A CRITICAL ANALYSIS OF THE INFLUENCE OF TELEVISION ON SEXUAL BEHAVIOR OF YOUNG WOMEN: A CASE STUDY OF MLOLONGO TOWNSHIP, MACHAKOS COUNTY

BY

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DECLARATION

This project is my original work and has not been presented in part or any other form for the award of a degree in any other university

Signed .....Date 23/11/2011

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APPROVAL

This research project has been submitted for examination with my approval as University Supervisor.

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Dedication

This piece of work is dedicated to beloved parents, Mr and Mrs Hezron Nyambane. Thank you very much for the sacrifices you made to see me attain university education and being there for me through and through.

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LIST OF ABBREVIATIONS

AIDS - Acquired Immune Deficiency Syndrome

ANC - Ante Natal Clinic

BBC - British Broadcasting Corporation

CDC - Centers for Disease Control

ECPs - Emergency Contraceptive Pills

FHI - Family Health International

HIV - Human Immune Deficiency Virus

KDHS- Kenya Demographic and Health Survey

KAIS - Kenya Aids Indicator Survey

KAVI - Kenya Aids Vaccine Initiative

KNGN/- Kenya National Guidelines on Nutrition and HIV/AIDS

KDHS - Kenya Demographic Health Survey

MOH - Ministry of Health

NACC - National Aids Control Council

NGOs - Non-Governmental Organizations

OVC - Orphans and Vulnerable Children

OS - Opportunistic Infections

PWHA - People With HIV/AIDS

PLWA- People Living With AIDS

STI - Sexually Transmitted Infections

STDs - Sexually Transmitted Diseases

TV - Television

UNAIDS - United Nations Program on AIDS

US - United States

VCT - Voluntary Counseling and Testing

WHO - World Health Organization

ABSTRACT

The study set out to analyze the influence of television messages on sexual behavior of young women aged between 15 and 24 in Mlolongo Township. The main objectives were to investigate the relevance of the TV messages in addressing the issues that make women more vulnerable to HIV/AIDS; examine the relationship between TV viewership and personal behavior change and enquire whether HIV/AIDS prevention messaging through TV was the most effective method of addressing the vulnerability of girls to HIV/AIDS.

The study employed exploratory research design to collect the data from the sample population. Data collection method was through the use questionnaire method administered on a face-to-face basis to the sample size of 60 respondents who were selected using random probability sampling. The study used the Statistical Program for Social Science (SPSS) to analyze the data and presented it in summary tables, graphs and figures.

The findings of this study indicated that nearly 100 percent of the respondents had access to TV programs with messages on HIV. However, the findings also found that TV viewing alone was not sufficient enough to effective behavior change. There was therefore need to incorporate other strategies in the fight against HIV/AIDS in order to achieve desired and positive behavior change. For instance, counseling should be included in the campaigns and there was need for economic empowerment to cushion the girls against vulnerability.

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CHAPTER ONE

INTRODUCTION

1.1 Background

Over twenty-five years have passed since the first diagnosis of HIV, the virus that causes in the world. While there were a handful of women among the first AIDS cases, they (women) have emerged as another group hard hit by the HIV and AIDs epidemic (KAIS, 2007, KDHS, 2003). HIV/AIDS has claimed more than 20 million lives worldwide and some 37 million people are living with the virus. Each year, one million people die of the virus. According to figures from UNAIDS 2003, Sub- Saharan Africa accounts for about 70 percent of the world's HIV/AIDS infection, 25 million of the 37.8 million people living with the HIV/AIDS worldwide. In Kenya 2 million are people are infected (NACC, 2000).

Since HIV/AIDS was discovered in 1981, it has become one of the most devastating infectious diseases globally. It is the forth most common causes of premature death in the world, and the leading cause of death in Africa. Of approximately 60 million people who had been infected with HIV since the beginning of the epidemic, more than 20 million had died of AIDS by the end of 2003 (UNAIDS/WHO, 2003).

In 2004, there were about 3.1 million AIDS deaths worldwide. In the same year, about 4.9 million new infections occurred, approximately 14,000 people per day- resulting in more than 39.4 million people living with HIV/AIDS worldwide. In that year, 60% of some 25.4 million on the infected people were living in Sub-Saharan Africa where the

pandemic is causing particular devastation. The average HIV prevalence among adult population across Sub-Saharan Africa is 7.4% (UNAIDS/WHO, 2004).

1.1.0 Vulnerability of Women to HIV and AIDS

Young women are particularly vulnerable population in Kenya, a country where majority of the population becomes sexually active between ages 15 and 24. This is due mainly to vulnerability. Majority of them are sexually active and desire to experiment due to peer pressure. Coupled with living in high-risk areas like Mlolongo, poverty, gender-based violence including rape, economic dependence and cultural practices and beliefs makes their vulnerability grave. Among young women, HIV infections are sexually transmitted or associated with pregnancy, childbirth and breast-feeding, health initiatives, women with violent or controlling male partners are at increased risk of HIV, partner violence, male-dominance in relationships, physical violence, sexual coercion and so on. There should be an acknowledgement that there is linkages between HIV/AIDS and sexual and reproductive health, and explain their relationship within the broader issues of public health, development and human rights.

Current measures of HIV prevalence and care have affected HIV/AIDS incidence, prevalence and clinical presentation positively. However, despite recent trends of falling prevalence among people especially in adolescent girls in Uganda and South Africa, overall about three times as many young women as men are infected in Sub-Saharan Africa. In 2004, an estimated 3.1 million (2.7-3.8) million people in the region became

newly infected, while 2.3 died of AIDS (KNHIV/AIDS SP: 2005 to 2010). Among young people aged between 15 and 24 years, an estimated 6-9 of women and 2.2% (2.0-2.7%) of men were living with HIV at the end of 2004.

African girls and women are particularly vulnerable to HIV infection. Women are about half of all people living with HIV/AIDS world wide, but sub-Saharan Africa women are 58 percent of the people living with HIV/AIDS. Young women aged 15 to 24 were 2.5 percent are more likely to be infected than young men.

HIV/AIDS has become a tragedy of devastating proportions globally. HIV/AIDS affects the productive and profitability of businesses with economic implications well into the future. AIDS creates a unique demand at all levels of society (AIDSCAP/FHI, 1996).

Africa bears much of the burden of these devastating statistics, with 25 million people living with HIV/AIDS. Various strategies towards the eradication/management of the virus have put several intervention strategies in place. Among them, include abstinence, condom use, faithfulness to one partner of known HIV status and addressing stigma Spearheaded largely by the government, non-governmental organizations, health professionals and the media.

It is estimated that 7000 young people aged between 10 and 24 are infected with the virus daily; that is about 5 young people every minute. About 1.7 million young people in Africa are infected with HIV every year, with 700, 000 being Asia and the Pacific.

(UNAIDS, 2001). In Kenya, 80-90 percent of infections are among people aged between 15 – 24 years, (AIDSCAP/FHI 1996). HIV/AIDS infections are concentrated in the least developed countries (LCD) with 89% of people with HIV/AIDS living in Sub-Saharan Africa and Asia. Over 2/3 of all the people living with the virus, 22 million live in Africa. It is estimated that 87% of children living with HIV/AIDS in the world live in Africa (NACC, 2000).

More than any other disease, HIV/AIDS is a social and medical problem. The primary mode of transmission is through heterosexual contact and the epidemic varies greatly across demographic groups. HIV prevalence is nearly two/three times higher among adult women compared to men; and varies by region and across socio-economic class and it is higher among the poorest compared to the rich in the both rural and urban areas (The Body .org).

1.1.1 The Kenyan Situation

In Kenya, the first case of HIV was diagnosed in 1984. Since then, the epidemic has continued to wreck havoc in the productive population. The government's response to it has been expanded. When the epidemic was first recognized, the highest rates of infection were concentrated in marginalized and special-risk groups, including women who were sex workers and their clients, and men in mobile occupations, such as long-distance truck drivers (KAIS, 2007). For more than a decade, however, the country has faced a mixed HIV/AIDS epidemic; new infections are occurring both in the general population and in vulnerable, high-risk groups. Since 1999, Kenya has conducted annual

HIV sentinel surveillance among pregnant women attending ate- natal clinics (ANC) and patients attending STI clinics.

The government of Kenya established policy guidelines for HIV and AIDS in Sessional Paper No. 4 of 1997. On 25th November 1999, the then President of Kenya Daniel Arap Moi declared the HIV epidemic a national disaster and created the National AIDS Control Council (NACC) under the Office of the President to coordinate a multi-sectoral response to contain HIV/AIDS. The government developed the first Kenya National HIV/AIDS Strategic Plan (KNASP) for 2000-2005, establishing a response to the epidemic in partnership with all stakeholders, including civil society, private sector and development partners. The Kenya Demographic and Health Survey (KDHS:2003) estimated that 1.2 to 1.5 million people in Kenya between ages of 15 to 49 years were infected by HIV (KNGN & NIV/AIDS, MOH, 2007). These findings and other surveys have also revealed the following:

- According to the KDHS 2007,'the average prevalence of HIV infection in Kenya is 7 percent. The range across the country is 3% to 15%.
- For every infected man, there are two infected women.
- Among 15 to 19 year olds, the ratio of infected women to men is 3:1
- The pick prevalence (13%) is among women aged between 25 to 29 years.
- Among adults, the epidemic has increased the average life expectancy by 8 years or more, from 57 years to 47 to 49 years.
- Kenya has an estimated burden of close to a million orphans and vulnerable children (OVC) as a result of HIV/AIDS.

- The occurrence of opportunistic infections (OIS) has increased. This resulted in 45% to 70% in beds in public hospitals being occupied by people with HIV/AIDS (KNGN & HIV/AIDS, MOH: January 2007).

The action framework for the fight against the HIV/AIDS epidemic in Kenya focuses on three major priority areas: prevention of new infections, improvement of the quality of life of people infected and affected by HIV/AIDS and mitigation of the socio-economic impact of HIV and AIDS (KAIS, 2007). A key activity in improvement of quality of life people infected by HIV and AIDS is the provision of nutritional interventions (Kenya National HIV and AIDS Strategic Plan 2005 to 2010). HIV counseling and testing are other key elements in a comprehensive response to the HIV/IADS epidemic.

According to the Kenya National Guidelines for Research and Development of HIV and AIDS Vaccines, (KNGRD March 2005), HIV/AIDS has become one of the most devastating infectious diseases globally. In 2004, approximately 4.9 million people were newly infected with HIV; of these, 4.3 million were adults and 640,000 were children under 15 years of age. The pandemic is devastating sub-Saharan Africa which is home to about 10% of the world's population but with 60% of all the people with HIV in 2004.

Women risk becoming infected at a much younger age than boys do. They are vulnerable to HIV biologically, socially and economically. Gender inequality fuels HIV crisis among women (Overall and Zion 1999). The proportion of HIV and AIDs cases among women has more than tripled from 8% in 1985 to an alarming 27% in 2008 (The

Body.org). HIV has become the third most deadly disease for women, behind cancer and heart disease. The epidemic among young women thrives on poverty, gender-based violence including rape, dependency and vulnerability. Majority of women and men who are fully aware of the threat of HIV are unwilling or unable to protect themselves and their partners. In a recent study tour conference of Emergency Contraceptives organized by Population Council, it emerged that young women are more afraid of pregnancy than HIV so they are increasingly engaging in unprotective sex and depend on Emergency Contraceptive pills (ECPs) to avoid pregnancy thus endangering their lives with HIV infection.

In yet another feature by the BBC on HIV and young women inn Kibera slums in March 2011, young women confessed that they would rather die of HIV than hunger. This revelation indicates that the threat of HIV infection among young women is a real issue and concerted efforts to combat it by addressing the issues among which women are most at risk. For instance, a woman faced with the threat of hunger may find it very difficult to say no to unprotected sex if only to meet her immediate need—hunger.

