

**THE ROLE OF MEDIA IN HIGHLIGHTING ANTI-JIGGER CAMPAIGNS IN
MURANG'A SOUTH DISTRICT, MURANG'A COUNTY**

By

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**(Research project submitted in partial fulfillment of the requirements for the award
of Master of Arts degree in Communication Studies of School of Journalism and
Mass Communication; University of Nairobi)**

October 2013

Declaration

I hereby declare that this research project report has not been presented to any University for examination.

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Date

I declare that this report has been prepared and submitted with my approval as university supervisor.

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Operation Definition of Terms

- BBC British Broadcasting Corporation
- CHEW Community Health Extension Worker
- CHW Community Health Worker
- GJLOS Governance Justice Law and Order Sector
- GOK Government of Kenya
- ICT Information, Communication Technology
- KBC Kenya Broadcasting Corporation
- KTN Kenya Television Network
- MCK Media Council of Kenya
- NGOs Non-governmental Organizations
- NTV Nation Television
- ODM Orange Democratic Movement
- PNU Party of National Unity
- PS Permanent Secretary
- HIV/AIDS Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
- HON Honourable
- MP Member of Parliament

Acknowledgements

I sincerely thank my parents Mr. and Mrs B.M. Ngunjiri for their encouragement while conducting this research.

I also thank my supervisor, Mr David Njuguna Bernard for his close assistance and guidance during the preparation of this research project report, and to all my friends who have been there and have supported me in different ways.

Lastly, to all those who collaborated with me while gathering this information.

May God Bless you all abundantly.

Dedication

This research project report is dedicated to my parents Mr. and Mrs B.M. Ngunjiri, loving wife Anne and my charming son Blaise, and all those who have worked closely with me while preparing this document.

Thanks a lot, all of you.

Abstract

This study, conducted in Murang'a South district, Murang'a County was conceived out of an observation of jiggers infestation problem among the residents. The anti-jigger campaign started after a non-governmental organization known as Ahadi Kenya Trust encountered some families with severe jiggers' infestation in Murang'a. In an effort to help them, they found out that the problem was bigger than they thought, as there were children who were missing out on school due to the menace. The study intended to establish ways of creating awareness about the role of media in highlighting anti-jigger campaigns which would contribute to the improvement of living standards of the infested and affected people in Murang'a South district, Murang'a County. The study covered an entire population of people between the ages of 10 to 50 years. The cluster/ Multi-stage sampling method was used to represent a total population of 385,450. After visiting schools and homes in the vicinity of the study, it was evident that 75 per cent of Murang'a South district residents considered jiggers as a serious problem which had affected the region. They felt that it was a good idea for various stakeholders in the health sector to have come up with anti-jigger campaigns covering the region. The study established that the media should go out of their normal way of coverage and do coverage that will support continuity of the anti-jigger campaigns all over the country. The media should give prominence to infested households, activities of community health extension workers (CHEWs) and community health workers (CHWs). It should also support the Ministry of Public Health and Sanitation in passing the health messages, through coverage of health conferences, interviews with health officials/victims involved and this should be encouraged and appreciated/adopted easily the new mode of living when they see in the media what is happening within their own set-up.

CHAPTER ONE

INTRODUCTION

1.0 BACKGROUND

“*Tunga penetrans*” (*Encyclopedia*) is known as the chigger, jigger, chigoe, bicho dopé or sand flea. The female jigger feeds by burrowing into the skin of its host, after which its abdomen becomes enormously enlarged, forming a round sac-the shape of a pea. An impregnated female jigger embeds under the toenails and fingernails of man where the resultant sores may fill with pus and become infected. Other victims are dogs, cats, rats, pigs, cattle and sheep.

According to Ahadi Kenya Trust a non-governmental organization, the first evidence of jigger infestation on a person is a tiny black dot on the skin, which occurs at the point of penetration. Because the jigger is a poor jumper, most lesions occur on the feet, often on the soles, the toe webs, and around or under the toenails. A small inflammatory pupa with a central black dot forms early. Within a few weeks, the pupa slowly enlarges into a white pea-sized nodule between 4-10mm in diameter. This lesion can range from asymptomatic to extremely painful. Multiple or severe infestations may result in a cluster of nodules with a honeycomb appearance.

The NGO says heavy infestations may lead to severe inflammation, ulceration, fibrosis, lymphangitis, gangrene, sepsis and the loss of toenails. Auto amputation of fingers and toes may occur. Death may also occur. In most cases however, this lesion heals without further complications. Nonetheless, the risk of secondary infection is high. Tetanus is a common secondary infection which could lead to death.

According to Ahadi Kenya Trust, jiggers are normally found in the sandy terrain of warm, dry climates. They prefer deserts, beaches, stables, stock farms, and the soil and dust close to farms. While both male and female jiggers intermittently feed on their warm-blooded hosts, it is the pregnant female jigger that burrows into the skin of the host and causes the lesions. She does not

have any specialized burrowing organs; rather, she simply attaches to the skin by her anchoring mouth and claws violently into the epidermis.¹

Since this process is painless, it is thought that the flea may release some keratolytic enzymes. After penetrating the stratum corneum, the jigger burrows to the stratum granulosum, leaving her posterior end exposed.

In a report released by Ahadi Kenya Trust on jigger infestation, it indicated that between 2008 and 2009 in Kenya over 265 deaths had been reported. Also, infestation has in some instances resulted in transmission of HIV/AIDS among victims through sharing of pins and needles during removal of the parasites.

The report said the parasites attack people of all ages, but children are the most affected, leaving some of them disabled. Affected children barely concentrate in class as they are distracted by the pain caused by sores on their toes, soles and other parts of their body. They are also unable to concentrate due to hunger, as the parasites feed on their blood denying them the necessary nutrients their bodies require to function properly.

The report also indicated infested persons mostly suffer in silence, as they have no one to run to. Some of the children may be too young to take care of themselves. Seeking medical attention might not be an option due to poverty and the fact that some hospitals do not consider jigger infestation as a medical condition. Amidst all the despair, those affected by jiggers have to contend with proud and selfish political leaders who are yet to accept that the jigger menace is real.

The anti-jigger campaign in the country started after Ahadi Kenya Trust, a non-governmental organization (NGO), encountered some families with severe jigger infestation in Murang'a County. In an effort to help them, they discovered the problem was bigger than they thought, as there were children who were missing out on school due to the menace.

¹According to Ahadi Kenya Trust there have been different theories about the origin of jiggers in Kenya. But according to some elderly people, jiggers were brought into the country by colonialists, as a biological warfare, to immobilize freedom fighters. They are said to have been fed on substances that cause mental retardation in human beings.

Murang'a County is considered as the most affected region in the country. The area was given high prominence during the anti-jigger campaigns in the media resulting to government taking action.

Murang'a County is one of Kenya's 47 counties. It is located in the central region of the country. It has seven constituencies namely: Gatanga, Kangema, Mathioya, Kiharu, Kigumo, Maragua and Kandara.

The county is a high potential agricultural region with coffee, tea, dairy farming, horticultural and food crops production being the major economic activities. The average land size per household is as low as 0.2 hectare. Cultivation of food crops takes place during the long and short rains seasons. The county is fairly food secure compared to other counties.

Most people in the county own land. Even those with property elsewhere still make a home where their roots are. This has encouraged development as reflected by good permanent residential houses, schools and other social amenities in the county.

The jigger problem in Murang'a has been a thorn in flesh for a long time, and people had been shying away from looking for a solution until a few years ago when Ahadi Kenya Trust visited the region and initiated anti-jigger campaigns. These were at first unpopular with local leaders and other opinion shapers in the region who claimed that the issue was a shame to the county.

Since the campaign began in 2008, positive outcomes have been realized. Despite these achievements however, the media has not done enough in terms of highlighting the socio-economic impact of the anti-jigger campaigns. This attitude by the media aroused my interest to study the problem in depth and come up with communication strategies that would highlight the impact and help to improve the living standards of the local people and in addition contribute to the development of the region.²

² According to Ahadi Kenya Trust a large number of children in Central region used to drop out of school every year due to jigger infestation. Of the other districts in Central, Murang'a was the most affected by the jigger menace, with the highest number of victims being children.

Murang'a South District

It borders Muranga North District to the North, Kirinyaga District to the North East, Matuu District to the East, Thika District to the South and Nyandarua District to the West. It has a surface area of 1302 square kilometres.

Administratively, the district is divided into four divisions with a total population of 385,450 distributed as follows:

Kandara Division	155,867
Kigumo Division	78,457
Makuyu Division	58,219
Maragua Division	92,907
TOTAL	385,450

Administrative units of Murang'a South District

DIVISION	LOCATIONS	SUB-LOCATIONS
MARAGUA DIVISION	5	22
KIGUMO	3	11
MAKUYU	3	14
KANDARA	6	26
TOTAL	17	71

Source: Ministry of Public Health and Sanitation 2012

Breakdown of health facilities in the district

			Number of Providers				
			GOK	FBO	NGO	Private	Total
1	Hospitals	No.	1	2	0	1	4
		Beds	23	181	0	0	204
2	Health Centres	No	5	1	0	0	6
		Beds	49	12	0	0	61
4	Dispensaries		25	10	0	0	35
5	Clinic		0	0	0	17	17
8	Private Pharmacies			0	0	27	27
9	Community Pharmacies			0	9	0	9

Distribution of Health facilities by division

DIVISION	NUMBER OF PRIVATE CLINICS	NUMBER OF DISPENSARIES	NUMBER OF HEALTH CENTRES	NUMBER OF HOSPITALS
KANDARAKIGUMO	3	16	1	2
MAKUYU	4	7	1	0
MARAGUA	8	7	1	1
	2	5	3	1
TOTAL	17	35	6	4

Source: Ministry of Public Health and Sanitation 2012

The fact that there had also been some cases of HIV transmission among some victims really gave them a wake-up call, and they sprang into action.

Lack of political goodwill has been one of the biggest challenges in the fight against this menace, as political leaders feel embarrassed to come out and talk about jiggers. But partnership between some Government ministries, especially the Ministry of Public Health and Sanitation, and NGOs such as Ahadi Trust Kenya, has boosted the anti-jigger campaign.

