. P. (2002). Effective HIV/AIDS Communication Campaigns. *Culture, Communication and Media Studies*, 2.
- Redmond, B. (2010). *Social Cognitive Theory Components*. Retrieved from <https://wikispaces.psu.edu/display/PSYCH484/Social+Cognitive+Theory+Components>
- Sentebale. (2003). *Prince Harry launches campaign on World AIDS Day*. Retrieved from <http://sentebale.org/prince-harry-launches-feelnoshame-campaign-for-world-aids-day/>
- Shimbuli, F. (2009). The Impact of the HIV/AIDS awareness campaign on knowledge, attitudes, beliefs, sexual behaviour change and confidence in sexual practies. *Nawa Journal of Language and Communication* ,3, (1).
- Stephen. (2014). Understanding the relationship between education and health. *National Academy of Science*, 1-5.
- UNAIDS. (2014). *Beyond Zero Campaign*. Retrieved from <http://www.unaids.org/en/resources/presscentre/featurestories/2014/january/20140130beyondzerocampaign>

- UNAIDS. (2017). Global HIV Statistics. *Communications and Global Advocacy*.
- UNAIDS. (2017). *UNAIDS Data Book*. Retrieved from http://www.unaids.org/sites/default/files/media_asset/20170720_Data_book_2017_en.pdf
- Unge, C., Johansson, A., Zachariah, R., Some, D., van Engelgem, I., & Ekstrom, A. M. (2008). *Reasons for unsatisfactory acceptance of antiretroviral treatment in the urban Kibera slum, Kenya*. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/18293122>
- USAIDS. (2011). *Mass media & HIV prevention, 2011*. Retrieved from http://data.unaids.org/publications/irc-pub06/jc1000-media_en.pdf
- Vincent, E. A. (2017). Adolescents, young people, and the 90–90–90 goals: a call to improve HIV testing and linkage to treatment. *An Official International AIDS Society Journal*, 1-3.
- WFP. (2006, March). *Literature Review on the Impact of Education levels on HIV/AIDS prevalence rates*. Retrieved from <https://hivhealthclearinghouse.unesco.org/sites/default/files/resources/Literature%20Review%20on%20the%20Impact%20of%20Education%20Levels%20on%20HIV-A.pdf>
- Wong, L. P. (2008). Focus group discussion: a tool for health and Medical Research. *Medical Education Journal*, 2-3.
- Wong, V. E., Murray, K. R., Phelps, B. R., Vermund, S. H., & Carraher, D. R. (2017). Adolescents, young people, and the 90–90–90 goals: a call to improve HIV testing and linkage to treatment. *Official International AIDS Society Journal*: Retrieved from https://journals.lww.com/aidsonline/Fulltext/2017/07013/Adolescents,_young_people,_and_the_90_90_90_goals_.1.aspx

APPENDIX

Appendix 1: Structured Questionnaire

My name is Elizabeth Njuguna, a student undertaking a Master's degree in Communication studies at the University of Nairobi .Iam carrying out a research as part of my coursework on evaluation of youth perception of *Jijue Jipange* campaign message for HIV prevention and behaviour change among the youths in Mathare Sub-County, Nairobi County. This is a self-administered questionnaire and your support in filling this questionnaire will highly be appreciated .Kindly note that the answers provided will be treated with confidentiality.

Instructions

I kindly request you to assist me in completing this questionnaire. Please feel free to tick/circle were applicable.

SECTION A: Social –Demographic Characteristics

1. Gender

Male Female

2. Age

18-20 21-25

3. Marital Status

- Married
- Cohabiting/come we stay
- In a steady relationship
- Divorced
- Single
- Separated

4. Education level

- Never attended school
- Informal Schooling
- Primary level

Secondary level

College level

University level

5. Religion

Christian Protestant or Catholic

Muslim

Others (Specify)

6. Employment Status

Employed

Unemployed

SECTION B: Awareness of any HIV materials related to HIV

7. Have you ever seen/heard of any HIV campaigns?

Yes No

If yes when was the last time you saw/heard any HIV campaign

In the past two years More than two years ago

In the past one year

In the past six months

In the past four Months

8. What was the campaign advocating

for?.....
.....
.....
.....

SECTION C: Perceptions of Jijue Jipange campaign

9. Have you heard /seen the *Jijue Jipange* campaign?

Yes

No

If no what are the factors that hindered you from watching and listening the campaign.....

