



UNIVERSITY OF NAIROBI
COLLEGE OF HUMANITIES AND SOCIAL SCIENCES
SCHOOL OF JOURNALISM AND MASS COMMUNICATION

**AN EVALUATION OF HIV/AIDS CAMPAIGN MESSAGES: A CASE STUDY OF
MPANGO WA KANDO CAMPAIGN IN NAIROBI COUNTY**

BY
POLLY SHALOM OKARON
REG. NO: K50/69837/2013

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

NOVEMBER, 2015

DECLARATION

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

.....
Signature

.....
Date

POLLY SHALOM OKARON

REG. NO: K50/69837/2013

Supervisor

This thesis has been submitted for the award of a Master of Arts Degree in Communication Studies with my approval as the university supervisor.

.....
Signature

.....
Date

Dr. James Oranga

Lecturer

School of Journalism and Mass Communication,

University of Nairobi, Kenya.

DEDICATION

To my resilient mother Basilisa Anyango Lukakha for her dedication to our time and care, her mentoring and encouragement since childhood to this point. To my loving and supportive sisters and brothers: Nick, Betty, Velma, Shilow, Rachel, Oscar, Faith and Isaac for being with me in times of happiness and sadness and giving me moral and emotional support. My lovely niece and nephew: Brenda and Goodluck for the warmth and joy they bring in my heart. Last but not least, to Larry Jackson for his love and commitment that encouraged me to move on. With all humility and profound love, I do dedicate this work to all of you who touched me in different ways.

ACKNOWLEDGEMENT

First I thank God for the gift of life and giving me an opportunity to get education. I lack words to express my gratitude for the miraculous provision of school fees from preschool level to postgraduate level of education. I give you all the glory.

I'm highly indebted to my supervisor, Dr. James Oranga for his intellectual interpretations, dedication and in-depth theoretical and practical guidance throughout the study to ensure that I produce quality work from the conceptual and selection of the study topic, proposal development, data collection, analysis and the study report. It is through his willingness to bring out the best in me by discovering my potentials that has propelled me to the best possible academic level. I am also grateful to my lecturers for the knowledge they imparted in me that enabled me to undertake this work.

Special appreciations go to my mother Basilisa Anyango Lukakha for her determination and hard work to finance this work. She is my role model and heroine.

I appreciate all my sisters and brothers: Nick, Betty, Velma, Shilow, Rachel, Oscar, Faith and Isaac for their love and care during my studies. Faith Miracle thanks for always being there to ensure I was attended to when I was sick, had to go to work and compile this work. Good luck and Brenda thanks for being my bundles of joy.

Special thanks to Larry Jackson for his love and care, the support he gave me when I was almost giving up due to a lot of pressure from school and work. I treasure him so much.

I appreciate my colleague and friend Roselynn Awili for her advice in guiding me throughout this thesis. Thanks to Petronilla, Irene, Lorna and Shanil for their friendship during my studies. Victor Muga indeed made sure the data was collected in good time, I am so grateful. Finally, I thank Seth, for the editorial and formatting skills she provided throughout the study. God bless you all!

ABSTRACT

This study intended to evaluate HIV/AIDS Campaign messages only focusing on *Mpango Wa Kando* Campaign in Nairobi county. This study had four objectives to achieve: To establish the extent to which the *Mpango Wa Kando* HIV/AIDS campaign messages were understood by the target audiences. To determine the extent to which the *Mpango Wa Kando* HIV/AIDS campaign messages were appreciated by the target audiences. To evaluate the diction of messages used in the *Mpango Wa Kando* HIV/AIDS Campaign. To investigate the impact of the HIV/AIDS messages as packaged and conveyed by *Mpango Wa Kando* Campaign. Both quantitative and qualitative designs were used in the study. The study population was the people from Nairobi County and 188 was the sample size of the population comprising of male and female, married and unmarried, between the ages of 18-40 years as they were considered to be sexually active. The method of data collection used was use of questionnaires which was distributed to the respondents. During the study, data analysis was done by using the Statistical Package for the Social Sciences (SPSS) and Microsoft Excel. The data was presented in form of tables and diagrams like graphs. The key findings of the study were: the *Mpango Wa Kando* Campaign was understood because it was clear and the lessons learnt from the message included stopping concurrent sexual relations, using a condom in case one is not able to keep off the relationships. The *Mpango Wa Kando* Campaign message was appreciated as the respondents found the message worthy because of its educative nature. The respondents were able to identify the words used in the campaign and it was clear that the slogan “*Wacha Mpango Wa Kando*” (Stop concurrent sexual relationships) used stuck into the audience’ mind. In addition, there were different interpretations of the campaign: The message was about stopping concurrent relationships, using a condom, being faithful to sexual partners. The campaign yielded positive behavior change in the personal life of respondents because the words used by the designers caused behaviour change. Recommendations of the study included: Women characters should be more involved in the campaign to show the audience that HIV/AIDS not only affects men but also women. Follow up campaign should be run to clarify any misinformation the audience may have had from previous campaign. A different strategy that addresses tangible positive behaviour change rather than focusing on knowledge should be used. Future studies could be on semantic dynamics by the campaign designers so as to understand how the audience extends meaning. Negative behaviour catalyst should be researched on to establish the relationship between knowledge and behaviour change. Characters in campaign should be analyzed so as to unveil their role in message interpretation.