The media, opinion leaders, as well as support from individual well-wishers has not been that overwhelming. Despite this, the campaign has realized the joy of seeing children who previously could not walk get back to school, while adults who depended on handouts get involved in income generating activities. So far, more than 3000 people have been treated and fully rehabilitated in Murang'a County alone.

All the regions of the country have reported cases of jigger infestation including a few isolated cases in Nairobi. Neighboring countries have not been spared either, and are seeking assistance. As the country looks forward to completely eradicate jiggers in Kenya by the year 2015, plans are also underway to take jigger eradication campaigns to other African countries.

CHALLENGES IN JIGGER ERADICATION

The major challenges in the jigger eradication process are as follows:

Low self esteem-The parasite causes pain and injury that can seriously impede movement and performance of many chores, making a person dependent on others who may themselves be unable to help due to their own affliction within the family. Jigger infestation and the process of their physical removal, as practiced in the villages, is a painful and traumatic experience, especially for children lowering their quality of life.

Poverty- People afflicted with jiggers are less economically active which raises poverty levels. Since jiggers are usually a result of already existing poverty, their infestation perpetuates the vicious cycle of poverty where poor are unable to rise out of poverty or actually often sink deeper into it. This frustrates country's attempts to achieve the Millennium Development Goals which aims at reducing poverty levels by half by the year 2015.

Low education standards- Affects the education of children because they may be unable to walk to school, write properly, or participate in normal learning activities on the same level with the unaffected children.

Role of Media in socio-economic development

Kenyan media are powerful drivers of socio-economic transformation in the country. They continue to provide the people with information critical for making enlightened decisions and choices on socio-economic issues. In addition, they provide mechanisms for feedback from the citizens on matters that affect them such as school bursaries and Constituency Development Funds. The media has played a key role in policy and legislation by covering issues that go on in Parliament.

Kenyan media supports the Governance Justice Law and Order (GJLOS) program and actively participated in the Jirekebishe Awards. The GJLOS program aimed at improving governance and accountability in the governance, justice and law sectors of the government, while the jirekebishe awards aimed at improving the accuracy of reporting GJLOS issues by the media.

Kenyan media has over the years supported the following critical socio-economic programs:

- Water sector reforms through the water sector program by World Bank.
- Public service reforms such as the Public Finance Management Reforms.
- HIV/AIDS campaigns by the National Aids Council and JIKA and other civil society (BBC's Kimasomaso program).
- Livelihood programs such as Mali Shambani on KBC.
- Energy sector reforms for sustainable energy such as the Mr. Reddy Kilowatt campaigns by Kenya Power and Lighting Company.

State of Communication for Development

The Economic Recovery Strategy for Wealth Creation and Employment 2007 and the Kenya Vision 2030 recognize the use of strategic communication platforms.

The various government reforms such as GJLOS program, water sector reforms, energy sector reforms, public service reforms, HIV/AIDS programs have relied on strategic communication to communicate with the general public.

The government established the Office of Public Communication in 2004 with the view to improve government communication by disseminating and clarifying important government decisions and policy actions to the public. The government has also produced the ICT policy and strategy aimed at supporting socio-economic recovery and creating prosperity in Kenya.

The government in mid 2008 entered into an agreement with United Nations Development Fund to support communication development. The agreement involves strengthening public communication, media training and capacity building for MCK. There are indications that the government with the support of donors is committed to use strategic communication to support its socio-economic programs.

1.2 STATEMENT OF THE PROBLEM

According to Ahadi Kenya Trust statistics an estimated 10 million people are affected by jiggers worldwide, specifically in the developing countries. In Kenya, it is estimated that 2 million people are infested with jiggers. 5,000 children are out of school due to jigger infestation.

The four regions most affected in Kenya are central, lower western, coast and rift valley while the other regions have pockets of infestation. The most affected districts are Murang'a North and Murang'a South in the central region, Kericho in the rift valley region and Kwale in the coast region.

Although no specific survey has been conducted to establish the actual prevalence rate of jigger infestation and its risk factors in the district, it is certain that hundreds of people have so far been infested; thousands of others affected and many more thousands face the risk of being infested by this bug.

Based on the data collected by the Ministry of Public Health and Sanitation between October and December 2009 by Health Extension Workers and Community Health Workers, out of 804 households surveyed, 410 (51 per cent) were infested with fleas or jiggers. Within the 410 households, a total of 1,103 people were infested. Given the average size of household as 5 people, it means that out of 4,020 people, at least 1,103 (27.4 per cent) were infested with jiggers (Ministry of Public Health and Sanitation, 2012).

The data also showed that a half of the schools were infested. However, this data for households and schools was biased to areas most affected by the jiggers because it was collected during routine service to the affected areas where cases had been reported.

There was a close association of poverty and jigger infestation because all the infested households were characterized with extreme poverty indicated by poor housing, poor nutrition, lack of sanitation facilities (latrines) and inability to afford basic hygiene supplies like soap. Personal and environmental hygiene that is necessary to prevent the habitation, infestation or breeding of the sand fleas was therefore lacking.

Inadequate nutrition was common among the infested households leading to weakness or inability of the members to work or to undertake important basic hygiene and sanitation

promotion activities such as house improvement. In fact, serious starvation was associated with the heavily infested individuals.

The result of jigger infestation is a vicious cycle of the infested being rendered poorer by the inability to engage in economic and educational activities which results in lack of income that could be put into the fight against the menace.

Since the level of poverty in the district is 40 per cent, the same proportion of the populations is at risk of jigger infestation since they cannot afford suitable dwelling units with minimum standard smooth finishes such as plastered brick, stone or concrete walls and floors.

Lack of knowledge, skills and awareness has prevented members of the community from adopting simple traditional methods of reducing dust, cracks and crevices in their earthen dwellings by rendering the walls and floors smooth.

This can be achieved by applying and compacting Murom (compactable vegetable/humus free soil) on the floors followed by regular (smearing) with a thin layer of mud, preferably mixed with cow dung.

The above disadvantages coupled with low level of education which leads to limited access to information on prevention of jiggers have generally contributed to the problem. A large proportion of the population is therefore either already infested or at risk of infestation.

The effects of jiggers' infestation are far reaching in the community, making many of the infested people unable to walk or hold items and thus negatively affecting their participation in activities such as going to school, farming and other economic activities.

This leads to absenteeism or drops out from schools, poor or lack of economic productivity, poor food production hence poor child and general community health.

The traditional way of sharing sharp pins used to remove the jiggers presents a risk of HIV/AIDS transmission. Jigger infestation has also caused a lot of trauma among the population not to mention the associated stigma that results in poor quality of life, loss of motivation and isolation of the infested.

It is in view of the above background problems that the study wished to explore:

1. The role of media in highlighting anti-jigger campaigns in Murang'a South District, Murang'a County.
2. The role media is playing in highlighting the impact of these campaigns in the region.
3. The place of media as a source of information for the area residents.

1.3 OBJECTIVES

Overall Objective

The study intended to establish role played by print and electronic media in highlighting anti-jigger campaigns and the media contribution towards the improvement of living standards of the infested and affected people in Murang'a South district, Murang'a County.

Specific Objectives

The objectives of this study were:-

1. The study was to find means of challenging the Media both print and electronic (Radio and Television) to effectively highlight the contributions of anti-jigger campaigns in Murang'a South district.
2. The study intends to establish whether infested and affected people in Murang'a South district have been sensitized on how good health was expected to play an important role in achieving personal ambitions and exercise one's political rights.
3. The study intends to establish whether the public understanding the role of private and public sectors partnership in the provision and delivery of health facilities.

1.4 RESEARCH QUESTIONS

- 1 Is the media effectively highlighting the contributions of anti-jigger campaigns in Murang'a South district, Murang'a County?
- 2 Have people infested and affected with jiggers in Murang'a South District been sensitized on how good health is expected to play an important role achieving personal ambitions and exercise one's political rights?

1.5 PURPOSE/SIGNIFICANCE OF THE STUDY

Statistics from Ahadi Kenya Trust indicates that at least 30 per cent of Murang'a South District residents have been affected by jiggers menaces. This has affected their social and economic development as the infested persons are trapped inside the vicious cycle of poverty.

The presence of jiggers as indicated by Ahadi Kenya Trust is due to poor personal and environmental hygiene. The pest is causing suffering, embarrassment and poverty among citizens yet it can be eradicated through a continuous well-coordinated campaign.

The study aimed at identifying whether the media had effectively highlighted the anti-jigger campaigns. The study also aimed at encouraging the media to raise people's awareness about Kenya's vision for healthcare delivery which is to provide "equitable and affordable healthcare at the highest affordable standards" to her citizens, and recognize the role of the private and public sectors partnership in provision and delivery of healthcare services.

1.6 LIMITATIONS/DELIMITATIONS

LIMITATIONS

The following limitations were experienced while carrying out the study.

1. Time limitation

The three phases of the study, preparation, instrument pre-test, data collection and analysis, and report writing required a lot of time. The time available was not enough and influenced the areas and numbers of people anticipated to be reached. There were strict deadlines to adhere to in carrying out each task.

2. Financial resources

Right from the start, financial resources had been a limitation for movement to look for background information on the area of study. Also, financial constraints for data collection, analysis and document preparation were a constraint on the anticipated results.

3. The geographical factors

The terrain of Murang'a South District rendered access to some areas difficult.

4. The weather conditions

The long rains which were experienced in the region rendered some roads impassable, making it difficult for the researcher to collect information quickly.

DELIMITATIONS

This study was conducted in Murang'a South District, Murang'a County, and focused on the socio-economic impact of anti-jigger campaigns. The Ministry of Health and Sanitation, Non-governmental organization (Ahadi Kenya Trust), parents, teachers, students, political and religious leaders formed the population involved in the study.

Questionnaires were supplied to all stakeholders, and In-depth Individual Interviews were conducted to selected individuals to get more details concerning the area under investigation.

1.7 OPERATION DEFINITION OF TERMS

- BBC British Broadcasting Corporation
- CHEW Community Health Extension Worker
- CHW Community Health Worker
- GJLOS Governance Justice Law and Order Sector
- GOK Government of Kenya
- ICT Information, Communication Technology
- KBC Kenya Broadcasting Corporation
- KTN Kenya Television Network
- MCK Media Council of Kenya
- NGOs Non-governmental Organizations
- NTV Nation Television
- ODM Orange Democratic Movement
- PNU Party of National Unity
- PS Permanent Secretary
- HIV/AIDS Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
- HON Honourable
- MP Member of Parliament

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION TO DEVELOPMENT COMMUNICATION

An NGO known as Ahadi Kenya Trust has registered over 2.6 million jiggers infested Kenyans in the last five years. Many people have been suffering from jigger infestation in silence.