According to the recent Kenya AIDS Indicator Survey (2007), of adults aged between 15-64 years, an estimated 7.1% million people were living with HIV infection in 2007 in Kenya. Prevalence among adults aged 15 to 49 years was 7.4% and was not statistically different from KDHS estimates (6.7%). Prevalence among youth aged between 15 to 24 years was 3.8%. Women were more likely to be infected (8.4%) than men (5.4%), in

particular young aged 15-24 years were four times more likely to be infected (5.^%) than young men of the same age group (1.4%) (KAIS, 2007).

Adult prevalence has now stabilized around 6.3%, according to the most recent Kenya Demographic and Health Survey (KDHS: 2008-2009). HIV prevalence is nearly two/three times higher among adult women compared to men; and varies by region and socio-economic class; and is higher among the poorest compared to the rich in rural and urban areas, and gets worse in high-risk areas. The high level of new infections among young women and their vulnerability is an area of growing concern. A number of comprehensive, integrated interventions have been employed by various organizations including the government, NGOs, health professionals and the church. One of the major preventive and care strategies is the mass media and in particular, the TV messages which is the focus of this study. Among the strategies include total abstinence, condom use, VCT—knowing one's status, faithful to one partner of known status (*wacheni mpango wa kando)*, a popular TV advert. Other TV soaps like *Siri, Makutano Junction,, Churchhill Life, Nakufeel*, *Mother in Law,* male circumcision and so on to convey messages on HIV/AIDS.

This study seeks to critically analyze the influence of TV messages on HIV/AIDS among young women aged between 15 – 24 in Mlolongo Township, a high risk town due to strategic position a long the Mombasa highway and the kind of lifestyle necessitated by the long distance truck drivers who spend considerable time in the town because of the weigh bridge located there. Studies have indicated that the highest prevalence of

HIV/AIDS case occur among young people between 15 to 24. This is the time adolescents become sexually active due to peer pressure, desire to experiment, sexual exploration, vulnerability, poverty among others.

1.2 Problem Statement

HIV/AIDS has continued to cause havoc the world over since the first cases were first reported over twenty years ago. Women are the most affected due to various socio-economic, cultural and gender factors. According to KAVI report 2001, Kenya, there are many more women infected compared to men, In areas with high prevalence like Mlolongo township because of the heavy presence of truck drivers, risk to young women is three times higher than that for young men. Such women are dying very young due to information and knowledge gap, coupled with poverty and dependability. Besides sexual activity, other underlying factors make women more vulnerable than men include poverty, culture, gender-based violence, sexual harassment including rape, economic dependence and so on. Women cannot demand that their partners to use condoms or engage in safe sex yet they depend on them for economic support. Women therefore tend to be at risk not because of their own behaviors but because of the behaviors of their partners. The general observation is that there is a gap between information dissemination and behavior change. According to WHO, Kenya AIDs Indicator Survey and the Kenya Demographic Health Survey (2009) there is knowledge- behavior gap meaning that behavior change is different from information dissemination.

1.3 Objectives

The objectives of the study were:

1. To investigate the relevance of TV messages in addressing the issues that make women more vulnerable to HIV/AIDS
2. To examine the relationship between TV viewership and personal behavior change strategies among girls in Mulolongo Township
3. To find out whether HIV/AIDS prevention messaging through TV is the most effective methodology of addressing the vulnerability of girls to HIV/AIDS

1.4 Research questions

1. How relevant is TV programming in addressing women's vulnerability factors to HIV/AIDS?

2. Is there a relationship between TV viewership and personal decisions for behavior change?

3. Is HIV/AIDS prevention messaging through TV as a media of communication the most effective in addressing HIV/AIDS vulnerability factors among girls?

1.5 Justification of the Study

The HIV prevalence in men and women between 15 and 24 years is very high. There are many more women infected compared to men (KAVI, 2001). In towns with high prevalence, the risk to young women is three times higher than that of young men. When it comes to women, there are other underlying factors that make them more vulnerable than men. They include poverty, culture, gender, illiteracy, economic factors and so on. Young girls cannot bargain for safe sex from their partners because they

depend on them for economic support yet some of them could be living risky live styles. Women therefore tend to be at risk not because of their own behaviors but because of the behaviors of their partners and unfortunately the society seems to accept men's tendency to have more than one partner as normal. Women can thus stay in one relationship but still get infected with HIV/ AIDS.

This study therefore is important to policy makers because it will help them factor gender issues in their policies to protect women from vulnerability. Policy makers will also be guided by the findings of this study to make decisions that can favor women and protect them from gender-based violence and other cultural practices that make them more vulnerable.

The study will also form a body of knowledge to academicians who can use it as a reference material in their researches and other academic fora and NGOs especially those involved in HIV/AIDS to re-examine their HIV prevention strategies to factor in issues that make women more vulnerable and go beyond awareness creation and include advocacy in their programs.

1.6 Significance of the Study

There have been various campaigns in the media that have tried to change certain behaviors in the Kenyan population. Some of these campaigns have ended with their findings and their sustainability cannot be accounted for. This study therefore is important to policy makers as an important source of information for strategic decision making for stakeholders in the fight against HIV/AIDS in Kenya. The media has been

used to advocate for certain norms and behavior in Kenya but very little research has been done to find out causes of their limited success. This study is therefore valuable to communication practitioners for effective intervention programs that require use of media. It is also a strong foundation for research and activities on behavior change communication. The government and NGOs can also utilize the recommendations of this study in their future intervention strategies on HIV/AIDS prevention.

The research findings can contribute to the body of knowledge to help the efforts at combating the HIV and AIDS pandemic. Various organizations that produce messages on HIV and AIDS can go beyond awareness creation and incorporate advocacy at formulation and implementation stage .

In addition, the research findings hopes to make recommendations to various agencies involved in HIV prevention, and management to work hand-in-hand with the media, government, NGOs and other development partners to present a unified approach and offer a comprehensive, all-inclusive communication strategies that can result in desired positive behavior change among the vulnerable groups more especially young women.

1.7 Scope of the study

The research was to critically analyze the influence of TV messages on sexual behavior of young women between 15 and 24 years in Mlolongo Township. Mlolongo was chosen as the study site because of its strategic position along the Nairobi- Mombasa- Malaba highway and the presence of the weighbridge and leads to large numbers of truck drivers lodging in the town.

The research was carried in 2 churches: Catholic church within the town and one protestant that run vocational training centers for young people within the town. Data was also collected from, 2 VCT centers which run counseling services besides testing. Salons within the town also were home to many young girls who congregate there to learn how to make hair or just to pass time as they went for possible male clients. The study could not extend beyond Mlolongo town because of time constraint and limitation of funds to include a wider area.

However, the one major challenge experienced was identifying the respondents and convincing them to fill in the questionnaires. However, once they were assured of confidentiality they agreed to participate in the study.

1.8 Definition of terms

Epidemic- the occurrence of more cases of disease than expected in a given area among a specific group of people in a particular period of time

Mother to child transmission- This refers to transmission of HIV from mother to child during pregnancy, labor and delivery or breastfeeding

Pandemic- world-wide epidemic occurring over a wide geographic area and affecting an exceptionally high proportion of the population

Prevalence rates- a measure or the proportion of the population that has a disease at a specific period in time

Prevention- prevention activities designed to reduce the risk of becoming infected and the risk of transmitting the disease to others

Mass media- a form of mass communication which uses the print or electronic channels to pass across a message

Television –A medium of communication of passing audio visual message electronically

1.9 Limitations of the study

- Statistics on the study population was not available therefore making sampling procedure rather cumbersome
- No research had been done on the same topic in the same study site. There was therefore lack of data to guide the researcher on literature review
- Limited funds. No funds to recruit research assistants to help with data collection. So the researcher had to collect the data all by herself, which was time consuming and tiresome.
- Respondents were not free to give personal experiences/information on sex and HIV/AIDS due to cultural inhibitions and pressure from their peers and friends

1.10 Conclusion

The chapter looked at the HIV/AIDS epidemic and its effects on humanity since its discovery in the early 1980s. It has also looked at the statistical representation from a global, regional and national perspective. It has outlined at how HIV/AIDS has impacted women negatively especially young women who live in high prevalence areas and justified why the study was significant.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviewed literature related to this study's main objectives on whether media messaging especially in the TV influences behavior change among young women aged between15 and 24 in Mlolongo township in Kenya. Emphasis was put on other prevention strategies viz a-viz T.V influence on women's vulnerability to HIV/AIDS and whether messages have attempted to address the underlying factors that make women more vulnerable to HIV/AIDS besides creating awareness. While acknowledging the importance of T.V. on HIV/AIDS prevention, NASCOP (2005) points out that these interventions have failed to yield positive results. There is therefore need to go beyond raising awareness on HIV/AIDS and address other factors that make women more vulnerable compared to men.

Although concerns have often been raised about television's role as a "teacher" about sexuality, little is known about the specific content of sexual messages on the programs adolescents and children watch. So most of the messages may not be tailored to meet the specific needs of each specific audience and hence they may not meet their overall goal (http//www.springerlink.com).

2.2 Statistical Representation of HIV/AIDS Globally

Over twenty-five years have passed since the first diagnosis of HIV, the virus that causes HIV/AIDS in the world. While there were a handful of women among the first AIDS

cases, they (women) have emerged as another group hard hit by the HIV/AIDS epidemic (KAIS, 2007, KDHS, 2003). HIV/AIDS has claimed more than 20 million lives worldwide and some 37 million people are living with the virus. Each year, one million people die of the virus.

HIV has become one of the most devastating infections globally. It is the fourth most common cause of premature death in the world, and the leading cause of death in Africa. Of approximately 60 million people who had been infected with HIV since the beginning of the epidemic, more than 20 million had died of AIDS by the end of 2003 (UNAIDS/WHO, 2003).

The U.S Centers for Disease Control (CDC) estimates that at the end of 2008, there were 628,668 people living with a diagnosis of HIV infection in the 40 states and five U.S. dependants. However, the total number of people living with an HIV infection in the U.S. is thought to be more than one million (CDC HIV in the United States July 2010).

In 2006 5.6 UNAIDS estimated that there were 5.6 million people living with HIV in India which indicated that there were more people with HIV in India than in any country in the world (UNAIDS, 2006). In 2007, following the first survey of HIV among the general population UNAIDS and NACO agreed on a new estimate—between 2 million and 3.1 million people living with HIV (UNAIDS, 2007). In 2008, the figure was estimated to be 2.4 million people were living with HIV in India which equates to a prevalence of 0.3% (UNAIDS, 2010).

2.3 HIV/AIDS in Africa

According to UNAIDS 2009, more than 34.3 million people worldwide are now living with HIV/AIDS. An estimated 15000 new infections occurred daily in the year 2000, with the majority aged between 15-49 years. Currently more than 95% of all HIV-infected people come from the developing world and more than two thirds live in Sub-Saharan Africa. The region has 10% of the world's population, but has experienced 90% of the world's AIDS mortality. Most of the countries in Sub-Saharan Africa are now facing a growing HIV/AIDS epidemic in their adult and pediatric populations that is fuelled by poverty, lack of general and health-related knowledge, inadequate health services, high-risk sexual behavior and a high prevalence of classical sexually transmitted diseases (Ngugi 1999).

As per the latest statistics, Sub-Saharan Africa remains the region most heavily affected by HIV worldwide, accounting for over two thirds (67%) of all people living with HIV and for nearly three quarters (72%) of AIDS-related deaths in 2008, (UNAIDS/WHO 2008). An estimated 1.9 million – 2.2 people were newly infected with HIV in Sub-Saharan Africa in 2008, bringing 22.4 million [20.8 million—24.1 million] the number of people living with HIV. In 2008, more than 14 million children in Sub-Saharan Africa had lost one or both parents to AIDS (WHO, 2008).

Sub-Saharan Africa's epidemics vary significantly from country to country—with most appearing to have stabilized, although often at very high levels, particularly in southern Africa. The nine countries in southern Africa continue to bear a disproportionate share of the global AIDS burden—each of them has adult HIV prevalence greater than 10%.