LIST OF ACRONYMS AND ABBREVIATIONS

AD:	Advertisement
AIDS:	Acquired Immune-Deficiency Syndrome
APS:	AIDS Programmes Secretariat
CPIK:	Council of Imams and Preachers of Kenya
FPAK:	Family Planning Association of Kenya (FPAK)
HIV:	Human Immunodeficiency
IEC:	Information, Education and Communication
JHU/PCS:	John Hopkins University Population Communication Services
KDHS:	The Kenya Demographic and Health Survey
KTN:	Kenya Television Network
MTP:	Medium Term Plan
NASCOP:	National AIDS/STD Control Programme
NCPD:	National Population and Development
NGOs:	Non Governmental Organizations
NTV:	Nation Television
PREPFAR:	President's Emergency Plan for AIDS Relief
PSI:	Population Service International
RRI:	Rapid Response Initiative
ToTs:	Trainers of Trainers (ToTs)
TRA:	Theory of Reasoned Action
TV:	Television
UNAIDS:	United Nations Agency for International Development
USAID:	U.S Agency for International Development
VCT:	Voluntary HIV/AIDS Counseling and Testing
VMMC:	Voluntary Medical Male Circumcision Campaign
WHO:	World Health Organization
AMREF:	African Medical and Research Foundation

TABLE OF CONTENTS

DECLARATION.....	ii
DEDICATION.....	iii
ACKNOWLEDGEMENT.....	iv
ABSTRACT	v
LIST OF ACRONYMS AND ABBREVIATIONS	vi
TABLE OF CONTENTS	vii
LIST OF TABLES.....	x
LIST OF FIGURES	xi
CHAPTER ONE.....	1
1.0. Introduction	1
1.1. Background of study.....	1
1.1.1. HIV /Aids Campaigns in Kenya: A Historical Overview.....	2
1.1.2. The PSI HIV/Aids Campaigns.....	7
1.1.3. The Nimechill Campaign.....	11
1.1.4. The Voluntary Medical Male Circumcision Campaign (VMMC)	14
1.1.5. The <i>Mpango Wa Kando</i> Campaign.....	16
1.1.6. The communication process and HIV/AIDS Campaign Messaging	18
1.2. Statement of the problem.....	24
1.3. Study Objectives.....	29
1.4. Research Questions.....	29
1.5. Study Justification	29
1.6. Definition of Key Concepts Used in the Study	30
1.7. Conclusion.....	32
CHAPTER TWO.....	33
LITERATURE REVIEW AND THEORETICAL FRAMEWORK.....	33
2.0. Introduction	33
2.1. Audience Understanding Of Campaign Messages	33
2.2. Appreciation of Campaign Messages by the Target Audience	38
2.3. Diction of messages used in HIV/AIDS campaigns.....	40
2.4. Impact of the HIV/AIDS Message Packaging and Conveyance in the Campaigns	42
2.5. Theoretical Framework.....	44
2.5.1. Introduction.....	44
2.5.2. Social Learning Theory.....	44

2.5.3. Input/output Persuasion Model	45
2.5.4. Theory of Reasoned Action (TRA).....	47
CHAPTER THREE	49
RESEARCH METHODOLOGY	49
3.0. Introduction	49
3.1. The Research Design	49
3.2. The Study Population	50
3.3. The Sampling Procedures	50
3.4. The Data Collection Methods.....	51
3.5. The Data Presentation Methods.....	52
3.6. The Data Analysis Methods	53
3.6.1. Descriptive Analysis	53
3.6.2. Percentages	53
3.7. Conclusion.....	53
CHAPTER FOUR	54
DATA PRESENTATION AND ANALYSIS OF FINDINGS	54
4.0. Introduction	54
4.1. Demographic Data of the Respondents	54
4.1.0. Gender of the respondents	54
4.1.1. Age of the Respondents	55
4.1.2. Marital Status of the Respondents	56
4.1.3. Education Level of the Respondents.....	57
4.1.4. Religion of the Respondents	58
4.2. How the Mpango Wa Kando Campaign was understood by the audience	59
4.2.1 Clarity of the message.....	61
4.2.2 What the audience learnt from Mpango Wa Kando Campaign.....	62
4.2.3 The audience that understood the message.....	63
4.2.4 Personal Interpretation of the MWK Campaign messages	64
4.3 Appreciation of the <i>Mpango Wa Kando</i> HIV/AIDS campaign messages by the target audience	65
4.3.0. What the liked/did not like in the Campaign	66
4.3.1. The reasons why they liked the campaign	68
4.3.2. Those who thought the message was worthy.....	68
4.3.3. How the message was worthy.....	69

4.4 Diction of messages used in the <i>Mpango Wa Kando</i> HIV/AIDS Campaign	71
4.4.0. The exact words used in MWK Campaign	71
4.4.1. The meaning of the exact words used in Mpango Wa Kando Campaign.....	72
4.5. Impact of the HIV/AIDS messages as packaged and conveyed by <i>Mpango Wa Kando</i> Campaign.....	74
4.5.0. How the words caused behaviour change	75
4.5.1. Effect of the campaign on personal behaviour	76
4.5.2. How the words changed personal behaviour	77
4.5.3. Why the respondents thought words would not change their behaviour	78
CHAPTER FIVE	79
SUMMARY, CONCLUSION AND RECOMMENDATIONS	79
5.0. Introduction	79
5.1. Summary of the Key Findings.....	79
5.2. Conclusion of Study	80
5.3. Recommendations	81
5.3.0. Involve women characters	81
5.3.1. Follow up Campaign.....	81
5.3.2. Change strategy of campaign.....	81
5.3.3. Meaning of Words	82
5.3.4. Consulting other key stakeholders	82
5.3.5. Relate knowledge and behaviour change.....	82
5.4. Areas for Future Research	83
5.5. Contribution of Study	84
5.5.1. Contribution to literature.....	84
5.5.2. Contribution to theory	84
BIBLIOGRAPHY	86
APPENDIX I: QUESTIONNAIRE	93
APPENDIX II: CERTIFICATE OF FIELD WORK	97
APPENDIX III: CERTIFICATE OF CORRECTIONS.....	98

LIST OF TABLES

Table 4.1 Gender of Respondents.....	54
Table 4.2. Media channels accessed by the audience.....	60
Table 4.3 Audience that thought the campaign was clear	61
Table 4.4 The exact words used in MWK Campaign.....	71