No comprehensive survey has been carried out by anybody, even the media. This is making it difficult to give the actual number of those affected. But the effects of jigger infestation are not vague. With school going children dropping out of school, and the spread of HIV/Aids among the infested through sharing of pins and other removing equipment; these are but just a few of the effects of jiggers infestation.

Jigger victims also have to deal with stigmatization and ridicule, being unable to exercise their voting rights due to disability, poverty and in extreme cases, death. Jigger infestation, caused by poverty and subsequently lack of proper hygiene, has so far claimed the lives of over 265 people in the country in the last two years. There is no doubt this number could be higher, as most cases go unreported.

Theoretical Framework

Three theoretical frameworks were applied during the study.

- Social Learning theory
- Information Integration theory
- Two Step Flow theory

The “*social learning theory*” was useful because people learn through observing others. This theory was used to explain media effects on people’s behaviour. According to Albert Bandura “children and adults acquire attitudes, emotional responses and new styles of conduct through filmed and televised modeling”. People do learn by observing the behaviour of others and the outcomes of those behaviours.

The “*Information Integration theory*” explains how attitudes are formed and changed through the integration (mixing, combining) of new information with existing cognitions. This theory can easily be applied to informative and persuasive messages. The study used this model to appeal to the members of public to enable the researcher to achieve his ultimate research objective.

In order to examine the role of media in highlighting anti-jigger campaigns in Murang’a South district, Murang’a County, the study adopted the “*Two step Flow Theory*” as its theoretical framework.

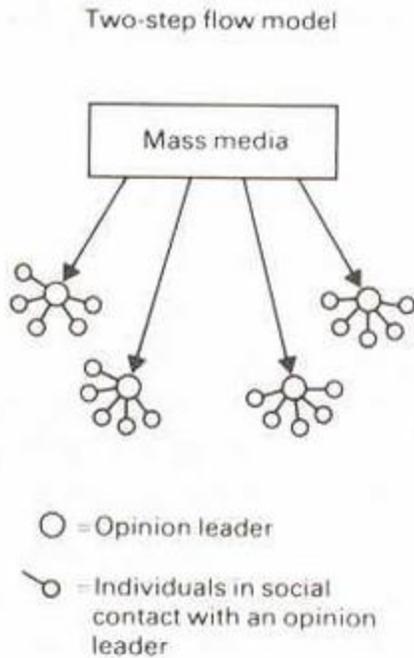
The aim of using this theory was due to the fact that political and religious leaders regularly interact with many people and have more opportunities to serve as opinion leaders. In addition, their socio-economic status in the society portrays them as successful people and the community looks up to them for interpretation and advice.

Moreover, their positions in society raises their probability of being perceived as knowledgeable and familiar with anti-jigger campaigns issues and possessing skills of dealing with the problem effectively.

The information often flows from media to opinion leaders and from them to less active sections of the population.

The theory was introduced by Paul Lazarsfield, Bernard Berelson, and Hazel Gaudet in *The People's Choice*. They conducted a study conducted in 1944 focused in the process of decision making during presidential elections campaigns.

They were surprised to find empirical support for the direct influence of media messages on voting patterns. Armed with this information Elihu Katz and Lazarsfeld developed the two step flow theory of mass communication.



Source: Katz & Lazarsfeld (1955)

2.1 REVIEW OF PAST STUDIES

Data collected by ahadi Kenya Trust in 2009 showed that 1,350 Murang'a residents were infested with jiggers.

The data was collected through door to door inspections in Gitugi location Murang'a. Out of this 700 were schools going children from 13 primary schools while the rest were adults. It also showed that 50 per cent of the children infested did not attend class.³

13 families had contacted HIV /Aids Virus in the process of removing jiggers. Some of the jigger victims had been rendered helpless and could not even walk. The said victims had their legs, hands, knees and the behind parts badly attacked.

Also, the data indicated that two people had died in Juja, kiambu County due to jiggers infestations. The report also indicated a family of five in Kandara district, Murang'a County lived in a great danger as their mother used diesel to treat jiggers. They lived in a single roomed

³ Ahadi Kenya Trust is a Non-governmental organization (registered in 2007 under the NGO coordination act of Kenya). It is a non profit, non political working in partnership with the Ministries of Health and Sanitation and Provincial Administration, Corporate bodies, NGOs, Media and the Community.

house where they cooked and slept .When the NGO visited, the villagers had gathered in the homestead to rescue the children. It was evident that poverty and poor hygiene had led to jigger infestation in the village. The family was one among many others who lived under similar conditions.

In makuyu location eight children from one family in Makuyu were jigger infested on both hands and feet. The children, all aged between 8 months and 9 years, lived in a single room which also served as the kitchen. They all shared one bed which had no mattress and beddings.

Leaders from the local Redeemed Gospel Church had been offering any possible help but they were unable to fight the jiggers. The situation was so bad that the victims could not even afford a pin. All the children suffered from malnutrition and none of them was able to walk or talk. This had led to the death of one of the children. There were many similar cases in the area.

And in Maragua, five children aged between 3 months and 4 years were admitted at Maragua District hospital following severe jigger infestation. They all had their hands and legs badly infested. The Hospital superintendent confirmed their conditions and feared that there may be many more with similar problems and not aware that they could seek medical attention.

In other parts of the country, the situation was similarly the same despite that the prevalence levels were slightly lower than in Murang'a according to the report. Like in Emuhaya constituency in Western Kenya 15 per cent of the constituents were jigger infested. More than 500 school-going children were on that day treated for jigger infestation. Other areas affected by jigger menace included Kimilili, Kakamega, Kitale, Bungoma, Butere, Teso and Bulawayi.

In the neighbouring Nyanza, the report indicated that a mother of three children in August 2008 in Central Gem, Siaya District had her new born baby attacked by jiggers.

Other parts include North Eastern, Nairobi where more than 300 jigger infested children were reported in Mji wa Huruma village.

In Coast region during an anti-jigger campaign in Garsen Constituency, more than 400 people were treated. More than 3000 children in Msabaha Location, Malindi District, were jigger infested. Two people from the region had in the previous month died due to severe jigger infestation.

A visit in October 2008 indicated there were more than 40,000 jigger infested children in the larger Malindi District, coast region. In some areas, as many as 800 children from one school were affected. In Burani Village, Kwale District, 40 children were infested with jiggers.

In the Rift Valley region more than 300 children at Lewa Downs Primary School in Samburu were infested with jiggers. During an anti jigger medical camp held in December 2008, more than 400 children were washed and treated. A good number of those infested drop out of school every year.

A visit to their homes indicated they lived under poor hygienic conditions. Poverty was also evident in the villages neighbouring the school.

In Kericho, a team of anti-jigger crusaders visited the District hospital, where a family of three was hospitalized due to serious jigger infestation. In Narok District, over 5000 people were jigger infested. This was according to a survey done by District health officials.

In Eastern part of the country an estimated 400, 000 people were affected by this menace, yet political leaders in the area continued to snub anti-jigger campaign projects and denied the existence of jiggers in their areas, citing embarrassment.

Across the border in Uganda, it was reported in the press that the Ugandan Members of Parliament had demanded for the arrest of those infested with jiggers.

In 2009 called for the arrest of people infested with jiggers. They said that those infested were flouting the public health laws. They said that the police should arrest people with jiggers for failing to take care of their bodies as per the Public Health Act. At the time of the debate, a family of five had suffered from jigger infestation and had been admitted to hospital in Jinja District. The family of John Kapere, 60 years, and his four children, could hardly walk as jiggers had infested their legs and other parts of their bodies.

According to a BBC report by Robert Ilukoli in Jinja, the Busonga region in Western Uganda had a high rate of jigger infestation. According to MP Aggrey Bagiire, to them, it was a total negligence for any sane Ugandan to suffer from jigger infestation. However, their suggestion was criticized by members of the public who said that those infested with jiggers were often poor and needed medical assistance.

In an interview with the BBC reporter, Mr Kapere said that the problem had started in March the same year and worsened. He said they tried to remove the fleas and used medicine but it only got worse and had to seek assistance. He said that his children had been suffering as the infections were very painful. Mr Juma Tola, a medical officer at Kakira Health Centre, said that the health of the family had improved tremendously after seeking treatment.

The Kenyan Parliament On Wednesday, August 18, 2007, questions were raised in parliament. Recordings from Parliament's Hansard indicate that several questions were raised about jiggers infestation in Kenya.

Questions on how many Kenyans had died of jigger infestation in the last five years, number of infested people and how the ministry of public health and sanitation was dealing with the menace were raised.

The government said no Kenyan has so far died of jigger infestation, the minister said jiggers Jiggers are found in nearly every district or province in the country, but the prevalence was more in Murang'a District of Central Province.

The ministry said Basic homestead and workplace environmental and personal hygiene are paramount to the prevention of the fleas. The government said Ministry had strengthened the environmental sanitation and hygienic promotion activities in the affected areas. These activities include spraying of the houses, disinfection, community hygiene education, case surveillance, amongst others.

The government also indicated that it was true that HIV/AIDS could spread due to use of contaminated equipment in trying to remove the jiggers. Education for the change of knowledge, attitude and practice of the people is important he pointed.

He said they have been educating people on how to avoid HIV/AIDS infections, including misuse of equipment in removing such things like jiggers, misuse of equipment in circumcision and so on. He held that he would not endeavour to give prophylactic treatment for every patient who had jiggers. "It is not viable both economically and medically. I have taken the Hon. Member's sentiments and I will enhance the education on jigger eradication and to make people know that it can be a conduit for infection of HIV/AIDS", he said.

The most affected areas in Kenya were the larger Murang'a and Nyeri districts in Central Province; Kwale and Malindi districts in Coast Province; the larger Kericho and Narok districts in Rift Valley Province; and Vihiga and Emuhaya, and the larger Kakamega District of Western Province. However, it was important to note that there were reports of isolated cases in all other parts of the country, he said.