Swaziland has the most severe levels of infection in the world with an adult HIV prevalence of 26%. Lesotho's epidemic seems to have stabilized with a prevalence of 23.2 % in 2008 (UNAIDS, 2008). South Africa continues to be home to the world's largest population of people living with HIV—5.7 million in 2007.

Although HIV prevalence in West and Central Africa is much lower than in southern Africa, the sub-region nevertheless is home to several serious national epidemics in countries such as Cote d'Ivoire (3.9% HIV prevalence) and Ghana (1.9% prevalence). Seven African countries (Benin, Burundi, Cameroon, Ghana, Guinea-Bissau, Mali and Nigeria) report that more than 30% of all sex workers are living with HIV (WHO, 2008).

2.4 HIV/AIDS in Kenya

In Kenya, the first case of HIV was diagnosed in 1984. Since then, the epidemic has continued to wreck havoc in the productive population. The highest rates of infection were concentrated in marginalized and special-risk groups, including women sex workers and their clients, and men in mobile occupations, such as long-distance truck drivers (KAIS, 2007). New infections are occurring both in the general population and in vulnerable, high-risk groups. Two million people are infected according to NACC (2000). The Kenya AIDS Indicators Survey (2007) estimated the average HIV prevalence among the general population aged 15-49 at 7.4 percent while the Kenya Demographic and Health Survey (KDHS, 2008-09) estimated prevalence for the same population at 6.3 percent. Women still have a higher prevalence compared to men: women 8.4 percent against 5.4 percent for men (KAIS, 2007) and women 8 percent compared to 4.3 percent

for men (KDHS 2008-09). Sex differential is more pronounced among young women 15-24 age group who tend to have HIV prevalence four times higher than young men - 5.6 percent against 1.4 percent respectively (KAIS, 2007) and 4.5 percent and 1.1 percent respectively (KDHS, 2008-09).

The estimated number of people living with HIV is 1.3 million to 1.6 million. New infections are estimated1 at 100,000 in 2009 for adults (15+). The HIV Prevention Response and Modes of Transmission Analysis (2009) found out that the largest new infections (44 percent) occur among men and women who are in a union or in regular partnerships, men who have sex with men (MSM), and prisoners contribute about 15 percent of new infections and injecting drug use accounts for 3.8 percent. It is estimated that 1.9 million people are currently infected with HIV of whom 200,000 have died of AIDS in 1999 alone. In Nairobi 36% of injecting drug users surveyed tested HIV-positive (WHO, 2008).

2.5 Role of Television in Combating HIV /AIDS

The media have a very important role to play in combating the HIV/AIDS scourge. In the recent past, particularly between 2003 and 2009, there have been some bold and media messages in the mass media particularly print and electronic that have targeted different certain behaviors among young women especially adolescents. Many organizations including government, NGOs and other development partners have come up with developed strategies to promote awareness of HIV/AIDS and prevent its spread. Research has shown that IEC messages in the media are especially very effective on awareness

creation but have limited impact on behavior change. The media that have been used include the radio, television, billboards, bumper stickers and newspapers.

Kenyan audiences are fragmented along the various media channels. Over 39% of Kenyans watch TV, over 90% listen to radio, 23% read newspapers. Nearly 3 million use Internet services while over 14 million use mobile phones. Over 3.2 million households have TV sets across the country. There are more TV viewers in urban centers than in rural areas. Urban areas enjoy higher standards of living than in rural areas and have better access to TV resources (Oriare,Ugangu and Okello, 2010).

From the variety of the campaigns and the abundance of messages aired through various media, there is no doubt that the messages sent, transmitted and probably received by the public. The main objectives of the messages concentrated on awareness creation but did not emphasize behavioral change issues that affect the vulnerable groups. This study has identified that without effective behavior change communication strategies, efforts aimed at averting the spread of HIV/AIDS will not be successful and new infections will continue to be reported. Therefore the study sought to identify those gaps and make recommendations that can help shape behavior change strategies in the fight against HIV/ AIDS.

The initial messages on HIV/AIDS prevention in the early 90s mainly leaned towards awareness creation. A critical analysis of the messages however indicate that whereas the intention was good, nevertheless they didn't achieve the intended response because they

created more fear in the intended audience as opposed to giving information. Nearly all the messages on radio and TV, billboards, stickers, posters did not encourage attention because they were scary and ended up creating stigma instead of creating awareness in order to achieve positive behavior change. There was a particular radio spot on prime time news that shouted, " *ukimwi huua*" in Kiswahili, meaning AIDS kills. Even the tone of the advert didn't encourage one to listen to the message twice because it left one very scared. Therefore, what the early messages did was to create stigma among the infected, affected and the vulnerable groups. So the intended message was not passed across to lead to desired results. In other words the messages became defeatist in themselves and counterproductive because people were stigmatized and could not therefore volunteer to go for Voluntary Counseling and Testing; leading to more infections among the vulnerable groups. The result was that despite the media campaigns, new infections continued being reported. The early fear appeal messages therefore did not yield desired positive results. Other issues underlying HIV infection among the vulnerable groups like young women were not taken into consideration (UNAIDS 2007).

Research has shown that Information Education and Communication (IEC) approaches are highly effective in increasing knowledge on HIV/AID. However, it is evident that that strategy has failed to have an impact on behavior change among vulnerable groups (Wyss 2001:3). It has also been observed that the mass media messages are important source of knowledge regarding HIV/AIDS, but this knowledge is inadequate and often contains misconceptions on information on HIV/AIDS and sometimes there is no particular audience that is targeted with the information. Based on this and other emerging trends,

this study aimed at examining the T.V messages in combating HIV/AIDS in Mlolongo Township with a view to critically looking at how these messages are presented, the prominence given to them on the T.V timing, how they have been packaged, the target audience and their presentation. The study examined the aim of the messages and what they are meant to achieve and whether h they have achieved their major aim; that is to change behavior on HIV/AIDS prevention.

There are formidable obstacles to be overcome before treatment becomes effective, affordable and universally available. Prevention through the adoption of safer sexual behavior remains the most important strategy for tackling the AIDS epidemic. However, effective health promotion must go out of the health facility into the community (A Commonwealth Secretariat 2001).

Examples from Uganda show the power of community-based approaches to influence practices. Religion is also mistakenly perceived as a barrier to health promotion activities but utilized well, it can be effective but it is important to not that not every vulnerable group has religious affiliation (Hubley 2001). The other promotion proposed by the same works is that folk media, based on oral traditions, including drama, music and puppetry, have an important potential through their emotional impact and entertainment value and that evaluations demonstrate that their power to attract large audiences, provide knowledge and encourage community participation is an invaluable tool. Drama is particularly useful tool to use in working with local communities or schools and there are good examples of its use from South Africa, India and Sri Lanka. While effective in

reaching communities, there are costs and logistical problems involved in sustaining a full-time theatre group for AIDS education for a long period of time. Large numbers of people can be reached by broadcasting drama on mass media but sustaining such a campaign for long periods to achieve desired results can be a daunting task.

Mass media especially radio, have been effectively used to reach large numbers of people. They can be used on their own or as part of a condom social marketing program. Published evaluations from Tanzania, Zambia, St Vincent and the Grenadines, and St Lucia demonstrate that mass media can be effective in conveying information; influencing attitudes and possibly behavior change if care is taken in choosing the content so that it is relevant, interesting and understandable to the intended audience and if the material is pre-tested before it is broadcast. A good approach is to plan the content and timing of mass media to support and reinforce face-to-face work by field staff (Hubley: 2001). This strategy is missing in most of the media messages that are aired in most TV and radio stations in Kenya. The messages are not pre-tested to assess their suitability on the target audience and more often than not the timing and their packaging is not done to suit the intended audience. These programs need to be complemented by health promotion at specific groups which are at risk or are a risk to others such as sex workers who may work full time or on occasional basis from bars, brothels or on the streets in towns, cities and a long road transport routes like Mlolongo town. This is what this study sought to find out; how media messages can be complemented by other strategies so that desired positive behavior change can be achieved.

One of the first successful stories in AIDS programs was the demonstration that educational activities carried out with sex workers in Nairobi could reduce their rate of HIV infection. The early program has been followed up by the reports of successful programs with female sex workers and male transsexuals in parts of Nigeria, Malawi, India and Singapore. The impact demonstrated includes improved ability to negotiate for safe sex with clients, increased condom use and reduced incidence of STDs (Hubley 2001). These evaluations have raised some important issues. Sex workers are a marginalized section of the community and educational methods need to go beyond just providing information, to empower them with the skills and confidence to negotiate for safer sex with clients. The more successful programs have used participatory approaches including the selection and training sex workers as peer educators, and combined with this providing them with condoms, treating STDs and supportive counseling. It is also important that the sex workers are not blamed for the problem of the spread HIV/AIDS.

Educational programs also have to be directed at the clients of sex workers and not just sex workers a lone. This component is missing in most advocacy programs especially media campaigns against HIV infection. Programs targeting sex workers and women in general should address the economic reasons why women take up sex work while providing support in finding alternative ways of generating income to discourage them from engaging in unprotective sex as a source of earning a living. That is why this study sets out to find out how this gap can be filled; how vulnerable women can be aided to earn a descent living or change behavior and be in a position to negotiate for safe sex.

The current media programs so far have not addressed the underlying issues at which women are risk.

Hubley (2001) further argues that other targeted audiences should be addressed and are necessary. However, we have not seen this happen so far, especially in the Kenyan T.V. programs. For instance intensive programs to reach men who travel away from home for long periods of time especially truck drivers are non-existent in the media messaging. These are the main clients of the women target audience. In Kenya, a creative mix of educational activities at transport companies and roadside halts and specialist clinics have not been incorporated in the media strategies and that is what this study sought out to explore and make recommendations towards that end. Communication appears to be neglected; and/or poorly understood in the minds of many activists, clinicians and donors. Currently, debates within communication are stifled as the whole sector is diminished, leading to a lack of opportunities for systematic learning that can lead to behavior change.

More recent data from Uganda show that HIV prevalence peaked in 1989 but that the number of orphans peaked only in 2003, a 14-year old time lag. This provides an insight into the kinds of minimum time period over which this and other impacts are likely to occur (Barnet & White 2006). These demographic data from Uganda show how this epidemic will reverberate through the history of Africa for many generations to come. While it shows us a picture of the recent past and the present, it also presents a longer vision, a perspective on the changed future of a society. The authors further say that for

the individual, the time perspective is naturally shorter but no less pressing. A young woman from small village in Uganda, speaking shortly before her death in 1989 said," I do not mind dying, but to die without a child is most painful because I shall go to my grave knowing that nobody will remember my name" (Whiteside, 2006).

There are numerous accounts of women in particular who say that they cannot think of the long-term risks of illness and death when they have to undertake commercial sex work without a condom so as to feed themselves and their children over the next few days. A 16-year old Ghanaian sex worker said, 'll die be die—a statement that translates as 'every death is death' implying that each person is going to die and the cause of death does not matter much. She needed to survive and she could die from anything including AIDS. 'In her view, dying from AIDS through commercial sex was no different from dying from any other disease, including hunger' (Awusabo-Asare et al, 1999 p. 134).

The two examples cannot be confined to Uganda and Ghana alone. These and more are issues that confront women everywhere in the world especially in developing countries where poverty reigns supreme and women have to make a choice between feeding their children and dying from HIV/AIDS as a result of engaging in unprotected sex. These are the issues that the media campaigns need to address in their messages besides awareness creation. However, not much has been done to that effect. Current messages have done delved into issues that poor women grapple with in their fights against poverty viv-a-vis HIV infection. That is why this study sets out to fill this knowledge gap to ensure attitude and behavior change.

Report on Social UNAIDS Communication, points out that HIV prevention needs to be adopted by countries to match the level of prevention responses to the epidemic and stress the need to tackle the social drivers of the epidemic such as gender inequality, HIV-related stigma, vulnerability, poverty and discrimination and human rights abuses targeted against women. There are a number of challenges within the field of health communication and social change communication. These include a lack of co-ordination, concerns and key issues that affect the vulnerable groups such as women (UNAIDS, 2008). These are the issues that need to be addressed by the media more so the T.V. and thus the significance of this study.