LIST OF FIGURES

Figure 4.1 Gender of Respondents	55
Figure 4.2 Age of the Respondents.....	56
Figure 4.3 Marital Status	57
Figure 4.4 Level of Education	57
Figure 4.5 Religion of the Respondents	58
Figure 4.6 Those who heard about the campaign.....	59
Figure 4.7 Audience that thought the campaign was clear.....	61
Figure 4.8 What the audience learnt from Mpango Wa Kando Campaign	62
Figure 4.9 Those who understood the Mpango Wa Kando Campaign	63
Figure 4.10 Personal Interpretation of MWK Campaign	64
Figure 4.11 Those who liked the advertisement.....	66
Figure 4.12 What the audience liked in MWK Campaign	67
Figure 4.13 Reason for liking MWK Campaign	68
Figure 4.14 Those who appreciated the message: Worth of the message	69
Figure 4.15 How the message was worthy	70
Figure 4.16 The exact words used in MWK Campaign	71
Figure 4.17 Meaning of the words used in MWK.....	73
Figure 4.18 If the words used in MWK could encourage behaviour change	74
Figure 4.19 Explain how the words caused behaviour change.....	75
Figure 4.20 Effect of the words on own behaviour	76
Figure 4.21 How the words changed personal behaviour	77
Figure 4.22 Why the respondents thought words would not change their behaviour	78

CHAPTER ONE

EVALUATION OF HIV/AIDS CAMPAIGN MESSAGES: AN OVERVIEW

1.0. Introduction

This chapter focuses on HIV/AIDS public media campaigns at different levels. There is global overview of HIV/AIDS public campaigns which points out on the campaigns as one of the major steps taken to control the HIV/AIDS menace. In the case of Kenya, campaigns were carried out but under great challenge from the government because of fear of encouraging the masses to engage in irresponsible sexual behaviors. PSI/Kenya is the focal point of most major HIV/AIDS public campaigns in Kenya. The campaigns were run at different times with the central message as HIV/AIDS prevention through behavior change. Communication as a process is also analyzed so as to understand the messaging of the HIV/AIDS campaigns.

1.1. Background of study

HIV/AIDS continues to pose a great challenge to multitudes of people in the world. More than 33 million people are currently living with HIV/AIDS, in 2007 alone, 2.5 million people became newly infected with HIV and 2.1 million lost their lives to AIDS (UNAIDS, 2007 as cited in Noar et al, 2009). Although recent data indicate that HIV incidence may be beginning to decline in many parts of the world, the prevalence of AIDS continues to grow. In fact, the number of people living with AIDS worldwide has grown steadily each year for the past 2 decades (UNAIDS, 2007 as cited in Noar et al, 2009). These data demonstrate the urgency with which coordinated large-scale efforts that broadcast effective prevention messages globally are needed. A strategy that has been widely utilized to fulfill such a purpose in the HIV/AIDS area is the mass communication campaign (Bertrand, O'Reilly, Denison, Anhang, & Sweat, 2006; The Henry J. Kaiser Family Foundation, 2006; Liskin, 1990; Maibach, Kreps, & Bonaguro, 1993; Palmgreen, Noar, & Zimmerman, 2008) as cited in Noar et al (2009).

Campaigns aim to produce effects that are specific in a large group of individuals within a specified period of time, and through a coordinated set of communication activities (Rogers & Storey, 1987 as cited in Noar, 2009). They employ single or multiple media at the national, regional, and local levels, either as stand-alone efforts or as part of multi-component programs. This is done working under the assumption that the public health impact of a program is a function of both its efficacy and reach (Abrams et al., 1996 as cited in Noar et al, 2009).

Campaigns that achieve even small effects could impact HIV/AIDS in a meaningful and cost-effective manner (see Cohen, Wu, & Farley, 2005; Snyder et al., 2004 as cited in Noar et al, 2009). It is presumably this rationale that has led campaigns to have become such an integral part of HIV prevention efforts since the beginning of the epidemic (Freimuth, Hammond, Edgar, & Monahan, 1990; Holtgrave, 1997; Johnson, Flora, & Rimal, 1997; Liskin, 1990; Markova & Power, 1992; Myhre & Flora, 2000 as cited in Noar et al, 2009).

1.1.1. HIV /Aids Campaigns in Kenya: A Historical Overview

According to NASCOP (1998), in 1983, the government of Kenya created AIDS Programmes Secretariat (APS) to organize the nation's efforts against AIDS. The first phase when the first case of HIV/AIDS was diagnosed (1984 to around 1987) there was an official perception "that HIV/AIDS was not a serious problem" for Kenya (Rau et al., 1996: 3) as it was believed to be for the homosexual lifestyle which was illegal as it was not acknowledged in the country. As much as the National AIDS Control Council was formulated in 1986, it had not been fully operational until 1987 when it was renamed to National AIDS/STD Control Programme (NASCOP), and it did its HIV/AIDS campaigns on mass media through interpersonal channels.

The AIDS Programmes Secretariat (APS) developed a Medium Term Plan (MTPI) for the period between 1987-1991 focused on the public awareness campaigns, strengthening laboratory services and training of health workers. The plan took a multi-sectoral approach where the different sectors of the economy were expected to participate in the fight against HIV/AIDS. The plan called for the prevention of the sexual transmission of HIV through dissemination of information to the youths on how to be protected from being infected by HIV. The youths in school and family education provided sufficient information on HIV/AIDS. Community based AIDS education, including provision of community counseling and public sex campaigns provided young adults with information on how to protect themselves against AIDS. Planned community efforts are often ignored, and the human and technical resources not allowed in the planning and development of projects (Agunga1990, Aznar, 1992).

The next government phase of response (from 1988-1991) was characterized by the reality that HIV/AIDS is a health issue "realistic appraisal of HIV/AIDS as a potentially harmful

health issue although the perception still persisted that AIDS was no more harmful than other diseases” (Rau et. al., 1996: 4). Ministry of Health’s campaigns on the effects of HIV/AIDS met skeptical audience because of the low-key nature of campaigns. The implementation of the Information, Education and Communication (IEC) by the government centers on the use of the mass media, interpersonal and advocacy was also government’s steps to have HIV/AIDS under control. The role of the IEC creates awareness of knowledge for behavior change in prevention of AIDS (Juma, 2001).