The government through the Ministry of Public health and Sanitations insisted that these achievements had been made possible through partnership and collaboration with various stakeholders such as Ahadi Trust Fund. Also, in the same financial year, the Ministry had set aside Kshs10 million for purchase of chemicals and other disinfectants for the exercise.

He was quick to point out that jigger control was amongst the activities for appraisal in the performance of the Ministry, particularly the Permanent Secretary. In 15 priority districts, the Ministry had identified households for spraying and fumigation as a means of controlling jigger infestation. The process of spraying and fumigation had started. In Emuhaya Constituency, the Ministry had already dispatched adequate supplies of disinfectants and other chemicals for control and treatment of those affected by jiggers.

In addition, public health officers had embarked on an intensive health education campaign to create awareness among members of the public on the control measures.

Media Consumer Behaviour and Influence

Kenyan audiences are fragmented along the various media channels. Over 39 per cent of Kenyans watch television, over 90 per cent listen to radio, and only 23 per cent read newspapers. Nearly 3 million use internet services while over 14 million use mobile phones (Source: Synovate Research 2008).

The advertising revenue for 2007 stood at about KES 7 billion. Over 3.2 million households across the country have TV sets. There are more TV viewers in urban centers than rural areas. Urban areas enjoy higher standards of living than rural areas and have better access to TV resources.

National radio reach

Radio reach varies according to location of residence. Radio reaches over 79 per cent of the population, most of who are in urban centers. People in urban centers have access to more than one radio set. They listen at home, in transit vehicles, in offices and even in business premises. Rural households are poor and do not enjoy similar levels of access to radio.

National radios reach by region

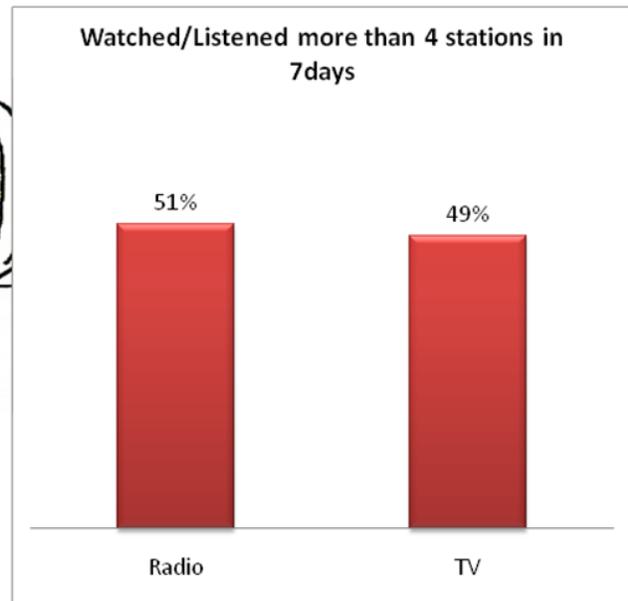
Radio reach is high across the country (from 60 to 92 per cent) with the exception of North West Kenya, which has less than 32 per cent reach. North West Kenya is a region characterized by poverty, difficult topography and low access to radio resources and telecommunication infrastructure.

Radio listening habits

Kenyans tune in to more than 2 radio stations each day. Kenyans switch between to get their favourite programmes. The Synovate Research 2009 report examined changing listenership patterns across media. Radio Citizen was popular early in the morning up to 7am on Mondays and was eclipsed by classic FM from 8am in Nairobi. The tendency among listeners to listen to more than two radio channels preference for various channel offers, explained this behaviour.

Diagram 1: Radio Listenership Habits

Not very loyal

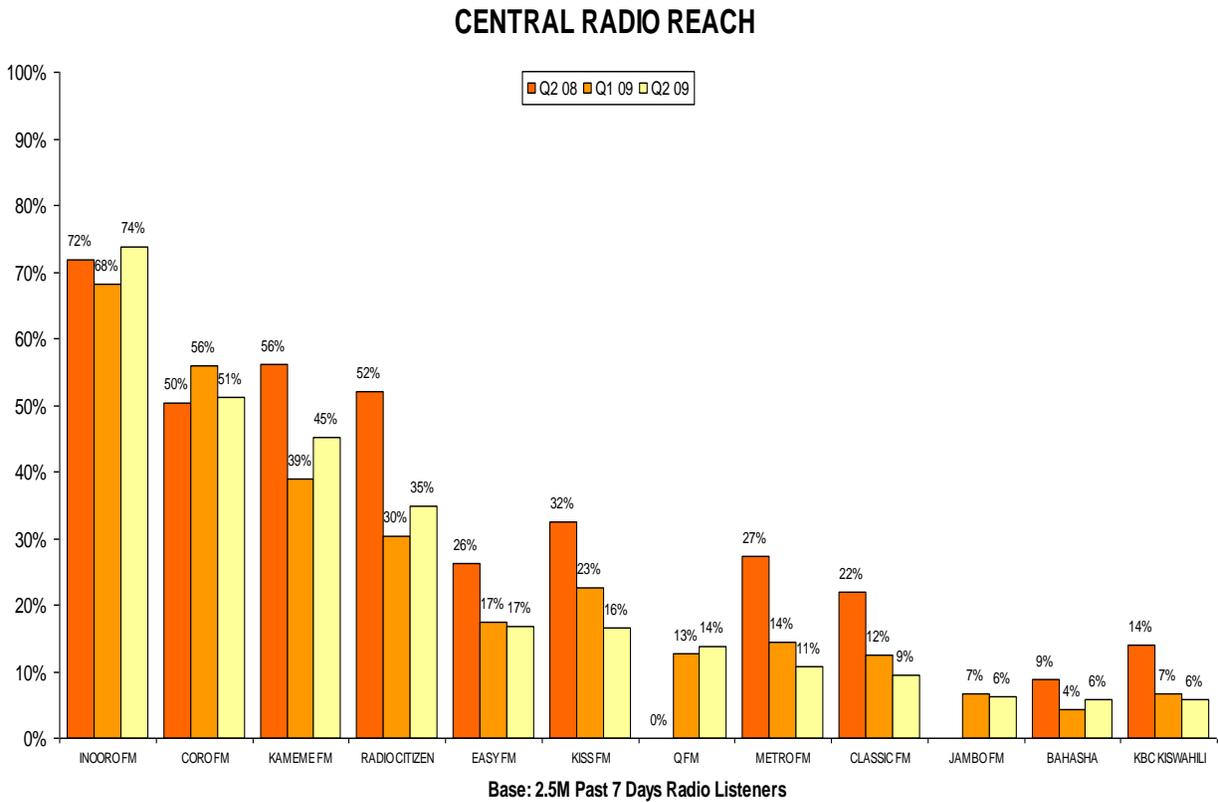


Source: *Synovate Research 2009.*

Radio listening habits in central Kenya

The Synovate Research 2009 report examined changing listenership patterns across media. Royal Media Services channels were popular in the central region of the country.

Diagram 2: Central Radio Reach

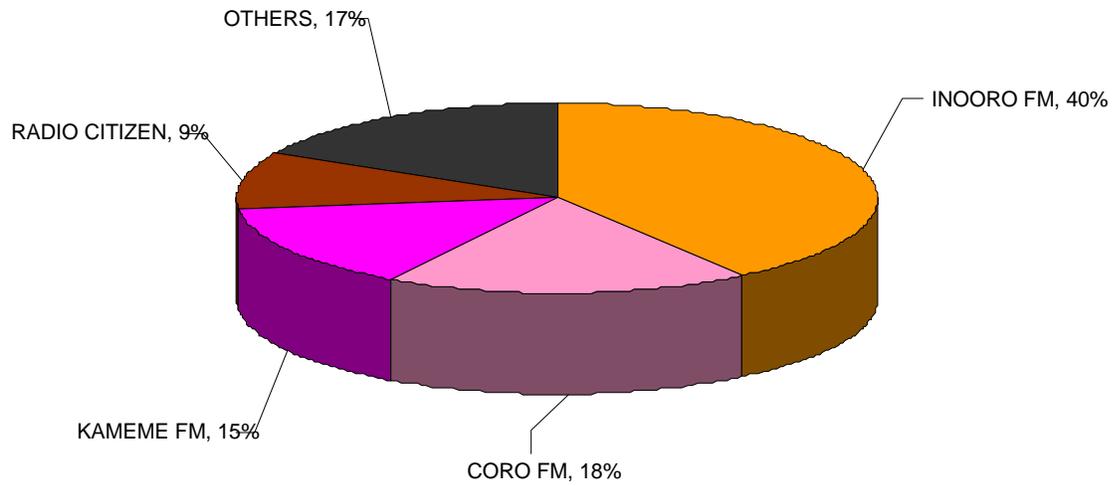


Source: Synovate Research 2009.