Family Health International Activity report (2008), recognizes that an effective response to the spread of HIV is very important but cannot be limited to awareness campaigns and expanded care, support and treatment. Underlying social factors such as alcohol abuse, gender-based violence and joblessness are significant barriers to service uptake and the adoption of safer sexual practices.

Since 1999, communication-related interventions have been key components of FHI's Implementing AIDS Prevention and Care. Behavior change communication (BBC) was an essential part of these interventions, which aim to help people increase their knowledge of HIV and AIDS, change their attitudes and beliefs, modify their reception of risks, and build skills in adopting and maintaining healthy behaviors (FHI, 1999-2006). However, this has not been done and all the efforts are aimed at awareness creation and

prevention strategies aimed at the general population and not particularly targeted at women.

2.6 Theoretical framework

The Social learning Theory

The Social Learning Theory was formulated by Albert Bandura (1997). It encompasses concepts of traditional learning theory and the operant conditioning of B.F Skinner. The theory has been useful in explaining how people can learn new things and develop behaviors by observing other people. It is assumed therefore that Social Learning Theory is based on observational learning process among people.

The basic concept of this theory says that people learn by watching other people perform the behavior using the 'Bobo Doll' illustration which explain how children learn behaviors by watching the behavior of the people around them and eventually end up imitating them. Bandura explains how an adult is tasked to act aggressively toward the Bobo Doll while the children observe him. Later, these children imitate the aggressive behavior toward the doll, which they observed from the adult.

After his studies, Bandura was able to determine 3 basic models of observational learning, which include:

- A live model, which includes an actual person performing a behavior
- A verbal instruction model, which involves telling of details and description of behavior

- A symbolic model, which includes either a real or fictional character demonstrating the behavior via movies, books television, radio, online media and other media sources.

Factors that influence learning in an environment include:

- Attention—amount of attention paid is determined by: distinctiveness, effective valence, prevalence, complexity, functional value. One's characteristics (e.g. sensory capacities, arousal level, and perceptual set, past reinforcement) affect attention
- Retention—remembering what you paid attention to. Includes symbolic coding, mental images, symbolic rehearsal, motor rehearsal
- Reduction—reproducing the image.

Bandura says that the state of mind (mental state) is crucial in learning. In this concept, he states that not only external reinforcement or factors can affect learning and behavior but also people's internal factors need to be taken into account. There is also what he called intrinsic reinforcement, which is in a form of internal reward or a better feeling. After performing the behavior e.g. sense of accomplishment, confidence, satisfaction etc. Learning does not mean that there will be a change in the behavior of an individual. Bandura further says that it is important that people learn from various observations since mistakes can be very costly.

The mass media more so the T.V. have become important socialization agents as well, creating and shaping many of our shared attitudes, values, behaviors and perceptions of social reality. The influence of the mass media in the acquisition of response tendencies is often referred to as 'social effects'.

The main determinant of learning is reinforcement, or the extent to which the organism is rewarded (or punished) for performing the response (Tan. 1985). The response will be repeated (and thereafter learned) if the organism is rewarded. Thus, behavior is considered to be externally regulated by the stimulus conditions that elicit it and by the reinforcing conditions that maintain it

The acquisition of desirable response tendencies is often referred to as 'pro-social' effects which include the learning of useful information and the development of cognitive skills such as perceptual discrimination, reasoning, and problem solving. Behavioral pro-social effects include the performance of socially desirable acts such as helping others, altruism, controlling aggressive impulses, delaying gratification, persisting in a task, explaining feelings of self and others, resisting temptation (such as the temptation to cheat), adhering to rules, and expressing sympathy to others.

Bandura's Social Learning Theory is relevant to this study due to its suitability to help change behavior. As the theory proposes, people learn by observing behavior either on TV, radio, Internet of any other medium. The main objective of this study was to examine whether messaging through T.V. was the most effective way to change behavior of

women who are vulnerable to the HIV/AIDS pandemic in Mlolongo. Some of the TV programs like " *wacheni mpango wa kando*" explains the advantages of avoiding extra marital affairs: one would save money besides protecting the partner from contracting HIV. As the theory proposes, there is reward for adhering to TV messages on HIV/AIDS because if they abstain from risk behavior, then they will live longer, healthier and fruitful lives as opposed to dying early besides having to deal with the opportunistic infections and spending large sums of money on drugs. The theory also says that it is fortunate that people can learn from observation since mistakes can be very costly. Therefore, if one does not adapt to T.V. messages on HIV/AIDS prevention by ignoring the messages, then the mistakes can be very costly i.e. living with the consequences of contracting HIV.

Unlike other theories of behavior change communication the Social Learning Theory is the most suited for this study because it addresses the very essence of this study, which is learning by observation and internalizing the messages in order to change behavior.

For instance, the other theories of behavior change communication like Diffusion of Innovation Theory assumes that people's exposure to a new idea, which takes place within a social network or through the media, will determine the rate at which various people adopt a new behavior. The theory posits that people are most likely to adopt new behaviors based on favorable evaluations of the idea communicated to them by other members whom they respect (Kegeles, 1996). The Two-Step Flow Theory also proposes that information passes to the intended audiences through opinion leaders. The problem

with these models is that the information can be distorted in the process and besides, people may not always agree with what others tell them to do however highly they regard them in society. Learning and changing behavior by observation therefore becomes the best theory in behavior change communication.

Another theory is Social Influence or Social Inoculation Model based on the concept that young people engage in behaviors including early sexual activity partly because of general societal influences, but more specifically from their peers (Howard 1990). The model often relies on role models such as teenagers slightly older than program participants to present factual information, identify pressures, role-play responses to pressures, teach assertiveness skills and discuss problem situations (Howard, 1990) *(i.e. stop smoking campaigns).* The model suggests exposing young people to social pressures while teaching them to examine and develop skills to deal with these pressures can yield positive results. However, experience has shown that more often than not, young people usually influence each other negatively and rarely do they learn positive behavior from their peers and therefore they are not suitable for behavior change campaigns.

2.7 Conclusion

From the literature reviewed it is evident that there is glaring gap information dissemination and behavior change. Young women are particularly vulnerable to HIV/AIDS not because of their own behavior but because of vulnerability. The review also found out that the media has not addressed the issues at which women are vulnerable

and there was therefore need to change strategies aimed at behavior change to address women's vulnerability.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.0 Introduction

This chapter looked at the procedures to be followed in the study to collect data. It will described the research designs, the research site, the sampling procedures and the methods used to collect data and then data analysis procedures.

3.1 Unit of analysis

These are social entities whose social characteristics were the focus of the study. In this particular study, the unit of analysis constituted young women of between 15 and 24 years in Mlolongo Township, who were thought to be vulnerable to HIV/AIDS due to their age, socio-economic status, and peer pressure, and besides, they live in a high prevalence area.

3.2 Research site

The site for this study is Mlolongo Township in Machakos County along the Nairobi-Mombasa highway. The weighbridge within the town dictates the socio-economic activities that take place there. The presence of truck drivers has exposed many young women in the town to the risk of HIV/AIDS.

3.2.1 Profile of Mlolongo Township

Mlolongo is a town located 20 kilometers southeast of Nairobi and only 5-8 kilometers from the industrial area east of the city on the Mombasa –Kampala (Uganda) Highway.

It is a booming town due to its strategic location. Many people living Mlolongo either work in the emergent industries like cement industries or commute to Nairobi daily. Its

population is estimated to be 80,000 inhabitants. It has some health facilities, a couple of schools, and a few colleges. (http://living positive programme.org). Though relatively small, the town has grown very fast recently with many factories in the vicinity and with settlements for low and medium incomes (http:// positive program). There are also a few slums located within the town with iron-built houses with very bad living conditions. They are Kicheko, Cotton and Kwa Mbemba.

Mlolongo is also a key truck point for long distance lorry drivers on the East African route from the port of Mombasa or Tanzania to Kampala, Kigali and Goma in Congo. It is the ideal location for the weighbridge where all the trucks entering Nairobi must be weighed and pay accordingly. That is how the town got its name, meaning "queuing" because of the high number of trucks waiting or parked along the highway at night.

3.3 Study Design

This study employed explanatory research because this type of design is used to answer the question 'why' and 'how' things happen the way they do. It establishes a cause and effect relationship between two variables. It is used to explain any behavior in the market through the use of questionnaires, interviews, random sampling etc. and that is the method employed by this study, hence making the research design the most suitable. Frick and Hansen (1997) have said that while many of the designs and development principles are used in both product and program designs, techniques often vary when dealing with different or diverse bodies of content. They argue that explanatory research design is suitable when dealing with either small or large bodies of content hence, most suitable for this study. One of the objectives of this study was to examine the relationship

between T.V viewership and personal behavior change among young women in Mlolongo Township and therefore explanatory research design was found to be the most suitable to yield the best results based on the research questions and objectives to establish whether there was correlation between TV viewership and behavior change.

3.4. Study Population

Population is the entire set of objects, events or groups of people which is the object of the research and about which the study is to determine some characteristics. The study focused on young women aged between 15 and 24 years living in Mlolongo Township. The reason for the population was that majority of girls in this age group are sexually active and therefore have a strong desire to experiment and also because of peer pressure. Coupled with poverty, the presence of truck drivers and Mlolongo being a high prevalence area makes them more vulnerable to HIV/AIDS and hence a good choice for this study. The Kenya Population Housing Census (2009) points out that cultural beliefs and practices such as early marriage, high illiteracy levels, high school drop out rates, inadequate financial institutions to offer credit facilities to the girls to enable them start viable businesses in Machakos County high levels of poverty increases girls' vulnerability to HIV/AIDS.

There is also the problem of providing medical care and support for the infected. Stigmatization of people living with AIDS (PLWAS) compounds the problem further because this prevents people from knowing their status, hence spreading the disease further (Kenya Vision 2030: Machakos Development Plan 2008-2012).

3.5 Sampling Procedure

The study employed simple random sampling procedure using probability sampling. The procedure was chosen because it enabled the sample to be as representative of all aspects that are displayed by the entire population as possible to allow for an accurate generalization of the results. The method used was first to identify the target population (women aged 15 to 24) in various social joints within the town e.g. churches and colleges that run vocational training centers, VCT centers, and hair salons. From the target population, the researcher used probability sampling to identify respondents for the study. Papers marked 'yes/no' were put in a box and the respondents picked one making sure that all the papers marked 'yes' totaled 60. So all those who picked a paper marked 'yes' formed the sample that was given a questionnaires to fill.

3.6 Sample size

According to Williams (2000), there is no easy answer as to how to determine the sample size. He argues that if the population is not very homogeneous and the study is not very detailed, then a small sample will give a representative of the whole view. He further says that the size of the sample should also be in direct relation to the number of questions asked. Quoting Dixon (1987), he suggests that at least 30 cases are required for even the most elementary kinds of analysis.

Therefore given time limitation and funds available for the research study, the researcher used William's argument as a basis to arrive at the sample size i.e. doubled the smallest acceptable number in social science research (30) by 2 to get the sample size: 30x2 = 60 respondents who formed the sample size.

3.7 Data Collection techniques

The study employed quantitative data collection method using a structured questionnaire that was administered to the respondents. Questionnaires were given to the respondents on a face-to-face basis to fill while other respondent preferred to fill them through a drop -off procedure.

The study chose quantitative method because it has many advantages among them:

- It covers the diverse objective needs of the researcher
- It entails techniques and measures that yield direct numerical data/quantifiable data
- It holistically provides statistical data and in-depth explanations and descriptions of the phenomenon in question
- It seeks objective as opposed to subjective approach.

3.8 Data Analysis

The data collected was analyzed using descriptive statistics to help in describing the distribution of scores or measurements using indices or statistics. The main type of descriptive statistics are measures of central tendency under the Statistical Program for social Sciences (SPSS) was used to give expected summary statistics in summary tables, figures and charts, and which were analyzed in line with the objectives of the study.