The media campaigns on condom use were criticized by religious leaders who suggested that condoms were a “western solution” to the spread of HIV/AIDS. They claimed that it was inappropriate for the Kenyan population. The third phase of the government’s intervention (1992-1995) was the release of an official surveillance data and a national conference held on HIV/AIDS in 1993. This led to the Ministry of Health declaring AIDS a national crisis (Africa Confidential, 1993).

The opposition to the campaigns towards the reduction of the spread of HIV/AIDS claimed to be on the basis of ‘ethical, legal and cultural’ issues. “Variety of legal, ethical, and cultural issues related to HIV/AIDS prevention and the well-being of families affected by HIV/AIDS remain to be actively debated and acted upon” (Rau et. al., 1996: 7) Most of these debates are conducted on the media. Underscoring the importance of obtaining accuracy of information from the media there are several facts put across: The Demographic and Health Survey (NCPD and CBS, 1994) collected baseline data on knowledge and the attitude of a national sample of women and men regarding HIV transmission and prevention. The survey indicated that 99 per cent of males and 98 per cent of females reported having heard about AIDS; 96 per cent and 90 per cent of males and females respectively said they knew that HIV could be transmitted through sexual intercourse; 35 per cent of females knew that the HIV virus could be transmitted through injections. But there were those with much less knowledge about mother to child transmission with only 5 per cent of males and 7 per cent of females citing this mode. The possibility of HIV transmission in the process of circumcision was hardly known by females and 5 per cent of males.

This means that Kenya was aware about the existence of AIDS but was least informed about the mode of transmission of the HIV virus. In 1993, The Kenya Demographic and Health Survey (KDHS) data shows that “there were widespread misconceptions about AIDS. For

instance many believed that HIV virus was being transmitted through mosquito bites, one out of three respondents thought it was spread through kissing, over one in four through touching the dead or via eating utensils, 24 per cent though the HIV virus could be passed through sharing clothes.” (NCPD and CBS, 1994)

It is very serious that although vast majority of the respondents believed that the spread of HIV could be prevented (about 86% males and 79% females), only about 36 per cent of the male respondents and 21 per cent of the females believed that condom use could prevent its transmission. It is no wonder that of the 32 per cent of the men who were reported to having had two or more sexual partners during the six months preceding the study, only 20 per cent used the condoms with those partners. This means that, the knowledge of AIDS and the mode of transmission did not translate into appropriate behavior change such as condom use. Could this be related to the way matters concerning HIV/AIDS pandemic were reported in the mass media?

People indicated that they mostly received information about HIV/AIDS from the mass media sources (television, radio, newspapers, posters) rather than interpersonal sources including friends, family, health workers (Rose & Carson, 1988 as cited in Myhre & Flora, 2000). According to Nduati & Kiai (1996), the common source of information on HIV/AIDS was the radio (16.4 per cent), followed by newspapers (14.5 per cent), school (14 per cent), family/relatives (12.9 percent), friends/ schoolmates (10.8 per cent), clinics and hospitals (10.1 per cent), churches and others. Most pupils in urban areas could afford radio and newspaper unlike the in rural areas because their parents were working.

The use of the mainstream media has been found to be most effective at the awareness raising level as its crucial in introduction of certain issues to the public forum for discussion hence in turn affect the policy and decision making levels. Since the onset of the HIV/AIDS pandemic, media has really played a major role in creating awareness and providing information on HIV/AIDS. This includes giving the latest medical advances in the fight against the disease. After fifteen years into the pandemic, there was still no cure, and major advances in the treatment only benefited the countries that are technologically advanced. This made the main thrust in HIV/AIDS to be prevention by behavior change (Nduati & Kiai 1996).

According to Juma (2001), intensive sensitization campaigns are ways of coping with the

HIV/AIDS especially in urban areas to warn people of the dangers of careless sexual life that led to the contraction of HIV. This was mostly done by the local and church leaders. Other leaders were involved in preventive activities such as trainers of trainers (ToTs) in advocacy campaigns. The emphases of the campaigns were on avoiding unprotected sex and the dangers of immorality. Although the sensitization campaigns appear effective among adults, more still has to be done for the people's behavior and attitudes. This is from the summary of views of a Focus Group Discussion that indicates:

‘Of late sensitization campaigns have tried to take the message to the people's doors and have been trying to wrestle with deep seated beliefs about the disease... Furthermore, many of the youths have frustrated campaign efforts and need more attention due to the influence of the media, film and videos...’(Juma,2011)

The media was used to send out information on abstinence and faithfulness, promote the use of condoms (*Tumia Trust Condom*). The government's effort on the campaign against AIDS was implemented through *Sessional Paper on AIDS in Kenya* that committed to protect vulnerable youths from HIV infection by equipping them with adequate knowledge and skills. As a matter of policy the government stated its plan to integrate AIDS in the education Programmes into the existing curriculum (NASCO, 1999).

Other interventions and intensive mass educational campaigns have succeeded considerably in offering a window of hope for those suffering from the disease and those managing and preventing it (Pivot, 1997). The mass media has attracted great interest because of the perception of its role as a powerful and influential tool. Many organizations decided to use mass media and alternative media which has attracted so much attention because of the large audience it addresses. The media's role is to reach the audience who are suffering from HIV/AIDS and empower them with knowledge on how to prevent and manage the pandemic by focusing on sexual behavior and practices.

There has been so much debate questioning the effectiveness of the mass media public campaigns especially on behavior changes. It is true that mass media has been the forum widely used in the dissemination of information about serious issues like HIV/AIDS (Agha, 2003; Bolton & Singer, 1992; Freimuth & Tylor 1995; Myhre & Flora, 2000; Noar, 2006; Wallack 1990; Witte et al., 1998 as cited in Mabachi, 2008).

There has been great discontent on how the media covers development issues including HIV/AIDS. This has attributed to lack of awareness on how media operates and constraints within their working operations. According to Parrish-Sprowl (1998), communication has been the last resort hence hasn't been as effective as desired because it has not been involved in the primary level of conceptualization. Some constraints cited in the media was the limited coverage of the radio Programme and structural difficulties in coping with issues raised by the adolescents during radio Programme.