Diagram 3: Share of Listening in Central

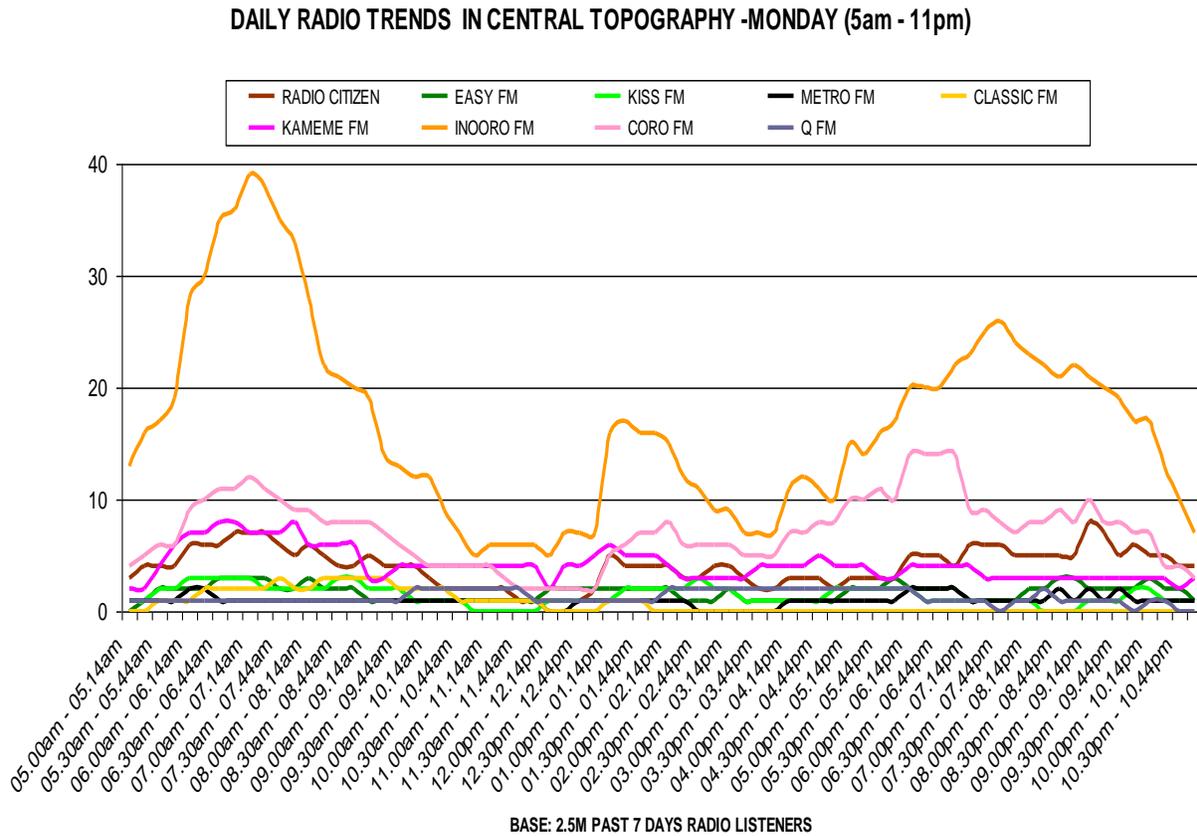
SHARE OF LISTENING IN CENTRAL

Kiambu, Kirinyaga, Muranga, Nyeri, Maragua, Laikipia



Source: *Synovate Research 2009.*

Diagram 4: Daily Radio Trends in Central Topography – Monday (5am- 11pm)



Source: Synovate Research 2009.

Local language radio stations

More and more Kenyans are listening to local language radio. Previously, most Kenyans listened to Kiswahili broadcasts. Kiswahili is the official national language. About 68 per cent of radio listeners tune into local language radio stations, the majority (71 per cent) of who are youth aged 15-34 years.

The local language radio stations have wide reach because they are many and spread across the nation. Therefore, their coverage area is wider than that of English and Kiswahili radio stations. They are popular because listeners identify more with the local languages and local events. Kenya has over 42 ethnic languages and all the major communities have their own ethnic language radio stations.

The popularity of ethnic language radio has led to growth in advertising revenue in the sector. Business interests in the sector continue to grow as investors position themselves to exploit the huge advertising revenue. They have created thousands of jobs and business opportunities.

The ethnic language radio stations have given marginalized communities a voice to articulate and champion their interests. They contribute to national debate on critical national issues. Rural communities are now more aware about social, economic and political issues.

Local language radio contributed immensely to high levels of political participation in 2007 general elections by providing a civic education platform. They also gave opportunities for listeners to discuss social and cultural issues and contributed towards cultural renaissance in the country.

Unfortunately, politicians co-opted most of the ethnic language radios to campaign for their political parties and themselves. This co-option took a tribal and regional twist and had a negative impact on the political environment. Generally, most ethnic radio stations perpetuated hate speech and incited ethnic communities against each other. As a result, they fanned the embers of the fires of the post election violence.⁴

Perception of trust of Media

Kenyan audiences trust media according to Synovate Research 2009. In fact, they mostly perceive media reports as “gospel truth”. The majority of Kenyans are not media literate despite the fact that the national literacy rate is high at 85 per cent. This could explain why media had such a big effect on voters during the 2007 elections and its aftermath.

However, the trust levels also vary with media house. Supporters of the Orange Democratic Movement (ODM), tended to trust the Standard newspapers and KTN among other ODM affiliated media, while Party of National Unity (PNU) supporters trusted the Nation newspapers, NTV, Citizen TV, Kameme FM and other media affiliated to them.⁵

⁴ See Kenya National Commission on Human Rights’ Report on Post Election violence, 2008.

See commission of Inquiry on Post Election Violence report, 2008.

See BBC World Service Trust’s Policy Brief No.1 Peter Oriare’s “Kenya’s Legal Framework” in The Kenya 2007 Elections and their aftermath: the role of Media and Communication.

⁵ See IRIN. Republic of Kenya: Humanitarian Country Profile. November 18th 2008.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.0 INTRODUCTION

3.1 RESEARCH DESIGN

To obtain the data, the researcher adopted both qualitative and quantitative techniques.

Under the quantitative research, the researcher used survey method of data collection, while under the qualitative research; the researcher used individual in-depth interview and content analysis.

Both primary and secondary data were used to obtain information.

3.2 RESEARCH SITE

The research was conducted in Murang'a South District, in Murang'a County. This is where most cases were reported in the media something which rose concerns and attracted the attention of government and non-governmental organizations to come up with projects to assist jigger victims.

3.3 TARGET POPULATION

The study covered an entire population of people between the ages of 10 to 50 years. A number of these were selected to represent the whole population.

Murang'a South District is divided into four administrative divisions namely; Kandara, Kigumo, Makuyu and Maragua with a total population of 385,450.

3.4 SAMPLE SIZE AND SAMPLING METHOD

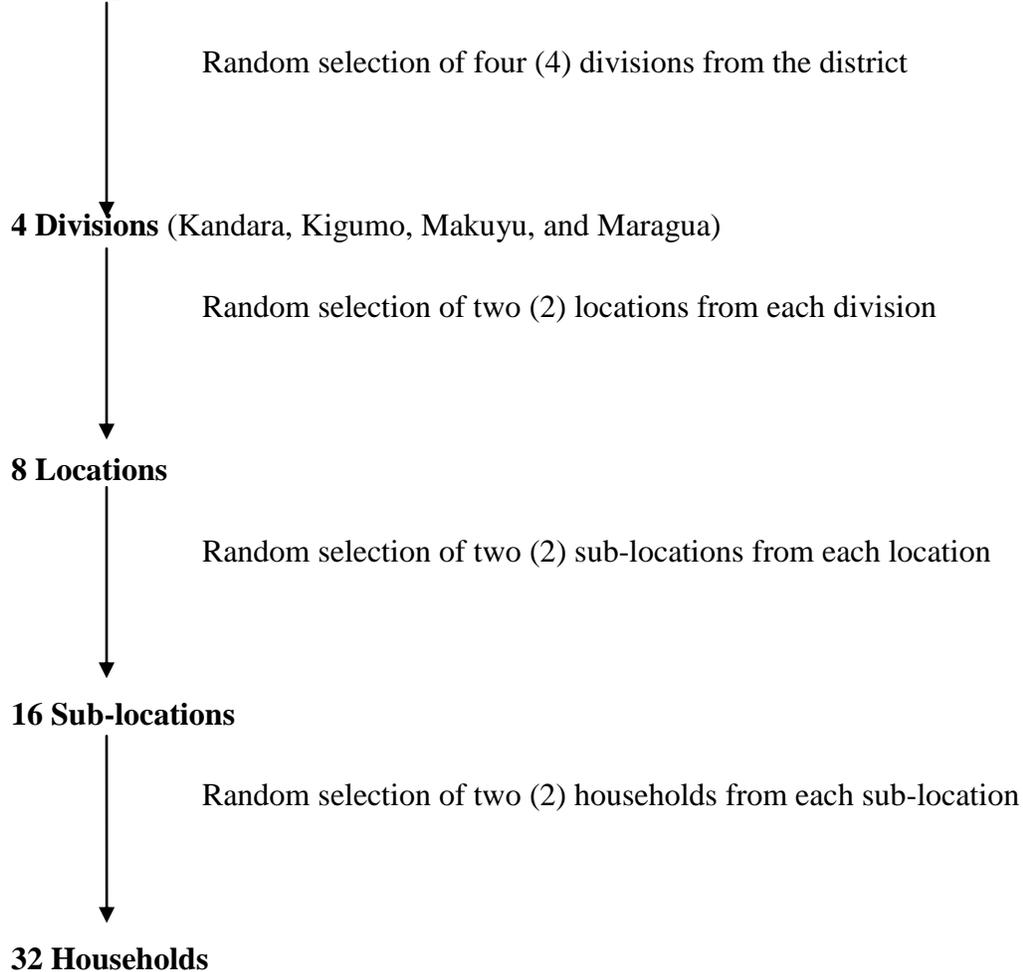
The Cluster/Multi-stage sampling method was used. This is because the region is considered to the most affected by this jigger menace in the county.

The main principle of using this method of sampling was to first sample a population which was much more general than the final one. Then, in the second cluster a new sample was

subsequently determined. This continued to the third cluster until the population number was reached and a final sample was drawn. At each stage, sampling was done in a simple random manner.

At first step, the researcher divided Murang'a South District into clusters of geographical and administrative units until the researcher reached at household level as illustrated here below.

Murang'a South District



(Randomly picked two (2) individuals from each household)

Ended up with a sample size of 64 individuals

3.5 INSTRUMENT USED

During the study, questionnaires were prepared by the researcher. Both descriptive and tabulation methods were also used. The instrument (questionnaire) was the best method since it had an almost 100 per cent return rate.

3.6 DATA COLLECTION

The questionnaires were dispatched to teachers, parents, few students, NGOs officials and several heads of various government departments within the region. The researcher conducted In-depth Interviews to a 10 selected Students, five (5) Women, Ministry of Public Health and Sanitation officials from Murang'a South district, among two (2) religious and two (2) political leaders in the district.

The data was obtained through visiting the sampled population. The researcher visited the 32 households sampled and distributed forty-five (45) questionnaires which contained both open ended and close-ended questions regarding the area under investigation.

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION

4.0 INTRODUCTION

4.1 DATA ANALYSIS

The researcher used both qualitative and quantitative methods of analysis. Under qualitative analysis, the researcher dealt with non-empirical data which only relied on theory and hence did not involve any observation or experimentation, while on quantitative analysis, it involved empirical analysis of data that had been observed and experimented. The collected data was summarized via the descriptions of a graph, tables, and pie charts.

4.2 DATA PRESENTATION

After visiting schools and homes in the vicinity of the study area, it was evident that 75 per cent of Murang'a South District in Murang'a County residents considered jiggers as a serious problem which had afflicted the region. They felt that it was a good idea for various stakeholders in the health sector to have come up with anti-jigger campaigns covering the region.