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CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION

4.0 Introduction

This chapter presents the key findings in the data collected. To facilitate understanding the presentation is largely in tabulated format. The Key presentation of the findings was followed by a more detailed discussion of the specific data collected within selected questions in line with research topic and objectives. The study used the Statistical Program for Social Sciences (SPSS) to organize the data collected from questionnaires.

4.1 Background Information

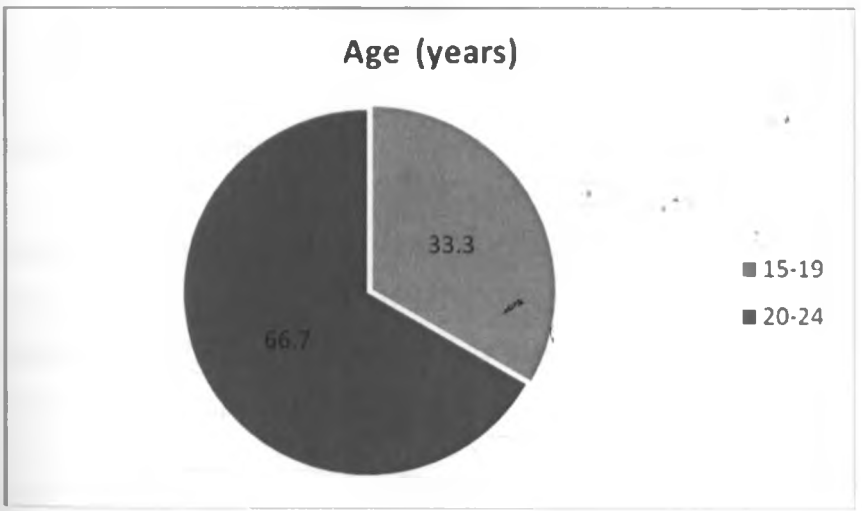

Figure 1: distribution by age (%)

Majority of the respondents were between the ages 20-24 years at 66.7 % while the rest were between 15 and 19 years of age at 33.3%. According to the findings, majority of the respondents fell in the age bracket of 20 and 24 the target population of this study as

shown in the figure above. This implies that the majority are the young women who are sexually active and vulnerable to HIV infection. These are the target audience of this study whom the study assessed to find out if the media and more specifically the TV. had targeted in the HIV messages.

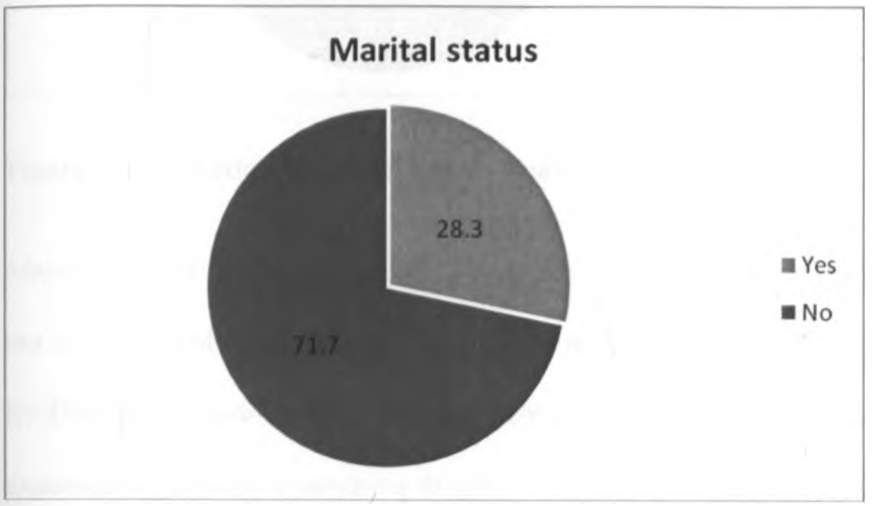

Figure 2: Marital status (%)

Majority of the respondents were young and unmarried women at 71.7%, implying that they could be more at risk of HIV infection because of vulnerability due to socio-economic conditions under which they live. Therefore, they should be made a target for future media campaigns.

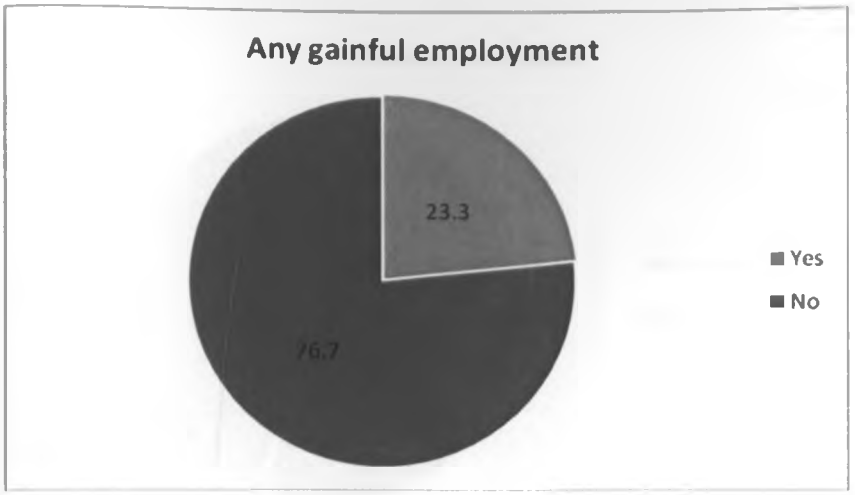

Figure 3: Distribution by gainful employment (%)

Majority of the single girls, according to the findings as shown in the figure above are not in any gainful employment at 76.7 % meaning that they do not have a source of livelihood. So how do they sustain themselves yet they live in town where they are expected to purchase everything ranging from food, housing, pay bills and so on. One of the assumptions of the study was that poverty is among the reasons why young girls in Mlolongo are vulnerable to HIV/AIDS. and because there is easy money from truck drivers, whom they can depend on for their upkeep, hence exposing them to the risk of HIV infection.

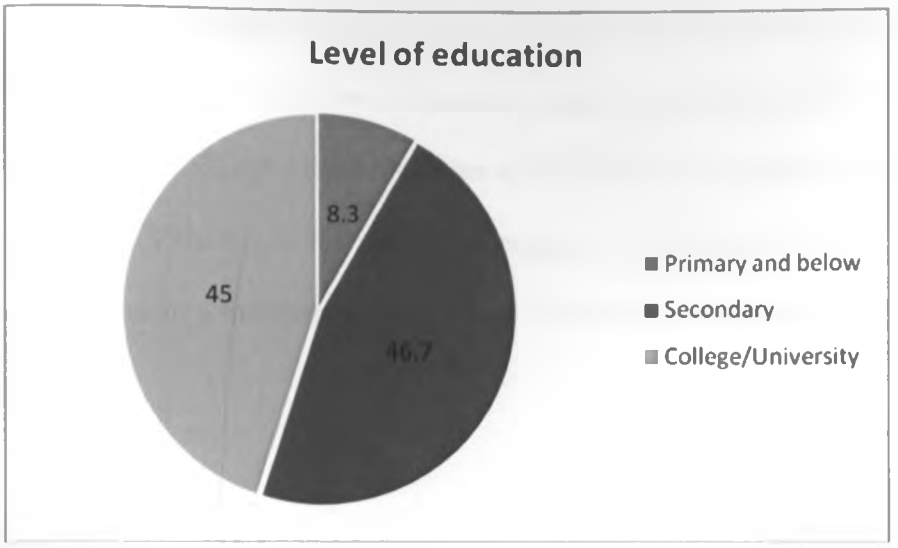

Figure 4: Level of education attained (%)

In this study, nearly half of the respondents have completed their secondary level education and college level. Very few are below primary level (8.3%). Education attainment relates to a person's ability to access information from media and its various outlets. Education level also relates to the individual's,knowledge to choose certain media and also use them to access news. It also indicates that one has the ability to choose what to watch and apply the information in their daily lives.

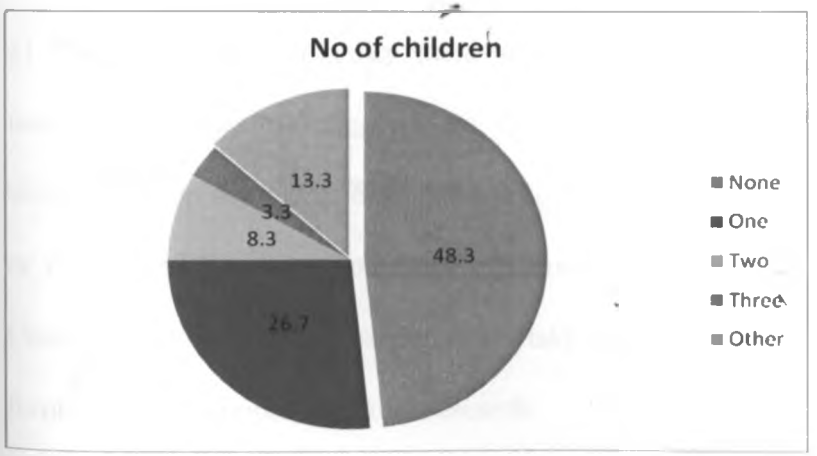

Figure 5: Number of children (%)

Nearly half of the respondents 48.3% have no children. Another 26.7 inidcated that they had one child; 83. % of the respondnets have two children while a small number of respondents 3.3% have three children and 13.3% did not specify the number of children they have. This means that all the respondents were sexually active in one way or the other either in a marriage realtionship or otherwise and therfore vulnerable to HIV abd AIDS.

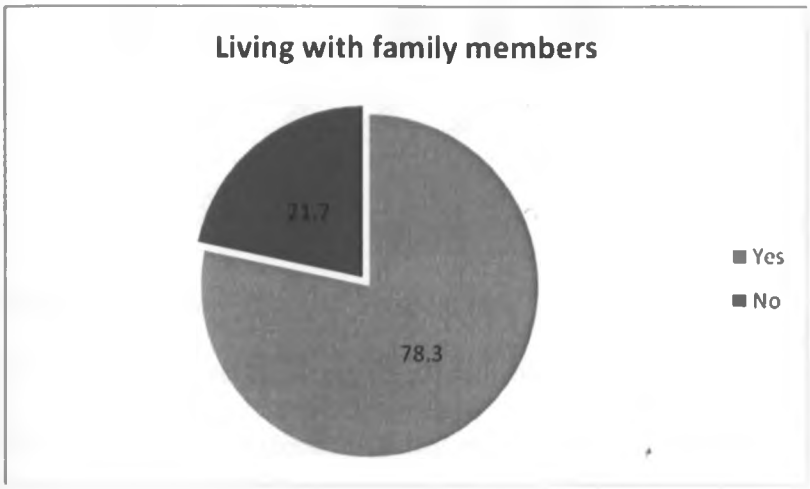

Figure 6: Living with family members (%)

According to the findings, majority, 78%, lived with relatives or family members while 21.7% did not live with family members. Coupled with 76.7% who indicated that they were not in any gainful employment, the questions therefore that begged for answers were: what was the source of livelihood for these girls who did not live with relatives or friends and yet have no source of income? How do they meet their daily needs? Chances are that they are engaged in risky behavior to earn a living and therefore formed a good sample for future research.