Most organizations that deal with campaigns against AIDS have concentration in the rural districts. These organizations are either NGOs or links with organized religion. Government institutions seem not to be heavily involved in the anti-HIV/AIDS campaigns. The most frequently mentioned organizations in the Mukuru Slum of Nairobi included, AMREF which started campaigns and training ToTs in 1990 but terminated the training in 1992/1993, and the Catholic Church, related to the Mukuru promotion Centre, which trains ToTs and community health workers as well as carrying out door – to – door campaigns.

Doctors without borders (Medicins Sans Frontieres) personnel also brought films in 1998 which were shown to the residents for a week. The city council health personnel were also involved in the campaigns and sensitization Programme. Locally based organizations such as Kayaba Unity Development Group also assisted in the campaigns. In Baba Dogo slum in Nairobi some key organizations included Crescent Medical Aid, Action Aid (Kenya), World Vision, Redeemed Gospel Church.

NASCOP (2001), says that mass media campaigns have greatly reduced the stigma and the misconceptions associated with the condom hence increased its availability. A generic 'condom efficacy' has increased the Kenyans' faith in the effectiveness of condoms in preventing disease from 50% to over 80, although social marketing contributes only to a relatively smaller share of the total condom supply, its promotion of condoms has resulted in a more active role by commercial-sector participants, as is evident by the fact that eight new brands appeared on the market in 2004.

It was reported that Kenya was among the countries in the sub Saharan Africa that had noted a decline in new infections as a proportion to previously uninfected persons. Indications of

significant behavior change have been noted in terms of increased condom use, fewer sexual partners and delayed sexual activity. This favorable trend in behavior change has been attributed to the mass media public campaigns (UNAIDS, 2006).

In Kenya a project was initiated based on a 1992 needs assessment by the National Population & Development (NCPD) and the Family Planning Association of Kenya (FPAK) with support from John Hopkins University Population Communication Services (JHU/PCS), which targeted adolescents. The project was funded by USAID and it featured media activities such as radio programmes, print media and a letter answering service. Radio Programmes included a talk and the provision of a forum for the youth to question HIV/AIDS experts on the programme. The Programme was designed as a variety show with the requisite musical background (Nduati & Kiai, 1996).

Straight Talk Newsletter was a media project that originated from Uganda and was adopted in Kenya. It began in 1993, initially laid emphasis on sexuality and was issued once every month as an insert of *The Vision Newspaper*. This broadened information on how to deal with the physiological and health issues (Nduati & Kiai, 1996).

Large numbers of public health prevention campaigns have been launched by international agencies (E.g. United Nations), the government, the non-governmental organizations and religious institutions in the quest to deal with the HIV/AIDS pandemic. Majority of these campaigns have focused on behavior change in terms of condom use, abstinence, reduction of sexual partners, and monogamy (Akwara, Madise & Hinde, 2003; Witte et al., 1998).

Most public health campaigns promote social and behavior change by the way they are designed and are fashioned upon the best practices developed by the commercial advertising and the marketing industry. For countries like Kenya it is difficult to evaluate whether the interventions are working for the audience or not by tracking the sales using a variety of techniques. It is also difficult to evaluate a health campaign designed to change social norms or behaviors because of insufficient infrastructure and resources to do so (Bertrand et al., 2006 as cited in Mabachi, 2008).

1.1.2. The PSI HIV/Aids Campaigns

In Kenya Population Service International (PSI) Kenya follows the organization's social

marketing formula of products such as condom use, services like HIV/AIDS testing that are similar across all countries (Parker et al.2007 as cited in Mabachi, 2008). They are an example of organizations that use formative research to come up with branded and generic media campaigns (Agha, 2003) leading to what Parker et al claim is nuanced branding that utilizes local language that address the local audience and culturally appropriate visual treatment . This is to ensure that the audience identify with the campaign hence motivated to participate in the implementation of the message conveyed in the campaigns. PSI has been at the core of prominent HIV/AIDS campaigns including Trust condom, Voluntary HIV/AIDS Counseling and Testing (VCT), and abstinence promotion. According to Agha (2003), PSI (Kenya) develops branded and generic mass media campaigns. Brand advertising conveys positive lifestyle message. This is a powerful tool which is done by repeating advertisement, positive image becomes associated with a brand. This is to build “brand equity” so that the brand itself becomes a symbol of positive lifestyle.

Social marketing interventions are the mainstay for the global AIDS prevention efforts (UNAIDS, 2002). The interventions use mass media and interpersonal communication to promote the use of condoms to prevent HIV and make it available through the commercial section. It has not been known whether mass media have an effect on safer sex intentions independent of the effects of interpersonal communication (Agha & Van Rossem, 2002). Quasi-experiments have been used in studies on the impact of social marketing interventions on adolescent risky behavior (Agha, 2002; Van Rossem & Meekers, 2001) but the study has not yet examined if mass media messages on their own reduce sexual risk.

In 1998 a national survey by the National Council for Population & Development, showed 16% of the married males reported extramarital sex and that 30% of the single males reported to their sexual partners in the last 12 months. Only 215 men reported to have used a condom in the last sex; 8% reported the use of condom in the last marital sex and 43% in the last non-marital sex (National Council for Population and Development, 1999).

In spite of the high rate of HIV/AIDS prevalence in 1987, there was little being written about HIV/AIDS indicated by the decline in newspaper articles disseminating AIDS messages. The available articles were not talking about AIDS in Kenya but other countries (Tassew, 1987). Pressure groups were formulated to regulate the AIDS messages being disseminated because the Catholic Church did not advocate for the use of condoms and discouraged sex out of

marriage as it was immoral. These had consequences “Most Kenyans lacked the self-efficacy to manage their sex life by practicing safe sex (Cameron et al., 1999; Kumah et al., 1993). Following the above challenges encountered in the fight against AIDS, there has been insufficiency of information by the public. In addition, promotion of condom use and its effectiveness has been difficult (Kumah, et al., 1993); which encouraged misconceptions about AIDS and condoms considered unreliable (Kekovole et al., 1997). The formative research by PSI Kenya found out that the condom use was still associated with immoral behavior which was consistent with the message being disseminated by the church and other community groups concerning condoms not being appropriate. Other indigenous beliefs of condom being associated to immoral behavior in Rwanda may have been the case in Kenya (Taylor, 1990).