10. If yes Indicate whether the campaign`s message was clear

- Very clear
- Relatively clear
- Clear
- Not clear

11. If no indicate the factors that you think hindered you from understanding the *Jijue Jipange* campaign messages.....

.....

12. which of the following media channels did you hear/see *Jijue Jipange* campaign

- National Radio Station
- National TV station
- Community Radio station
- Both National Radio and TV Station

14 What lessons did you learn from *Jijue Jipange* campaign?

.....

T

o what extent do you agree with the following statements about the campaign?

a. The campaign messages provided me with new knowledge about HIV

- | | | |
|------------------------|--------------------------|-----------|
| testing strongly agree | <input type="checkbox"/> | Why |
| Agree | <input type="checkbox"/> | Why..... |
| Slightly agree | <input type="checkbox"/> | Why..... |
| Strongly Disagree | <input type="checkbox"/> | Why..... |
| Disagree | <input type="checkbox"/> | Why..... |
| Slightly Disagree | <input type="checkbox"/> | Why..... |

- b. The campaign messages made me think about getting tested
- | | | |
|-------------------|--------------------------|-----------|
| Strongly agree | <input type="checkbox"/> | Why |
| Agree | <input type="checkbox"/> | Why..... |
| Slightly agree | <input type="checkbox"/> | Why..... |
| Strongly Disagree | <input type="checkbox"/> | Why..... |
| Disagree | <input type="checkbox"/> | Why..... |
| Slightly Disagree | <input type="checkbox"/> | Why..... |

- c. The campaign messages made me think about the risk of HIV
- | | | |
|-------------------|--------------------------|-----------|
| Strongly agree | <input type="checkbox"/> | Why |
| Agree | <input type="checkbox"/> | Why..... |
| Slightly agree | <input type="checkbox"/> | Why..... |
| Strongly Disagree | <input type="checkbox"/> | Why..... |
| Disagree | <input type="checkbox"/> | Why..... |
| Slightly Disagree | <input type="checkbox"/> | Why..... |

15. To what extent do you agree with the following statements about the campaign?

- a. The campaign provided me with new knowledge about HIV stigma reduction
- | | | |
|-------------------|--------------------------|-----------|
| Strongly agree | <input type="checkbox"/> | Why |
| Agree | <input type="checkbox"/> | Why..... |
| Slightly agree | <input type="checkbox"/> | Why..... |
| Strongly Disagree | <input type="checkbox"/> | Why..... |
| Disagree | <input type="checkbox"/> | Why..... |
| Slightly Disagree | <input type="checkbox"/> | Why..... |

- b. The campaign propelled me to think about changing my attitude towards those living with HIV
- | | | |
|-------------------|--------------------------|-----------|
| Strongly agree | <input type="checkbox"/> | Why |
| Agree | <input type="checkbox"/> | Why..... |
| Slightly agree | <input type="checkbox"/> | Why..... |
| Strongly Disagree | <input type="checkbox"/> | Why..... |
| Disagree | <input type="checkbox"/> | Why..... |
| Slightly Disagree | <input type="checkbox"/> | Why..... |

c. The campaign made me think that one can still live even if tested positive for HIV

- | | | |
|-------------------|--------------------------|-----------|
| Strongly agree | <input type="checkbox"/> | Why |
| Agree | <input type="checkbox"/> | Why..... |
| Slightly agree | <input type="checkbox"/> | Why..... |
| Strongly Disagree | <input type="checkbox"/> | Why..... |
| Disagree | <input type="checkbox"/> | Why..... |
| Slightly Disagree | <input type="checkbox"/> | Why..... |

SECTION D: Celebrities in the campaign

17. How effective were the celebrities used in the campaign in influencing you on HIV prevention, treatment, care and support behaviour change abilities

- Extremely effective
- Very effective
- Effective
- Mere effective
- Not effective

18. Which of the following celebrities influenced you the most to think of adopting the messages on HIV Behaviour Change and prevention? (Kindly tick one)

- Size 8
- Avril
- Bahati
- King Kaka
- Mr.T
- Kaligraph
- Pastor Andy Mburu
- Imam Mohammed
- Timmy T`Dat