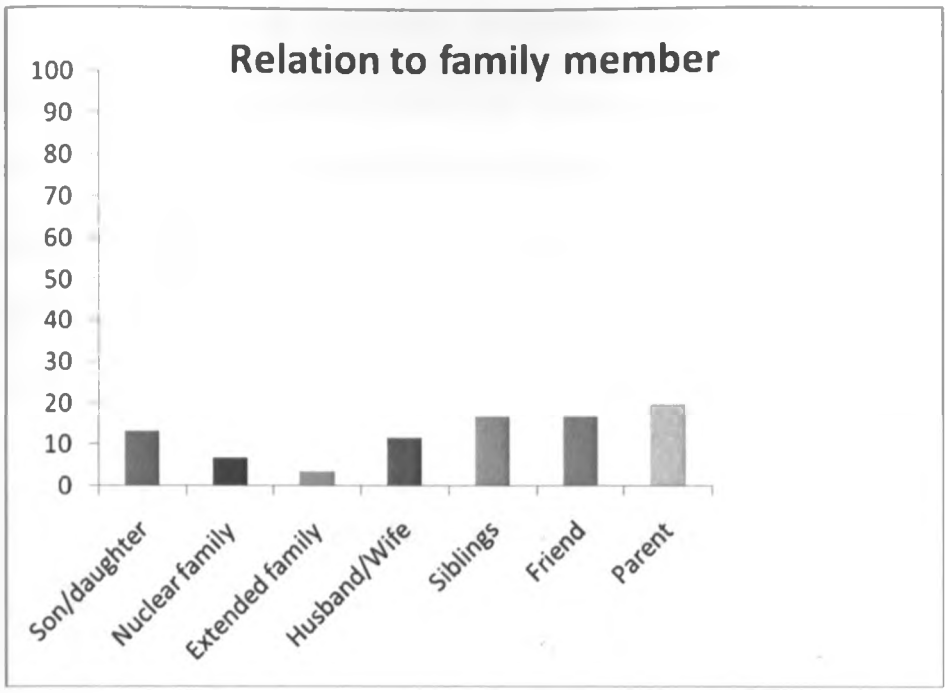

Figure 7: Relation to family members (%)

Majority of the respondents lived with blood relatives who included parents, siblings, husband/wife, and extended family except 10 %; who lived with friends. Son/daughter 10%; nuclear family 4%; extended family 20%; husband/wife 7%; siblings 10%; and parents 12%. The study findings indicate that the social ties are still strong.

4.2 Relevance of TV Messages on Vulnerability to HIV/AIDS

All the respondents (60 or 100%) had access to TV and indicated that they watched one TV program or another. That means that they got their information on HIV/AIDS through watching various TV programs as illustrated by the research findings. This means that TV is an effective medium to communicate messages on HIV/AIDS.

Majority of the respondents watched one program or the other. The programs that were watched mostly by the respondents were drama and soaps. Soaps were the highest at 21.7 % while drama followed with 20%. Advertisements were watched by 10% of the respondents while 8.3% watched all programs. The rest watched a mixture of the programs. Drama and news stood at 5%; drama, news, soaps, advertisements at 3.3%; drama, news advertisements 1.7%; drama, soaps 1.7%; drama soaps, advertisements 1.7%; news, soaps 6.7%; news advertisements 6.7%; soaps and advertisements a3.3%.

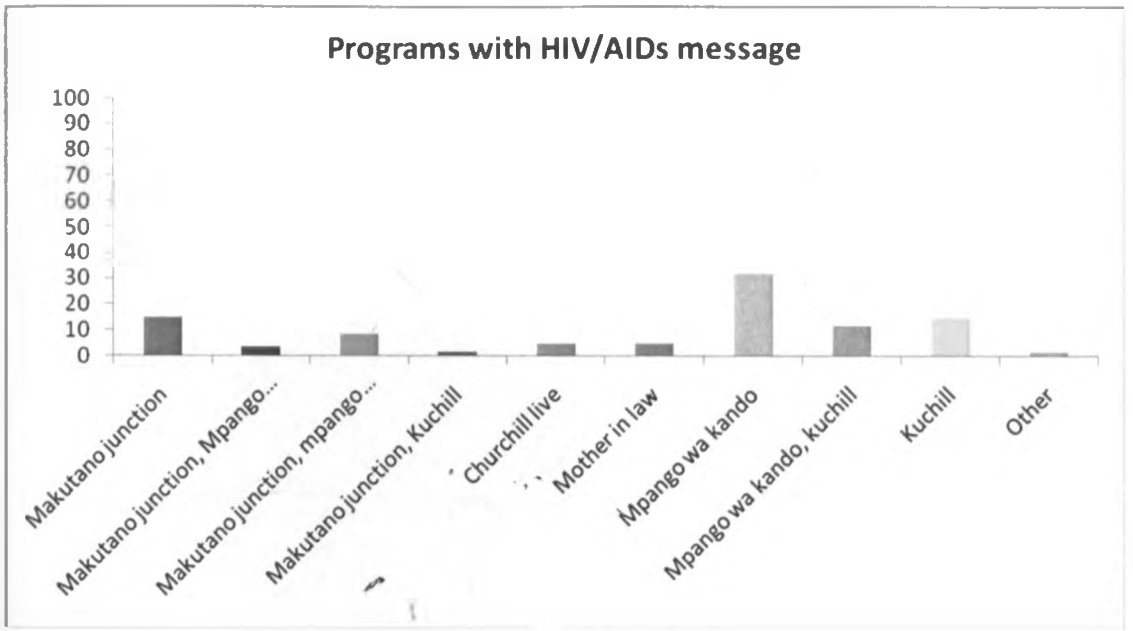

Figure 8: Programs with HIV/AIDS (%)

All the respondents agreed that many of the programs they watched had a message on HIV/AIDS but in varied proportions. This means that awareness on HIV and AIDS through TV messaging was 100%. However, it shows that TV viewership and behavior change were not in direct correlation; implying that TV viewership did not necessarily translate into behavior change. As pointed out by Wyss (2001), mass media messages are an important source of knowledge regarding HIV and AIDS but this knowledge a

lone does not translate to behavior change. Other issues underlying HIV and AIDS infection among vulnerable groups are not taken into account and new infections continue being reported (UNAIDS 2007). Among the programs watched and which had messages on HIV/AIDS are M*pango wa Kando* which was the leading at 31.7%, followed by *Makutano Junction* and *Kuchill* at 15% each. *Churchill Life* and *Mother in Law* followed at 5% each. The rest of the respondents watched either all or some of the programs at one time or the other. *Makutano Junction* and *Mpango wa Kando* 3.3%; *Makutano Junction*, *Mpango* was *Kando* and *Kuchil* 8.4%; *Makutano Junction* and *Kuchil* 1.7%; *Mpango wa Kando and Kuchill* 11.7%. Others that were not specified stood at 1.7%.

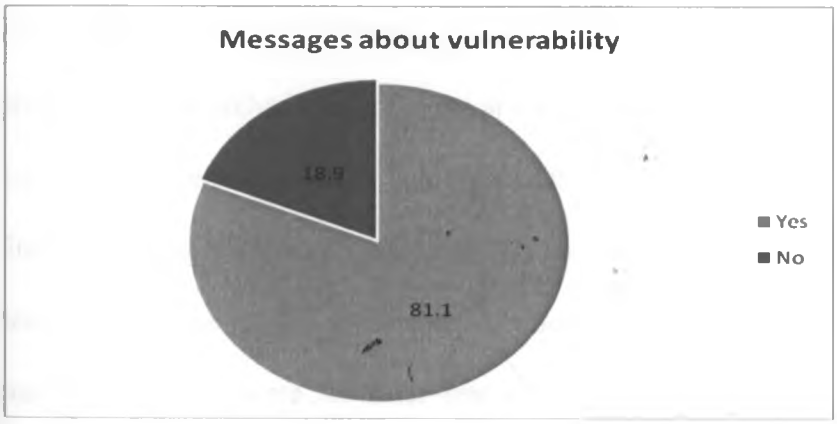

Figure 9: Message on vulnerability of girls to HIV/AIDS (%)

According to the findings of this study, majority of the respondents agreed that many of the programs watched had messages on vulnerability of girls to HIV/AIDS. Upto 81.9% had watched a program with a message on vulnerability of girls to the epidemic and only 18.9% said they didn't see anything on vulnerability of girls to HIV/AIDS in the programs they watched. This means that if they were to change behavior through

watching TV messaging, then they would because awareness on HIV/AIDS had been created. However, this was not the case on the ground as girls still engaged in risky behavior and new HIV infections continue to be reported.

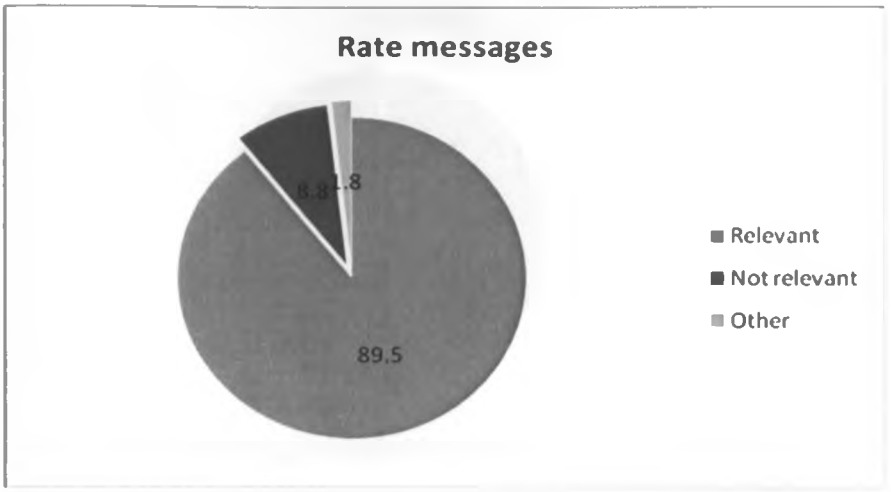

Figure 10: Relevance of messages (%)

Again majority of the respondents agreed that the messages on HIV/AIDS in the programs they watched were relevant at 89.5%. Only 8.8% felt that the messages were not relevant and only 1.8% could not tell whether they were relevant or not. The findings concur with what Hubley (2001) says that education and awareness creation need to go beyond just awareness creation and empower women with skills and confidence to negotiate for safer sex with clients. He further argues that the more successful programs are those that have used participatory approaches including the selection and training of the vulnerable groups which include sex workers. He adds that prevention efforts need to be directed at clients of the vulnerable women like the long distance truck drivers.

4.3 TV Viewing and Behavor Change

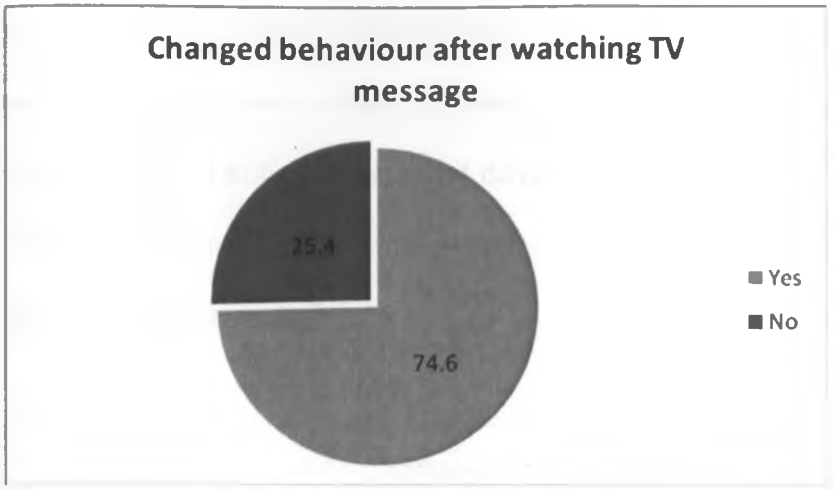

Figure 11: TV viewing and behavior change (%)

According to the findings in this study, 74.6% changed behavior as a result of watching programs on TV while 25.4% said that they didn't change behavior as a result of watching TV. This implies that even though a good percentage indicated that they had changed behavior as a result of watching TV programs with messages on HIV/AIDS. However, another sizable percentage (25.4%) did not change behavior. This means that HIV/ AIDS prevention through messaging on TV is not the most efective way of changing behavior as some of the girls are still vulnerable to HIV/AIDS. Even those who have changedbehavior because may not have done so 100%. Meaning that there is still more that needs to be done to achieve desired positive behavior change among young girls in Mlolongo.