According to Agha (2003) Trust condom mass media campaign was begun by PSI in 1997 as a result of reluctance on the part of Kenyans to freely discuss condom use with their sexual partners because of fear of losing trust and being accused of infidelity. As a result, a brand mass media communication was developed to address the issue of trust and encourage the use of condoms, resulting to aggressive campaigns in radio and television spots.

The low level of condom use attributed to the fear of sexual partners to lose trust and being accused of infidelity compelled the PSI Kenya to launch a branded HIV/AIDS campaign to address the trust issue. The campaign was given the name *Trust* for the social marketing of condom. The name has a double meaning of Trust to mean condom as the condoms were called “Trust Condom” and the second meaning was to address the issue of trust between partners. People were encouraged to talk about condoms with openness on television and radio spots during 1997 and 1998. The double meaning in the campaign was to attain the maximum impact for the HIV/AIDS message on condom use.

A second campaign was aired in 1999 and continued through 2000 (Agha, 2003). Trust Condom campaign promoted the use of condoms as a positive lifestyle and promoted condom use which was marketed as ‘cool’ and contemporary. For example, in one of the radio spots, a man repeatedly calls a lady for a date and the woman is adamant to speak with him on several occasions. When she agrees to speak to him, he reveals the length he has gone to organize for the date. It included transport to and from the movie. He finally gets her attention when he mentions that he will bring 20 packets of (Trust) condom for her birthday party. This makes her to say that the guy is cool and agrees to go out with him.

The branded campaign encouraged openness in the discussion about condom use with a partner so as to develop an image that condom is associated with trusting one's partner. According to Agha et al. (2001), similar lifestyle oriented approaches have been appropriate and successful in other marketing interaction in sub-Saharan Africa. Other advertisements include wall branding which increased and enhanced visual presence of Trust condoms. Concerts were also used as part of brand advertising activities. Brand advertising is not used to relay fear-inducing messages because of the likelihood that they may damage brand equity.

Generic HIV/AIDS campaigns developed fear-inducing messages on the consequences of not using condoms consistently. For example in one of the generic campaigns several men and women introduce themselves by saying "Hi, I'm Fred", "Hi, I'm Mary", etc. The listener is asked to guess the one who has HIV. This is to pass the message that it's impossible to tell if one has HIV and that condoms should be consistently used (Agha, 2003). Between January and December 2000, 324 Trust television and 1,233 Trust radio spots lasting between 30 and 60 s were aired on all major television and radio channels. This amounted to approximately 20 h of branded advertising message over 12 months. Generic campaign had 556 television spots and 2,128 radio spots lasting 60s were aired during the same year. This amounted to about 45 h of generic advertising messages. The advertising of generic campaigns was made possible of the free air time granted to the PSI by the Kenya Broadcasting Corporation.

A household survey was used and data collected from 2,213 sexually experienced men and women aged 15-39 to determine if HIV prevention mass media campaigns influenced risk perception, self-efficacy and other behavioral predictors as condom use, effectiveness, condom availability and the embarrassment of obtaining condoms. Logistic regression analysis was used to determine the impact of exposure to mass media on these behavior change predictors. The population that was exposed to the campaigns considered themselves to be at risk of acquiring the HIV virus and hence believed on the severity of AIDS pandemic (Agha, 2003). The lower level of embarrassments when obtaining condoms was attributed to the exposure of the audience to mass media campaigns. More positive outcomes were associated with higher intensity of exposure hence a dose-response relationship. Exposure to generic advertising was less frequently associated with health beliefs and these relationships were also weaker. Branded mass media advertising on condom use is more likely to create a perception that accommodates condom use (Agha, 2003).

Since 2002, PSI has been dealing with campaigns on VCT promotion and general prevention of HIV/AIDS via mass media. It has created an alliance with churches to reduce stigmatization and pass HIV/AIDS message. The campaign on VCT was called “*Onyeshwa Mapenzi Yako*” (Show your love). This was an extension of (*Chanukeni Pamoja*/get smarter together), this campaign encouraged the Kenyans to get tested and know their HIV status. It ran from January to April 2005 and from March to September 2006. When the antiretroviral treatment came in Kenya in the late 2004, there was increased access in hospitals, VCT centers and clinics in the rural areas. This spearheaded for the formulation of another campaign by the PSI on behalf of the government. The mass media campaign gave hope to the Kenyan audience that even if one was infected with HIV/AIDS, there is treatment. This was to increase discussion on the intention to get tested.

According to Morgan (2006), PSI Kenya encountered different challenges including difficulty to reach the 35% of the population that could not access the mass media. There was no well-established quality assurance system at the national level set that would ensure quality service delivery in the VCT centers hence a threat to the brand as people could lose their confidence in these centers. Lack of National Information Management posed a challenge to collecting nationwide data so as to tell the impact of the campaigns. However an evaluation indicated that the campaign achieved most of its goals (Mwarogo, 2007). The VCT campaign materials that were analyzed consisted of specific length of time: TV spots (M length =1.02 minutes), one radio spot (M spot=1.00 minute). For print materials used a mixture of English and Kiswahili (Mabachi, 2008).