19. What aspects of the performance of the celebrities above influenced you?.....
.....
.....

SECTION E: The impact of the campaign

20. Did the words used in *Jijue Jipange* campaign likely to encourage behaviour change and HIV prevention?

Yes

No

21. Explain how the words used in *Jijue Jipange* campaign encouraged behaviour change among the youth.....
.....

Appendix 2: Key Informants Interview Guide

My name is Elizabeth Njuguna, a student of Master's degree in Communication studies at the University of Nairobi .Iam carrying out a research as part of my coursework on evaluation of youth perception of *Jijue Jipange* campaign for HIV prevention and behaviour change among the youths in Mathare Sub-County, Nairobi County. This interview guide intends to gather information pertaining `Jijue jipange` campaign where the key informants will include; National AIDS Control Council message/campaign designer and programed manager as well as Young HIV peer educators and Young HIV champions within the target area. Kindly note that your participation is voluntary and the highest level of confidentiality will be observed. The information given will only be used for academic purposes only. Kindly note that your name will not be disclosed.

1. Do you think Mass media campaigns are effective in conveying HIV messages? If yes how,

.....
.....
.....

If no why.....

.....
.....
.....

What was the motivation behind using celebrities in the campaign?.....

.....
.....

3. Do you think *Jijue Jipange* campaign messages persuaded the youths on the need to know their HIV status and change their attitude towards PLHIV? If yes why

.....
.....
.....

4. Are there benefits that can be derived from using celebrities in HIV campaign?

.....
.....

And how did the key celebrities contribute to the success of the campaign.....
.....
.....

5. How were the messages designed and packaged for delivery? (Comment on the message design and probe for factors to be considered during message design).....
.....
.....

6. Do you think there are any cultural, social, government and religious barriers that could have affected the delivery of the campaign messages?.....
.....
.....

7. What are the factors that NACC considers when designing HIV campaign messages?.....
.....
.....

8. Are there challenges that NACC experience when carrying out HIV campaigns among the youths .what are the challenges.....
.....
.....

9. Do you think *Jijue Jipange* campaign was all- inclusive, and what are some of the factors you think if added would have caused a positive impact?.....
.....
.....

10. Do you think the *Jijue Jipange* campaign messages of HIV testing/HIV stigma reduction was clear to the youth in Mathare Sub-County? If No what were the challenges that contributed to the lack of clarity?

.....
.....

If yes, what are the communication strategies used in the campaign that contributed to the clarity?.....


.....
.....

11. Any other additional information on the impact of *Jijue Jipange* campaign on young people and the rest of the communities targeted by the campaign?.....

.....
.....

.....END.....

Appendix 3: Certificate of Field Work


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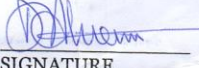

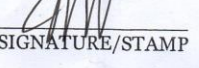
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Reg. No: K50/87543/2016
Name: Huguna Elisabeth Waisinda
Title: An Evaluation of Youth Perception of Tissue Usage Campaign for HIV prevention and behaviour change among the youths in Mathare Sub-County, Nairobi County

<u>DR DOROTHY A. OMULO</u> SUPERVISOR	 SIGNATURE	<u>24/8/2018</u> DATE
<u>Dr Samuel Siringi</u> ASSOCIATE DIRECTOR	 SIGNATURE	<u>24/8/2018</u> DATE
<u>Dr. Ndethi Ndethi</u> DIRECTOR	 SIGNATURE/STAMP	<u>24.8.18</u> DATE

Appendix 4: Certificate of Corrections



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Telegram: Journalism Varsity Nairobi
Telephone: 254-02-3318262, Ext. 28080, 28061
Director's Office: +254-204913208 (Direct Line)
Telex: 22095 Fax: 254-02-245566
Email: director-soj@uonbi.ac.ke

P.O. Box 30197-00100
Nairobi, GPO
Kenya

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Reg. No: KS0187543/2016

Name: Huguna Elizabeth Hairimu

Title: An Evaluation of tourist perception of ~~Future~~ Jironge Campaign

for HIV prevention and behaviour change among the tourist in Mathare Sub-County, Nairobi County

DR DOROTHY DMOLLO
SUPERVISOR

[Signature]
SIGNATURE

14/11/2018
DATE

Dr Samuel Siringi
ASSOCIATE DIRECTOR

[Signature]
SIGNATURE

14/11/2018
DATE

Dr. Nketh Nketh
DIRECTOR

[Signature]
SIGNATURE

15.11.18
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Appendix 5: Certificate of Originality

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