Women are faced with the dilema of choosing to die of hunger or HIV and AIDS. Others say that dying of AIDS is no different from dying from other illnesses including hunger,

(Awusabo-Asare et al, 1999 p. 134). These are the issues that confront girls everywhere in the world and should form the essense of any future prevention strategies. Report on Social UNAIDS Social Communication points out that HIV prevention needs to be adopted by countries to match the level of prevention responses to the epidemic and stresses the need to tackle the social drivers of the epidemic such as gender inequality, HIV-related stigma, vulnerability, poverty and discrimination and human rights abuses targeted against women.

Figure 12: Type of behavior changed (%)

According to the findings of this study, majority of the respondents changed one sexual behavior or another after watching TV messages on HIV/AIDS. The behavior ranged from extra marital affairs at 23.5%, hanging out with bad company, 2.9%, having multiple sexual partners, 26.5%, having sex before marriage 23.5%, engaging in unprotected sex who stood at 23.5%, kissing and alcohol consumption was 2.9%

respectively. Having multiple sexual partners was one major challenge to majority of the respondents at 26.5%, followed by extra marital affairs (M*pango way Kando*) and sex before marriage at 23.5% respectively. Those who stopped having unprotected sex stood at 14.7% after watching TV programs with messages on HIV/AIDS. General bad behavior stood at 1%. This is in spite of watching TV programs with messages on HIV/ AIDS. This means that prevention through TV messaging is not the most effective methodology of addressing the vulnerability ot girls to HIV and AIDS.

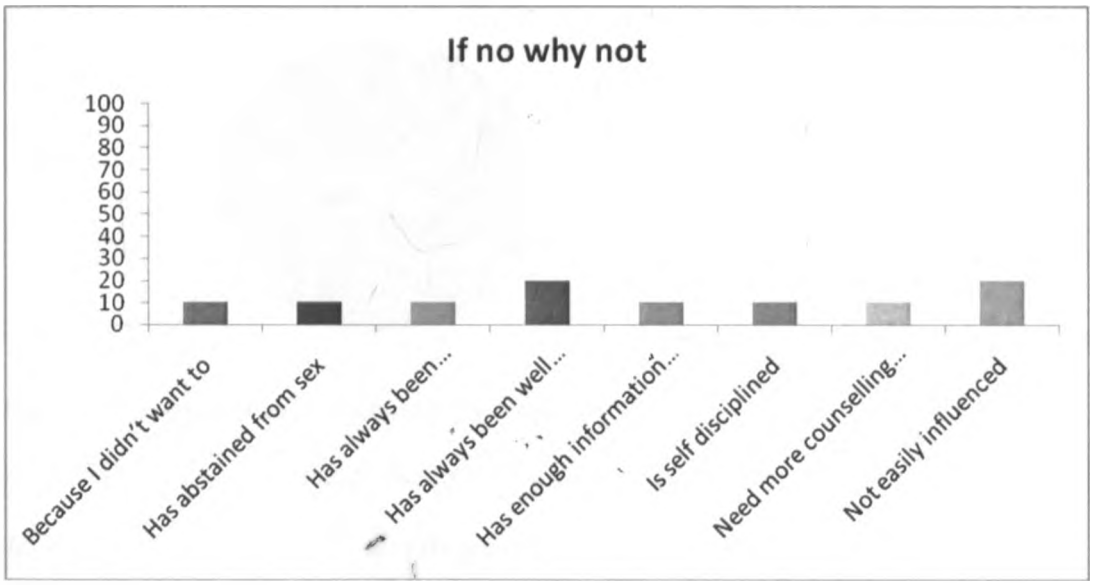

Figure 13: If not which behavior?

According to the study, there are certain behaviors that girls cannot change just by watching TV programs. The respondents gave varied reasons why this is so. Ten percent said they did not just want to change behavior. Another 10% said they have always engaged in such behavior so there is no need to change. There are those (10%) who needed more information up and above watching TV programs on HIV/AIDS in order to

change behavior. Others 10% needed more counseling up and above watching programs on TV. There are those (10%) who just did not want to change, while there are those who already have had enough information about HIV/AIDS and they didn't need anything more, while 20% said they were not easily influenced by anything. So strategies on behavior change need to change this category of girls who cannot just respond to any strategy easily.

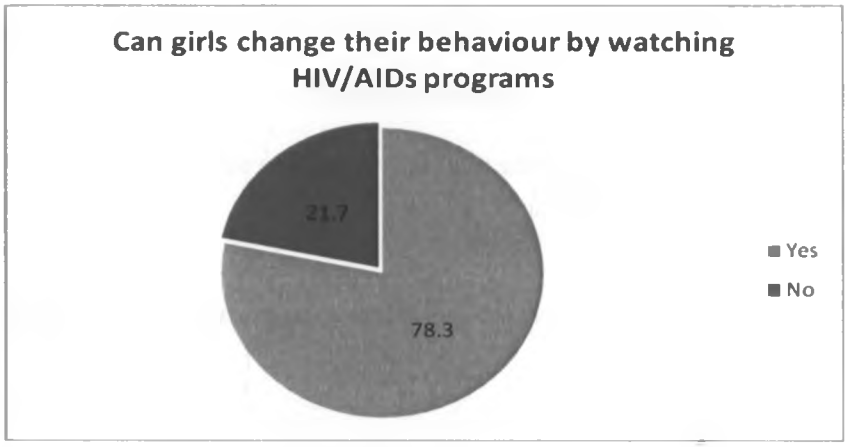

Figure 14: can girls change behavior by watching TV (%)

On whether girls can change behavior by watching TV programs on HIV/AIDS alone 78.3% said yes while 21.7% said they cannot.

Table 1: what else can be done

If no what else needed to change	Frequency	Percent
A lot of open forums	1	10
Avoid being idle	1	10
Be very principled	1	10
Families need to talk to children	1	10
More counseling to be empowered to say no to sex	4	40
Not having sex before marriage	1	10
Watch other programs eg soccer so that they use their leisure time wisely	1	10
Total	10	100

For those who felt that girls cannot change behavior by watching TV programs alone, they gave several suggestions on what else should be done to help them change behavior. Many of the respondents 40% said that there was need for more counseling to empower the girls to say no to unprotected sex. Others, (10%) said that there should be open forums where girls can speak openly about things that affect them including HIV/AIDS, another 10% said that girls should avoid being idle because that leads them into temptation. Another 10% said that girls should be principled, another 10% said that families or parents should talk to their children on issues of sex; yet another 10% said there should be no sex before marriage and another 10% said that girls should watch other programs like soccer so that they use their time wisely.

4.4 Clarity, Adequacy and Effectiveness of Messages

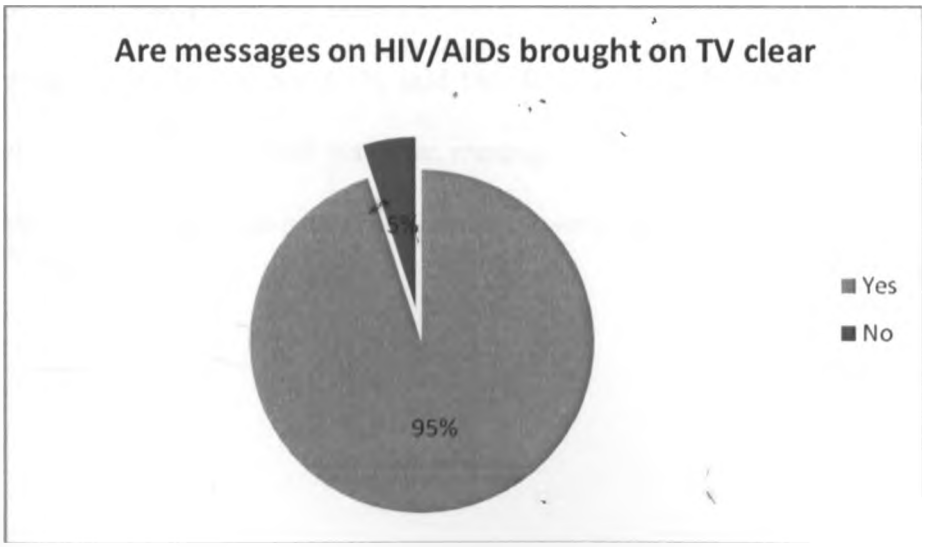

Figure 15: clarity of messages

According to the findings of this study, majority 95% said that the messages on TV are clear while only 5% felt that the messages are not clear. What this means is that majority

of the responded understood the TV message on HIV/AIDS, meaning then that the situation on the ground should correspond with the findings but that is not the case. New HIV infections continue to be reported meaning that there is some missing link somewhere message delivery and behavior change. These are the issues that should be addressed by behavior change communication strategies..

Table 2: Clarity

If yes, clear on	Frequency	Valid Percent
Language	5	8.3
Language, message delivery	6	10
All aspects	5	8.3
Language, Tone/style	1	1.7
Message delivery	36	60
Message delivery, Tone/style	2	3.3
Tone /Style	3	5
Total	58	100

According to the findings of this study a whoping 60% felt that the way the message was delivered was very clear. Followed by 10% who felt that language and message delivery were clear. Yet another 8.3% said that language was clear and all other aspects were clear. Another 3.3% said that tone, message delivery and style were clear. Another 1.7% said that the language used, tone and style were clear.

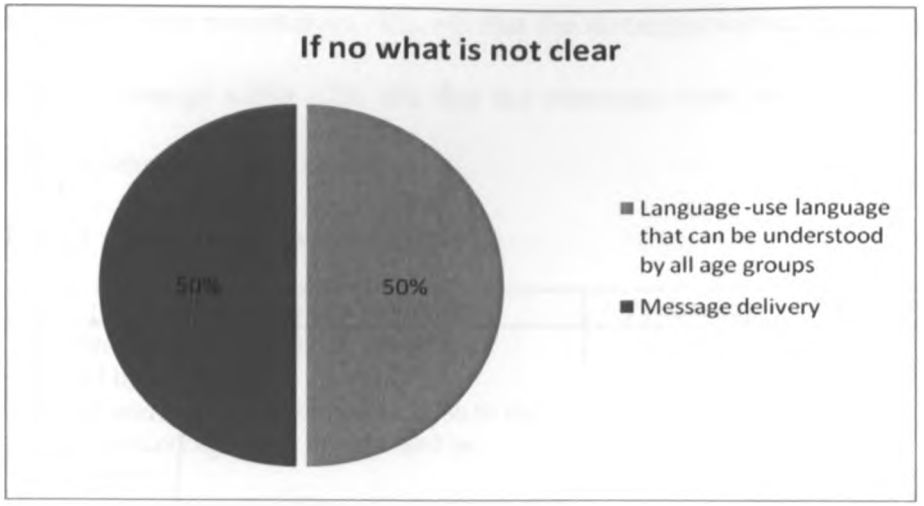

Figure 16: If Not what is not Clear (%)

The study found out that 50% said that the language used in the programs was not clear and should therefore change so that it can be understood by all age groups while another 50% felt that message delivery was not clear.

Figure 17: Adequacy of messages for behavior change (%)

Majority of the respondents 78% felt that the messages were adequate enough to lead to behavior change while 22% felt that the messages were not adequate enough to help change behavior.

Table 3 : What more can be added

If no what more can be added	Frequency	Valid Percent
Experiences of people who are infected or affected by HIV/AIDs	1	9.1
Guiding and counseling should be done to the youth to encourage them to work and be independent	3	27.3
Have more informative programs on HIV/AIDS	3	27.3
Show pictures of infected people to serve as a lesson	2	18.2
Use more emphatic language	2	18.2
Total	11	100

The respondents felt that besides the TV messages; there was need for other activities to be included in the TV campaigns for positive behavior change to be achieved among the target population. For instance, 9.1% of the respondents felt that there is need to include experiences of people who are infected or affected by HIV/AIDs to make the messages more effective. They felt that when people hear messages from first hand information, it might have greater impact than just watching TV programs with messages on HIV/AIDS.