1.1.3. The Nimechill Campaign

In 2004, PSI launched a campaign called “Nimechill” (Kiswahili slang for “I have chilled” or “I have abstained”) / *Ni Poa Kuchill!* (It’s Cool to Abstain). The youth-oriented campaign used a cartoon logo of a yellow hand giving a "V" or a "peace" sign as its brand and the phrase "Nimechill". According to the Reproductive Health report (2013), the campaign was conducted in two rounds from 2004 to 2010 by Population Service International in collaboration with DRH, NASCOP and Pathfinder International with funding from USAID. First it was run from September 2004 to April 2005. It aimed at changing three perceptions correlated with abstinence: Social norms, self-efficacy and behavioral intentions to remain abstinent. The campaigns persuasion strategy was based on positive affect (the messages were

positive and encouraging rather than risk based) and positive deviance as the youths were portrayed to be defying early sexual norms.

The campaign was to create stigma on irresponsible sexual behavior while peer pressure and abstinence regarded as 'cool' (PSI/Kenya,2005) Nimechill campaign in its formative sought to answer the question why youths are engaging in sex at an early age. "Why do many youth engage in sexual activities at an early age?" (PSI/ Kenya, 2006). A focus group discussion indicated that sex was served as a rite of passage from childhood to adulthood. The research concluded that more focus should be on the contextual issues that lead to early sexual activities in the prevention interventions. This led to the PSI/Kenya to look for creative ways of making the Kenyan youths to embrace romantic relationships without sex and to increase the acceptance of the adults that associate with sex with adulthood (PSI/Kenya, 2006).

The campaign was targeting the ten to fifteen year old teenagers in urban areas to encourage them to abstain or even delay their sexual activities (Parker, Rau & Peppia, 2007). The campaign reflected the government's emphasis on abstinence for the youths in Kenya (Agha 2003) to reduce the level of new infections. Four television spots, eight radio spots and four print materials like newspapers, bill boards, posters were developed to bring out the issues affecting the youth like strong peer pressure, violent sexual activity and transactional sex(PSI/Kenya, 2006).

There was an attempt to reach as many young people as possible, this was done by putting articles on youth and "chilling" regularly in the national newspapers, and weekly discussions about "chilling" took place both formally and informally on the radio. Teenagers aged 14-16 in the TV commercials were used with the goal to create inspirational and realistic role models. The youths were depicted to be opposing early sexual activities. For example one advertisement showed one of the youths leaning out of a mini-bus with text stating: "Sex? No way, *tumechill*

[We're chilling]"; and "We won't be taken for a ride. Ni poa kuchill [It's cool to chill]." (PSI/Kenya, 2005) PSI/Kenya sponsored "The Beat", a daily music video Programme on Nation TV. The use of branded T-shirts showing the Nimechill brand and the message "young, beautiful, and chilling" or "handsome, intelligent, and chilling", were given away to the young people at Nimechill sponsored youth events (PSI/Kenya, 2005).

The campaign of HIV/AIDS in dissemination of the information to the adolescents experienced opposition from policy makers who believed that informing the young people on the prevention of the HIV virus would promote sexual immorality (William et al., 1997). Religious leaders in the early 1990s condemned those with HIV/AIDS as immoral hence ignored the messages (Black, 1997). After the demonstration of the Catholic Church and the anti-abortion groups, the government shelved the discussion on integrating HIV/AIDS education in the curriculum (Kigotho, 1997).

The campaign was seen by 80 percent of the youths it targeted after the President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S Agency for International Development (USAID) and implemented by PSI. This was a success with regard to the number of target audience (Mabachi, 2008). There was a survey that was carried out to measure and evaluate the impact of the 'Nimechill' campaign. The evaluation based cross-sectional survey from randomly selected household in thirteen of Kenya's largest towns found that there was increase in youths reporting virginity from 88 to 92 percent during the seven months of the campaign.

After the campaigns, approximately 85 per cent of the youth recalled 'Nimechill' and 45 per cent indicated that they watched the campaign through three or more channels (television, radio etc.). Perhaps with other contributing factors, PSI/Kenya (2006) acknowledged and believed that the youth were able to have confidence in them being able to abstain. According to PSI/Kenya the campaign increased self-efficacy hence the campaign was rated a success as it was able to fulfill the initial criteria:

“For targets to: (a) be able to recall key elements of the campaign, (b) have an increased sense of self- efficacy, c) modify perceived relationship norms, and (d) demonstrate increased focus on future goals”(Mabachi, 2008).

IRIN (2006) collected information about the impact of abstinence campaigns. Plus News was informed by students from a government school in Nairobi about them receiving sex education since the age of 10 and now were used to it. Eunice Mumo one of the learners said that “it has become like a song to us now; it's common to everyone and not embarrassing”. But an overload of sex education could have mixed results: “It makes one want to know what it (sex)

is, want to experience it, ”said Nelson Lomolo. “Youths enjoy sex-they enjoy it more than anything and being told to abstain only reduces the number of times we have sex, added Mumo.

The misconception that surrounded the campaign on abstinence was the interpretation of the symbols used. According to European Scientific Journal November edition vol. 8, No.27 ISSN: 1857 – 7881 (Print) e - ISSN 1857- 7431 141 People were asked what the word means, two said it is a form of greeting while the remaining three said it is what one says when you do not want a person of the opposite sex to talk to you. Yet the symbol of the two finger salute and the word ‘chill’ was a symbol of abstinence.

1.1.4. The Voluntary Medical Male Circumcision Campaign (VMMC)

In 2007, the World Health Organization (WHO) endorsed male circumcision as an effective strategy of HIV/AIDS prevention. In response to the consistent research findings and the WHO/UNAIDS policy statement, in 2008, the government of Kenya launched the Voluntary Medical Male Circumcision (VMMC) Programme in Nyanza province (the region with largest non-circumcising ethnic group in Kenya) This is because there was low male circumcision but high prevalence of HIV/AIDS rate as heterosexual sex is the primary mode of transmission. The 2007 Kenya AIDS Indicator Survey reported also that 85% of Kenyan men were circumcised and 7.4% of the population was HIV positive; the 2009 Kenya Demographic and Health Survey reported that 86% of Kenyan men were circumcised and 6.3% of the population was HIV positive (Herman-Roloff et al.,2011).