Women constituted 55 per cent of the respondents. This is because they were mostly the ones found in homes by the researcher when he visited the homes. The remaining 45 per cent was shared by children and men, with only 15 per cent representing men. This was as a result of the men's activities in the region, they are rarely found at home. Some refuse to be interviewed or participate in the research process, while others had no interest at all.

During the In-depth interviews for individuals, women and children co-operated with the researcher. Ten women were interviewed as well as ten children between the ages of 15 to 18 years. A Ministry of Public Health and Sanitation official was also interviewed representing, among other several religious and political leaders in the district.

40 questionnaires were distributed to the sampled population and the researcher had a 90 per cent return rate. They were distributed to teachers, parents, few students, NGOs officials and several heads of various government departments within the region.

50 per cent of the residents interviewed felt that the media was addressing the issue of anti-jigger campaigns in Murang'a appropriately, with 60 per cent saying that the media drew attention to other health issues affecting the region and gave examples of diseases such as diabetes, cancer, malaria and tuberculosis. Only 40 per cent felt that there seemed to be no media based research on health problems afflicting the region. They pointed out that a lot of time had been allocated to politics.

At 90 per cent were those who considered that the media is raising awareness to infested and affected people on how good health is vital in assisting an individual to achieve his/her personal ambitions and exercise political rights. Only, 10 per cent were doubtful about this.

All the respondents interviewed by the researcher unanimously agreed that jiggers are treated in hospitals, but 60 per cent of them mentioned that only those who are aware have the will power to seek treatment and are treated.

53 per cent of the interviewees considered that the Ministry of Public Health and Sanitation had not done a satisfactory job in the process of jigger eradication noting that the good will and financing of anti-jigger campaigns were questionable. They said that they knew jiggers can be eradicated at minimal cost but questioned where funds were for the program. 5 per cent of these interviewees added that the Ministry had failed to provide mobile clinics to treat people infested as these people's mobility was poor.

The private sector got praise as 80 per cent of the respondents said it had played an important role in anti-jigger campaigns in the region. They said the sector had been identified as the whistle blower on the 'pandemic', other sectors only took advantage of the private sector initiative. They gave an example of '*Ahadi Kenya Trust*', a Non-governmental Organization which they said visited many infested and affected families in the region and offered treatment. They were quick to point out that more needed to be done to avert re-infection cases.

Both political and religious leaders also got their share of praise and blame. With 56 per cent of those interviewed, responded by saying that both political and religious leaders were not mobilizing and sensitizing communities on how to eradicate jiggers. Only 44 per cent were of the same opinion that religious leaders during the church services encourage on good neighbourhood and followers are supposed to be concerned on the welfare of others.

However, 80 per cent of the respondents stated the following as effects jiggers had to the communities.

- Infested and affected people were made economically inactive.
- Jiggers' infestation affected primary schools attendance, mainly absenteeism was reported for those pupils who had jigger infestations, and however, there were no reported cases of school dropouts.

From the study, no specific cases of HIV/AIDS transmission had been reported as a result of jigger infestation.

The study also established that the Ministry of Public Health and Sanitation conducted the following activities soon after the jigger menace was highlighted by the media in Murang'a region.

1. Control of fleas by spraying houses, chicken and animal sheds with chemicals in the affected households.
2. Disinfesting domestic birds/chicken and animals by dusting or spraying with chemicals in the affected households.
3. Encouraging infested and affected families to clear houses of dust by frequently wetting and sweeping them.
4. Educating affected and infested families on how to ensure that there are no cracks or crevices in the walls and floors of their houses by smearing dung/clay on them.
5. Encouraging cementing of floors and walls.
6. Encouraging affected and infested households not to share dwelling houses with chicken and animals.

During the study, the researcher established that for treatment of jigger infestation, the infested person's affected body parts were dipped in a chemical solution for 15 minutes followed by application of disinfectant to the skin in case of open sores.

Also, the study established that jigger treatment and spraying chemicals are currently found in all Public Health Offices in the districts and in most agro-chemical shops. Members of the public

are being encouraged to buy the recommended chemicals and take initiative of spraying their households and animals.

Moreover, they have been educated that jigger infestation is a common condition among other health problems; infested persons/households should not be discriminated against.

Chemicals being used to treat jiggers

Treatment of Humans

1. Potassium Permanganate*
2. Hydrogen peroxide
3. Savlon

Dusting of Animals

1. Sevin dust
2. Baitical

Spraying of Houses and Animal pens

1. Sevin dust
2. ICON
3. Carbary (blattenex)

Photo: Chemicals being used to treat jiggers



*Mixture dosage is 5g in 5 litres of water. Dip for 15 minutes.

The following efforts were made to control jigger infestation in the region as the researcher found out:

- The Ministry of Public Health and Sanitation offered education to the communities.
- Those infested with jiggers were treated.
- The Ministry of Public Health and Sanitation gave support in terms of chemicals and staff and hence empowering communities.
- The same Ministry also trained the staff (Community Health Workers) on how to take charge of the jiggers menace.

From the study conducted, it was realized that the following challenges were faced by those involved in anti-jigger campaigns in Murang'a South District:

- Cleanliness/behaviour change was a problem.
- High poverty levels.
- Household's responsibilities/neglected persons in the families were mostly affected.
- Inability to mobilize social responsibility/lack of social responsibility.
- Families with single parents (single parenthoods) especially women run families were most affected.

The researcher established that the Ministry of Public Health and Sanitation through the community health workers decided to tackle the problem in schools by teaching the children and telling them to deliver the same message at home to parents; they also screened the children, treated those infested and spray the classrooms. Through this approach, they linked school health and household health.

The researcher identified the main stakeholders involved in anti-jigger campaigns in Murang'a South District as the following:

1. Ministry of Public Health and Sanitation.
2. Ministry of Education.
3. The Provincial Administration.
4. Ministry of Gender, Culture and Social Services.
5. Non-governmental Organizations, specifically Ahadi Kenya Trust.
6. The Kenya Red Cross Society.
7. The Media.

Data of jigger infestation in Murang'a South District in 2008

2008

Indicators	July- Dec
Hygiene promotion session	215
Audience reached	11,881
Households sprayed	6472
Community members infested	1946
Schools infested	275
No of pupils infested	3631

Data of jigger infestation in Murang'a South District in 2009

Indicators	Feb - June	July	Aug	Sep	Oct	Nov	Dec
Hygiene promotion session	78,300	143	467	380	721	233	420
Audience reached	294,790	12,564	13,428	26,851	25,314	12,831	25,512
Households sprayed	38,126	1834	1081	5193	2147	1770	1556
Community members infested	4605	1316	964	888	1162	568	499
Schools infested	130	30	-	59	26	36	-
No. of pupils infested	2616	287	-	402			-

The ministry of Public Health and Sanitation gave support in terms of chemicals and staff and hence empowering communities.

Data of jigger infestation in Murang'a South District in 2010

Indicators	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec
Hygiene promotion session	299	2015	758	552	99	278	585	311	260	352	334	280
Audience reached	1276	4103	2291	2691	979	444	11,645	797	12,903	8845	20962	6942
Households sprayed	2	0	12	8	26	5	1500	66	810	226	230	74
Community members infested	210	87	149	168	233	107	103	152	133	164	168	119
Schools infested	13	16	22	-	18	9	6	-	5	9	5	-
No. of pupils infested	22	25	98	-	31	15	22	-	33	85	74	-

Data of jigger infestation in Murang'a South District in 2011

Indicators	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec
Hygiene promotion session	1207	286	2054	675	329	630	240	348	4199	279	433	1425
Audience reached	18,926	13,918	23765	21,805	875	1879	920	1684	27,478	869	1791	69440
Households sprayed	168	43	679	1447					1706	-	-	251
Community members infested	155	138	200	231	198	110	120	46	89	31	17	700
Schools infested	7	8	14	-	10	9	11	-	28	5	2	-
No. of pupils infested	29	59	119	-	16	5	13	-	135	8	6	-

Data of jigger infestation in Murang'a South District in 2012

Indicators	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec
Hygiene promotion session	95	79	68	36	86							
Audience reached	5602	576	8686	46	1205							
Households sprayed	54	8947	33	1234	-							
Community members infested	70	14	7	25	17							
Schools infested	2	2	1	-				-				-
No of pupils infested	5	2	2	-				-				-

Strategies used in the district to control the menace

- Disinfection of 100 per cent of the households and all the schools in the district.
- Improve the level of knowledge and skills of all people in the targeted areas on prevention and control of jiggers.
- Improve the dwelling environment of people in the target areas to prevent inhabitation and breeding of jiggers.
- Reduce stigma associated with jigger infestation among the targeted populations.
- Promote income generating activities within the targeted communities to enable them sustain jigger elimination activities.
- Improve community participation and involvement in planning and implementation of health activities for sustainability (through training CHWs) which included:
 - Health education
 - Sanitation improvement
 - Households improvement.
 - House hold nutrition improvement

The district currently has the following health facilities:

		Number of Health Providers					
		GOK	FBO	NGO	Private	Total	
1	Hospitals	No.	1	0	0	1	2
		Beds	23		0	0	
2	Health Centers	No	2	2	0	0	4
		Beds			0	0	
4	Dispensaries	8	2	0	0	10	
5	Clinic	0	0	0			

Learning institution in the district

TYPE	Total No. of schools	Total Population		
		Girls	Boys	
Nursery schools	445	6574	6970	13,544
Primary schools	87	17,895	18,393	36,288
Secondary schools	45	6,051	5,328	11,379

Service providers in the control of the ecto-parasite forms part of Community health strategy implementation in the district

Divisions	Community unit	No. of trained CHEW's	No. of trained CHW's
Maragua	11	5	
Makuyu	7	5	
Kimorori	4	2	150
Total	21	14	

The study established that the following achievements have been made:

- Local stakeholders forums held – 138
- Sessions held at household level only – 78,126
- Sessions held in schools and public places – 174
- Total Health education sessions held including public barazas, schools and house hold talks – 78,139
- Households sprayed – 38,126
- Schools sprayed – 130
- Cases treated at home – 221
- Cases treated at public gatherings 4,384
- Cases treated in schools– 2,516
- Total treated cases – 7,121