Others 27.3%, said that guiding and counseling should be done to the young girls to encourage them to work and be independent instead of idling around waiting to cash in on truck drivers to offer them money for casual and unprotected sex in order to earn a living because this puts them at greater risk of infection. Another 27.3% felt that there is need for more informative programs specifically on HIV/AIDS and not just entertainment programs that slot in messages on HIV/AIDS. This, they said, may have more impact on

the vulnerable groups. Some respondents 18.2% felt that there is need to show pictures of infected people to serve as a lesson to those involved in risky behavior while another 18.2% said that there is need to use more emphatic language so that the message can be driven home. There was general agreement among the respondents that whereas the TV messages have served their purpose in the war against HIV/AIDS, they are not adequate by themselves to effective behavior change. There is more to be added if positive behavior change is to be achieved.

4.5 Discussions of the results

The findings of the study indicated that indeed Mlolongo Township is a high risky place due to the presence of truck drivers and recently sand harvesters. This situation, coupled with poverty levels make the female population in the town very vulnerable to HIV/AIDS.

From the study findings, majority of the respondents either lived with relatives or with friends but not a lone. This is a indication of high levels of poverty whereby people have to live together in order to cut down on living costs. The results also indicated that majority of the respondents (76.7%) were not in any gainful employment, which makes one question their source of survival in an urban area where everything, food, housing are paid for. This may imply that the girls might be employing other means of survival that might not be socially acceptable in order to survive and the reason for this study.

The town looks relatively calm during the day as compared to night especially after 7 pm. The reason for this state of affairs was that majority of the people are either out doing casual jobs but others, especially women, were asleep waiting to start 'work' at night. Finally, there is need for any campaign to incorporate economic empowerment strategies because majority of the girls engage in risky behavior because of lack of source of livelihood.

The study also found out that all the respondents had access to TV; meaning that TV is an effective medium of communication that can be used in any campaign especially on HIV/AIDS. However, in spite of that, HIV infection is still reported among the vulnerable population. Therefore whereas the study established that TV messages are relevant in addressing the HIV/AIDS among young women in Mlolongo Township, it has not resulted in positive behavior change.

4.6 Conclusion

From the findings, most respondents said that there is much more to be done up and above TV messaging to achieve behavior change. For instance, majority felt that there is need to include guidance and counseling in the prevention strategies, have more informative programs that are devoted specifically to HIV/AIDS while others felt that there was need to go back to the old strategies (inclusion of pictures of infected people) to serve as an example to those deliberately involved in risky behavior. There are those who felt that there is need to include infected or affected people in the campaigns because this may help drive the message home. So what this means is that TV viewership and personal behavior change cannot be achieved or they are not directly proportional

because majority of the respondents said that there is more that needs to be done up and above watching TV programs with messages on HIV/AIDS in order to achieve positive behavior change. Therefore HIV/AIDS prevention through messaging through TV is not the most effective strategy of addressing the vulnerability of girls to HIV and AIDS.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The chapter presents a summary of research findings, conclusions, recommendations of the study and suggestions for further research. The specific tasks of the study was to investigate the relevance of TV messages in addressing the issues of vulnerability to HIV/AIDS among young women; whether there was a relationship between TV viewership and personal decisions for behavior change and whether AIDS prevention messaging through TV as a medium of communication is the most effective strategy in HIV vulnerability. The following was found:

5.2 Summary of research findings

5.2.1 Personal information

The study interviewed girls aged between 15 and 24 years, which was the target population. The population was categorized as follows: between ages 15-19 and 20-24. Between 15 -19 were 33.3% while 20-24 were majority at 66.7%.

On marital status, majority at 71.7% were not married while 28.3% were married. When it came to gainful employment, majority at 76.7% were not in any gainful employment while 23.3% were in gainful employment..

On education, majority 91.7% had attained secondary and college education while a small percentage (8.3%) had attained primary education and below. On family ties a good

number of respondents lived with family and relatives. What this means is that that their family ties are strong among the population. However, on the other hand, it may mean that they could be economically straining to sustain a large number of family members in an urban center especially during this time of economic hardships. In addition, the study established that majority of the respondents were not in any gainful employment. The results showed that majority of the girls could not account for their source of livelihood since they were not in any gainful employment. This may mean that some of the girls may resort to other means of survival to support themselves and their families. Given that Mlolongo is a high-risk area due to the truck drivers and sand harvesters, there are chances that the girls in the town can be easily compromised into risky sexual behavior in order to earn a living.

Therefore, watching TV programs with messages on HIV/AIDS alone may not be adequate enough to change behavior as there are underlying factors like unemployment and poverty that make girls more vulnerable to HIV/AIDS. The prevention strategies therefore should be more inclusive and address the various other issues that affect girls at Mlolongo town.

5.2.2 TV Programs watched and behavior change

Key findings was that majority of the respondents agreed that many of the programs watched on TV had messages on vulnerability of girls to HIV/AIDS and only a small percentage of the respondents said that they didn't see anything on vulnerability of girls to HIV/AIDS in the programs they watched. What this means is that if they were to

change behavior through watching TV messaging, then they would because awareness on HIV/AIDS had been created and that the majority of the respondents agreed that the messages on HIV/AIDS in the programs they watched were relevant while few felt that they were not relevant. However, according to the study findings, a good percentage of the respondents said that they needed other efforts to make them change behavior because the messages alone were not adequate enough to lead to behavior change while a few were of the opinion that that the messages on their own were not adequate enough to help change behavior and that there is more to be done achieve positive behavior change.

The respondents felt that besides the TV messages, there is need for other activities to be included in the TV campaigns for positive behavior change to be achieved among the target population. For instance, 9.1% of the respondents felt that there is need to include experiences of people who are infected or affected by HIV/AIDs to make the messages more effective. Because when people get information from infected/affected people, it may have greater impact than just watching TV programs with messages on HIV.

Others, 27.8% felt that guiding and counseling should be done to the young girls to encourage them to work and be independent instead of idling around waiting to cash in on truck drivers to offer them money for casual and unprotected sex in order to earn a living because this makes them more at risk of infection. Another 27.3% felt that there is need for more informative programs specifically on HIV/AIDS and not just entertainment programs that slot in messages on HIV/AIDS. Some respondents 18.2% felt that there is need to show pictures of infected people to serve as a lesson to those involved in risky

behavior while another 18.2% said that there is need to use more emphatic language so that the message can be driven home.

There was general agreement among the respondents that whereas the TV messages have served their purpose in creating awareness in the war against HIV/AIDS but they are not adequate by themselves to change behavior. There is more to be added if positive behavior change is to be achieved.

5.3 Conclusion

Based on the findings of this study the following conclusions are made: From the study findings, awareness of HIV/AIDS has been created at almost 100%. This is because majority of the respondents had watched at least one TV program or another with a message on HIV/AIDS. This means that awareness creation has been achieved. However behavior change has not been achieved.

Among other suggestions that the respondents gave was need for guidance and counseling especially from parents, economic empowerment for the young girls to cushion them against temptation. Others felt that there is need to re-introduce the fear appeal campaigns by displaying pictures of infected people in the bill boards to serve as an example to those involved in reckless living . There was general agreement among the respondents that whereas the TV messages have served their purpose in the war against HIV, they are not adequate by themselves, there is more to be added. The study therefore concluded that TV messages alone cannot result in positive behavior change. There is also no relationship between TV viewership and personal behavior change and

HIV/AIDS prevention messaging through TV is not the most effective methodology in addressing the vulnerability of girls to HIV/AIDS in Mlolongo Township.

5.4 Recommendations

Wilton (1997) says that programs targeting sex workers and other vulnerable groups such as young women should address the economic reasons why women take up sex work. This should also provide support in finding alternative ways of generating income, and not just create awareness on HIV/AIDS. It is often necessary to introduce legal measures to reduce victimization, police harassment and discrimination.

Other targeted programs are also necessary. Intensive programs should also be formulated to reach men who travel way from home, especially truck drivers. In Kenya, a creative mix of educational activities at transport companies and roadside halts, and specialist clinics resulted in a decrease of STDs, HIV/AIDS and a reduction in sexual risk behavior. Such programs should be replicated and sustained over a long period of time to ensure success.

There is need for further research on the same topic but involve men and the truck drivers because they are the ones who increase the vulnerability of the girls in the town by offering more money in exchange for unprotected sex. There is also need to incorporate young men in the town in future researches because they, too, are equally at risk from older women who lure them into unprotected sex for money and they, turn, infect their partners and other women whom they have relationships with. There is need for the media campaigns to address the issues at which women are vulnerable such as poverty,

gender-based violence, rape, illiteracy, and other negative cultural practices that expose young women to risk of contracting HIV/AIDS.

Organizations involved in HIV/AIDS prevention e.g. government agencies; NGOs, churches etc need to work together in order to achieve better results. This is so because they will be able to compare notes on what they have done and where they intend to go or what they intend to achieve. This will reduce duplication of activities and fatigue. A unified front can yield better and desired results.

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APPEDIX I

Consent form

My name is Rhoydah Nyambane. I am a Master of Arts student in Communication Studies at the School of Journalism University of Nairobi. I am collecting data for dissertation whose objective is to critically analyze the Influence of TV Messages on HIV/AIDS among young women aged between 15 and 24 years in Mlolongo Township.

This information that you provide during the study will be kept in confident. By participating in this study and answering questions, you will help to increase my understanding of the needs of young women in terms of reproductive health and HIV/AIDS communication.

Your participation in this study is voluntary and you have the right to refuse to participate or answer any questions that you feel uncomfortable with. If you change your mind about participating during the course of the study, you have the right to withdraw at any time.

Declaration of the respondent

I have understood the purpose of this study and therefore consent voluntarily to participate as a respondent.

Signature of the respondent_____

Date:_____

APPENDIX II

Questionnaire

Section A: Bio data/Socio-demographic information

Q1. What is your name?_____(optional)

Q2. What is your age bracket?

1 15 to 19; ☐

2 20 t0 24 ☐

Q3. Are you married?

1 Yes ☐

2 No ☐

4. What is your education level?

1 Primary and below ☐

3 Secondary ☐

4 College/University ☐

Q5. How many children do you have?_____

1. One ☐
2. Two ☐
3. Three ☐
4. Four ☐
5. Other/specify ☐

Q6. (a) Are you in any gainful employment?

1 Yes ☐

2 No ☐

Q7 (a) Are there family members who live with you?

1. Yes ☐
2. 2. No ☐

(b) In what ways are you related to these family members? (Tick what applies)

Son/daughter ☐

Husband/Wife ☐

Siblings ☐

Friend ☐

Parent ☐

Section B: Relevance of TV Messages on vulnerability to HIV/AIDS

Q. 8 Do you watch TV?

1. Yes
2. No ☐

Q 9. Which programs do you watch mostly?

1. Drama ☐
2. News ☐
3. Soaps ☐
4. Features ☐
5. Advertisements ☐

Q 10. In the programs in '9' above, which ones had messages on HIV/AIDS ?

1. Makutano junction ☐
2. Churchill Life ☐
3. Mother in-law ☐
4. Mpango wa kando ☐
5. Kuchill ☐
6. Other ☐

Q11. Were these messages about vulnerability of girls of ages 15 to 24 to HIV/AIDS?

1. Yes
2. No ☐

Q12. Would you say these messages?

1. Relevant?
2. Not relevant? ☐
3. Other ☐

Section C: TV Viewing and Behavior Change

Q 13. (a) Have you ever changed your behavior after watching TV message on HIV/AIDS?

1. Yes ☐
2. No ☐

13. (b) If yes, which behavior was it?

13. (c) If no, why did you not change your behavior?_____

Q 14. (a) Do you think there are many girls who can change their behavior by watching TV programs on HIV/AIDS alone?

1. Yes ☐

☐

2. No

14. (b) If no, what else do they need to change behavior?

Section D: Clarity, Adequacy and Effectiveness of Messages

Q 17 (a) would you say that the messages on HIV/AIDS brought on TV are clear?

1. Yes ☐
2. No ☐

(b) If yes, are they clear on:

1. Language ☐
2. Message delivery ☐
3. Tone/style ☐

© If no, what is not clear?_____

_____

Q 18 (a) Do you think the messages are adequate enough to lead to behavior change?

1. Yes ☐
2. No ☐

(b) If no, what more can be added?