SPRAYING

	Total Number	Total Sprayed
Households	78,895	38,126
Schools	229	130

TREATMENT

Number of cases treated in the district between Feb 2009 – June 2009

Cases treated at home and public gatherings	4,427
Cases treated in schools	<u>2,699</u>
Total treated cases	<u>7,126</u>

HEALTH EDUCATION SESSIONS

	Number held
Local stakeholders forums	138
Sessions held at household level	78,126
Sessions held in schools and public places	<u>174</u>
Total Health education sessions held including public barazas, schools and house hold talks	<u>78,300</u>

SITUATION ANALYSIS BEFORE

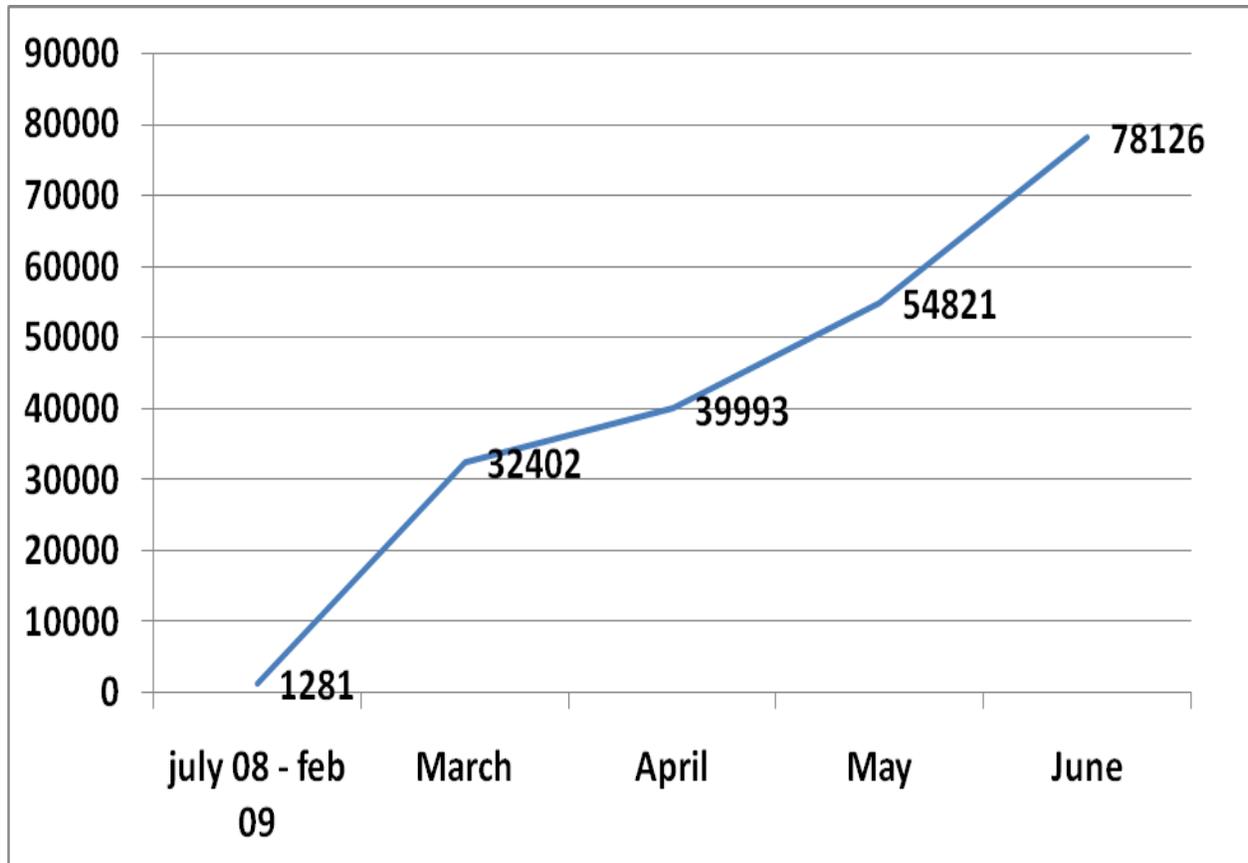
(Data for the period Oct 08 to Feb 09)

Division	No. of households inspected	No. of households infested with fleas	No. of occupants infested
MAKUYU	901	344	222
MARAGUA	358	208	448
KANDARA	1648	1353	1586
KIGUMO	186	42	104
TOTAL	3093	1947 (62.9%)	2360

SITUATION ANALYSIS AFTER**(30th June 09)**

Division	No. of households inspected	No. of households infested with fleas	No. of occupants infested
MAKUYU	900	24	1
MARAGUA	340	23	2
KANDARA	1185	61	5
KIGUMO	600	13	0
TOTAL	3025	121(4%)	8

CUMULATIVE NUMBER OF HOUSEHOLDS GIVEN INTERVENTIONS BY MONTHS

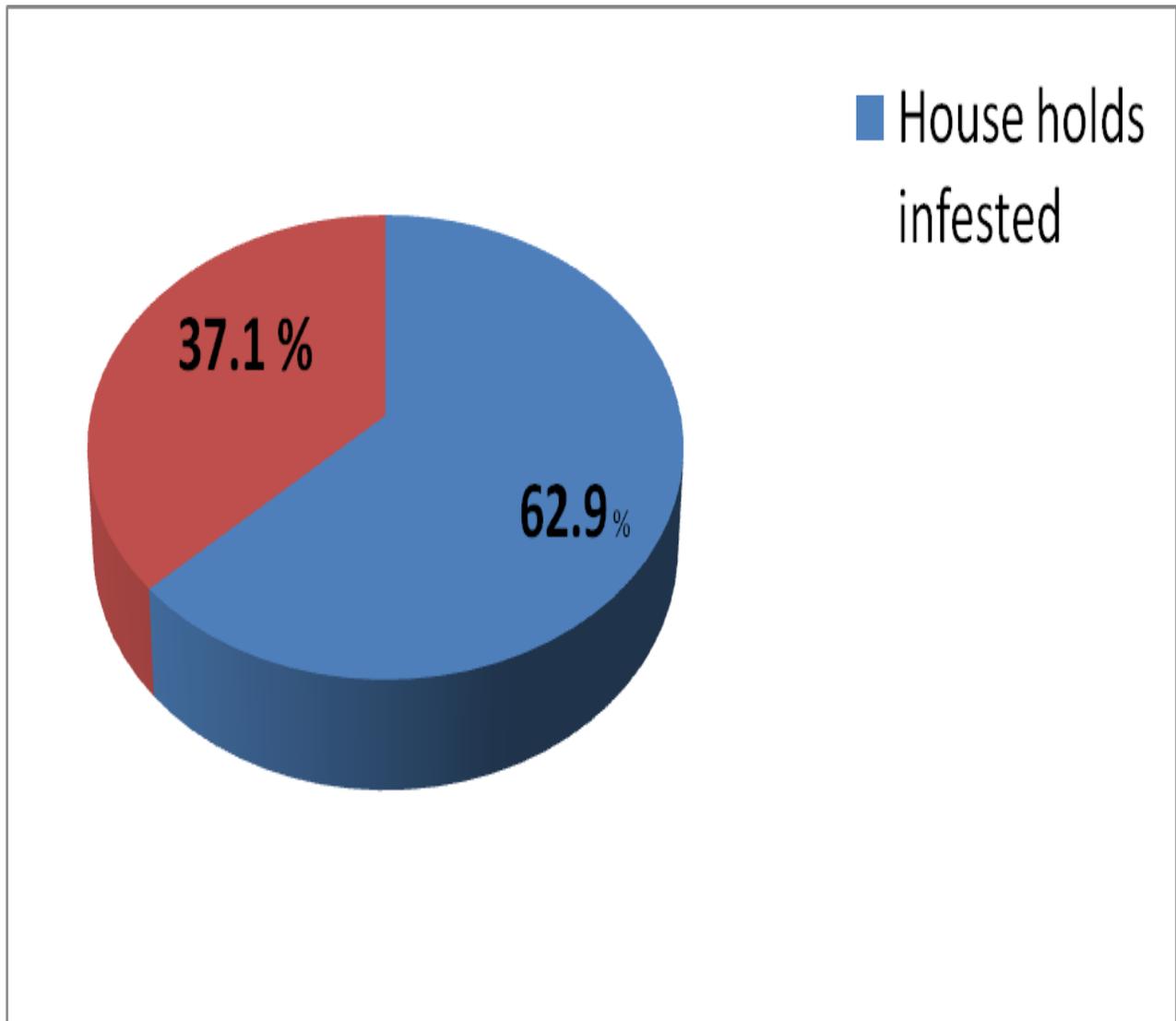


The same Ministry also trained the staff (Community Health Workers) on how to take charge of the jiggers menace.

Improve community participation and involvement in planning and implementation of health activities for sustainability (through training CHWs) which included:

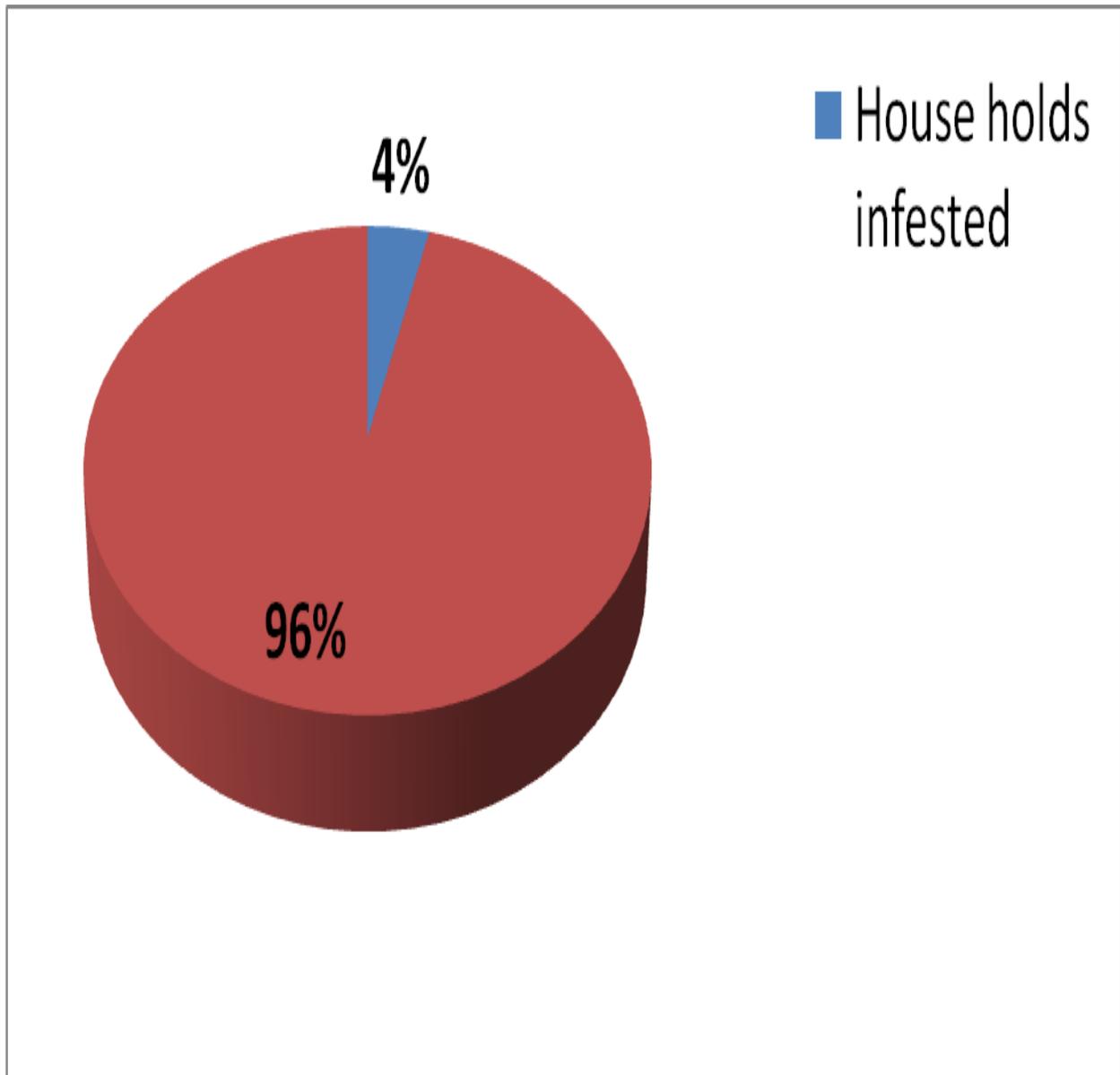
- Health education
- Sanitation improvement
- Households improvement.
- House hold nutrition improvement

SITUATION BEFORE INTERVENTION



The situation before intervention indicated that there were a high number of individuals infested with jiggers.

SITUATION AFTER INTERVENTION



The number of those infested with jiggers reduced drastically after the intervention.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATION

5.0 INTRODUCTION

5.1 CONCLUSION

From the study conducted, it was realized that the jigger menace in Murang'a South District, Murang'a County was a serious problem. Residents appreciated the efforts made by various stakeholders in health sector when they initiated the anti-jigger campaigns.

It was also evident that many residents believe that the media didn't address the issue of anti-jigger campaigns in Murang'a County appropriately. However, despite the media drawing attention to other health issues afflicting the County, politics were considered to have consumed a lot of air time in all media outlets. The Murang'a South District residents trust the media as custodian of truth and sincere advocates of positive change. Media is looked upon as a credible source of information.

Also, from the study findings, the media was commended for raising awareness to infested and affected families on how good health is vital in assisting them to achieve their personal ambitions, and also to exercise their political rights. The relationship existing between the family and economic life is particularly significant. On one hand, in fact, the economy was born from domestic work. The home has been for a long time and in many regions still a place of production and the centre of life. The dynamism of economic life, on the other hand, develops with the initiative of people and is carried out in the manner of concentric circles, in ever broader networks of production and exchange of goods and services that involves families in continuously increasing measures.

Family and work are united by a very special relationship. The family constitutes one of the most important terms of reference for shaping the social and ethical order of human work. This relationship has its roots in the relation existing between the person and his right to possess the fruit of his labour and concerns not only the individual as a singular person but also as a member of a family, understood as a domestic society.

Work is essential insofar as it represents the condition that makes it possible to establish a family, for means by which the family is maintained are obtained through work. Work also conditions the process of personal development, since family afflicted by jiggers runs the risk of not fully achieving its ends.

The research findings established that women constituted more than half of the entire population interviewed by the researcher, reason being that they were mostly found at home. In relationship to this, particular attention must be given to the issue of the role of women in the family, more generally to the recognition of the so-called work of “housekeeping”, which also involves the responsibility of men as husbands and fathers. The work of housekeeping, starting with that of the mother, precisely because it is a service directed and devoted to the quality of life, constitutes a type of activity that is eminently personal and personalizing, and that must be socially recognized and valued.

The researcher established the following as what respondents thought needs to be done to completely eradicate jiggers in Murang’a South District:-

1. All stakeholders must take an honest and deliberate step towards eradicating jiggers, otherwise, there are people who have made the campaign an economic activity and would not like the sacred cow (jiggers’ menace) killed.
2. Introduction of mobile clinics to visit the infected people regularly for treatment and to avert re-infection.
3. Provision of creative and preventive drugs to the infected and un-infected and regular spraying of their homes.

5.2 RECOMMENDATION

From the study findings, the following needs to be done:-

- The media should go out of their normal way of coverage and do coverage that will support continuity of the anti-jigger campaigns all over the country. This is because so far the media has not been consistent in highlighting the measures that should be taken by communities to eradicate jiggers.
- The media should clearly highlight what government is doing. Currently, no media outlet has clearly highlighted what is being done by the government. Most of the media reports do not give a clear picture of what the government is doing. For instance, giving prominence to infested households, activities of CHEWs and CHWs in their respective work stations.

The media has a high potential;-

- If it highlights the efforts being made by the households in the fight against jigger infestation.
- If it highlights the role of the Ministry of Public Health and Sanitation in the process of jigger elimination. More people will adopt what is being done and assist in solving the jigger menace in the county.
- If it supports the Ministry of Public Health and sanitation in passing the health messages. For instance, intensive coverage of health conferences, interviews with (Health officials/ Victims involved) and this should be done at the household levels. By this, the communities will be encouraged and appreciate/adopt easily the new mode of living when they see in the media what is happening within their own set-up.

As a way of strengthening the capacity of media as platforms for communication for development, media strategies for peace, health communication, and others should be harmonized. Mobile telephony is an emerging platform.

The capacity of media houses and institutions to generate local content that supports national ideals and aspirations should be strengthened. A media content development centre in partnership with Kenya Film Commission and private sector players such as Google Kenya would add value to the market.

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APPENDICES

APPENDIX 1

QUESTIONNAIRE

Hello, I am James Ngunjiri from the School of Journalism and Mass Communication, University of Nairobi, conducting research on the role of media in highlighting anti-jigger campaigns in Murang'a South District; Murang'a County. This is for partial fulfillment for the award of a Master of Arts (Communication Studies) degree. Any data collected will be treated with strict confidentiality.

The questionnaire consists of two sections.

SECTION A- Tick the appropriate -----

SECTION B- Give short answers in the spaces provided-----

SECTION A

1. NAME: -----

2. GENDER: MALE: ----- FEMALE: -----

3. AGE: 15-19 ----- 20-25 -----
 26-30 ----- 31-35 -----
 36- 40 ----- 41-45 -----
 46-50 ----- 51-above -----

4. MARITAL STATUS:

Married ----- Engaged ----- Single -----
Separated ----- Divorced ----- Widow -----
Widower -----

5. RELIGION:

Christian ----- Muslim ----- Others -----

6. EDUCATION LEVEL:

Primary ----- Secondary ----- College -----
University ----- None -----

7. OCCUPATION:

Employed ----- Self-employed ----- Un-employed -----
Student ----- Others -----

SECTION B

8. How long have you lived in Murang'a South District? -----
-

9. Have jiggers been a serious problem in your area? -----

If NO why? -----

10. Is the media addressing the issue of anti-jigger campaigns in Murang'a County
appropriately? -----

If NO what is lacking? -----

11. In your opinion do you think the media draws attention to other health issues of the
county to the general public? -----

a.) If YES can you give examples? -----

(b.) If NO can you give examples -----

12. Is the media raising awareness to infected and affected people on how good health is vital in assisting an individual to achieve his/her personal ambitions and exercise political rights? -----

13. Are jiggers treated in hospitals? -----

14. In your opinion, has the Ministry of Public Health and Sanitation done enough to eliminate jiggers? -----
If YES how, -----

and If NO what is lacking? -----

15. Has the private sector played an important role in anti-jigger campaigns in the county? ---

16. For political and religious leaders, are they mobilizing and sensitizing communities on how to eliminate jiggers? -----

17. Finally, what do you think needs to be done to completely eradicate jiggers in the region?

Thank you.

APPENDIX 2

INDIVIDUAL INDEPTH INTERVIEW GUIDE

Hello, I am James Ngunjiri from the School of Journalism and Mass Communication, University of Nairobi. I am here to discuss with you the role of media in highlighting anti-jigger campaigns in Murang'a South District, Murang'a County.

Any information shared will only be used for the intended purpose of research work and not elsewhere.

QUESTIONS

1. How long have you lived in Murang'a South District?
2. Have jiggers been a serious problem in your area? *If NO why?*
3. Is the media addressing the issue of anti-jigger campaigns in Murang'a County appropriately? *If NO what is lacking?*
4. In your opinion do you think the media draws attention to other health issues of the county to the general public? *a.) If YES can you give examples? (b.) If NO can you give examples*
5. Is the media raising awareness to infected and affected people on how good health is vital in assisting an individual to achieve his/her personal ambitions and exercise political rights?
6. Are jiggers treated in hospitals?
7. In your opinion, has the Ministry of Public Health and Sanitation done enough to eliminate jiggers? *If YES how, and If NO what is lacking?*
8. Has the private sector played an important role in anti-jigger campaigns in the county?
9. For political and religious leaders, are they mobilizing and sensitizing communities on how to eliminate jiggers?
10. Finally, what do you think needs to be done to completely eradicate jiggers in the region?

Thank you.

APPENDIX 3

List of Public Offices consulted for information presented in this study include:

1. Ministry of Public Health and Sanitation Headquarter (Afya House- Nairobi).
2. District Public Health Office- Murang'a South district.