The main objectives for the campaign were:

- a) To increase the level of awareness of male circumcision as a safe and voluntary HIV prevention strategy
- b) To promote male circumcision as part of a comprehensive HIV prevention strategy
- c) To create and maintain demand for comprehensive male circumcision services for HIV prevention
- d) To improve the attitudes and communication skills of health workers and other players in the sector to deliver quality male circumcision services.

The primary target audience was males aged 18-49 years because they are sexually active. Other audiences were males aged 12-17 who are adolescents and could be undergoing peer

pressure, opinion leaders, parents of young boys, women. The key messages to be conveyed were on HIV prevention-partial protection and not total to avoid misconception that one could engage in irresponsible sexual behaviors after circumcision. The circumcision was not meant to replace other preventive measures like abstinence, faithfulness among others. Cultural neutrality was emphasized: Circumcision was a medical strategy and nothing to do with identity and culture. It was safer as it was carried out in a sterile condition and it was affordable. According to C-Change (2011), there was use of posters; radio spots leaflets, handbooks, and flipcharts. For example the message on post card was “It’s a question of Health. Help Reduce HIV by getting Circumcised today.” “A message to the Faith Leaders in Nyanza: Help reduce HIV by encouraging Voluntary Medical Male Circumcision (VMMC) Today” The campaign materials were also available in Luo, Teso and Turkana languages.

According to Kenya National Strategy for Voluntary Medical Male Circumcision (2009) the campaign was covered through print media or six months from late 2008 to early 2009. The political leaders were used to appeal to the Luo community to embrace male circumcision. This was because of the resistance encountered from the council of elders who viewed the intervention to be contrary to their belief and practice of not circumcising. In the Nyanza region, the target was to increase the proportion of men circumcised from 47% to 80%—or to perform 426,500 circumcisions over a four -year period. Kenya had notable success with scale up, with male circumcision prevalence in Nyanza increasing from 48% in 2007 to 66% in 2012; this is according to National AIDS and STI Control Programme, Ministry of Health (2013).

Since October 2008, more than 290,000 males have been circumcised in Nyanza with the support of Rapid Response Initiative (RRI) in 2009 and 2010 that boosted the overall number of VMMCs allover Kenya. The proportion of men aged 15 years or older undergoing VMMC has increased over time from approximately 55% in the 2009 VMMC RRI to 84% in the 2010 RRI (personal communication, A. Ochieng, NASCOP). From 2010 to 2012, Kenya’s Rapid Results Initiatives (RRIs), the periodic, intensive efforts to provide VMMC services, increased the numbers of males coming for VMMC particularly the adolescents; however, the number of adult men who have been circumcised remains lower than desired (Mwandi Z, Murphy A, Reed J, Chesang K, Njeuhmeli E, et al., 2011). Given this age group’s high risk of acquiring HIV, increasing VMMC uptake in this age group is likely to have the most immediate impact on population-level HIV incidence in Nyanza. In order to increase the rate of men being cut,

there has to be the identification of barriers to seeking VMMC and evidence-informed interventions to address those barriers needed (Hankins C, Forsythe S, Njeuhmeli E, 2011)

The key message in the VMMC Campaign was to encourage the uncircumcised male population to embrace circumcision so as to reduce HIV infection. According to IQ4 News (2014) there were misconceptions about the VMMC. Teenagers were made to believe that once one is cut; he may practise unprotected sex without being infected by HIV. One of the respondents called Jack Otieno narrated to the IQ4 News how he was almost misled by friends who were already circumcised into indulging in unprotected sex with girls in their village. The 20 year old Kenya Medical College student said that after realizing that he was not for the cut, his friends told him that if he undergoes the cut, he will be a star in bed. “They hoodwinked me that I would be a star in bed.” They continued taunting him that those who were circumcised never use condoms during sex and they perform better in bed. Another case was that of a motorbike rider who was assured of never getting infected when he gets circumcised. The VMMC was blamed to be the cause of loss of sexual pleasure. “Male circumcision has killed my sexual pleasure. I no longer perform better than before and quite often I have tried to stop using the condom with the hope of improving.” The misconceptions are blamed on the Ministry of Health who left the role of information dissemination to young men and women who had no background in health matters and were only going around telling people that “once you are cut you will never get infected by AIDS.” (IQ4 News, 2014)

1.1.5. The *Mpango Wa Kando* Campaign

According to PSI/Impact (2013), in 2009 PSI/Kenya developed the *Wacha Mpango wa Kando – Epuka Ukimwi* a Swahili phrase that meant ‘Stop concurrent sexual partnerships – avoid HIV infection’ campaign that aimed to highlight the risk associated with the sexual networks created by concurrent sexual partners. “*Je umeolewa? Kwa hivo umeketi na bwana wako saa hizi nyumbani? ... Nikuulize, unajua kama huyo Bwanako ako na mpenzi nje? Kuna njia moja ya kuzuia ukimwi kumaliza ndoa yenu, wanaume tuachane na mpango wa kando. Epuka ukimwi.*”

There was another version that addressed the women after there was uproar from the male audience of being blamed to be the key players in concurrent sexual partners. “*Mama habari yako, ati uko kwa outing ya chama? Kwa hivo huyo mwanaume amesimama hapo sio bwanako...? Unajua utafiti unaonyesha kuwa karibu nusu wanaoambukizwa ukimwi wako*

katika ndoa kama hio yako? The campaign won the Marketing Society of Kenya's Campaign of the Year in 2009.

The 2010 – 2011 *Mpango Wa Kando* campaign had the tagline *Fanya Hesabu* (count the cost). This was to make the audience to visualize the consequences (financial, emotional and social) of the concurrent sexual partners. The idea was to highlight the cost of having this extra partner and hopefully compel the target audience to drop them. The male and female characters were created to bring out a scenario of a man and a woman in a concurrent sexual relationship. “...*Ushawahi kufanya hesabu ya gharama yeye huwa anakuachia? Hebu tuesabu kwa kila mwezi...kukula raha thao tano...mpango wa Kando CDF...hio hesabu yote inakuja 34,000 kila mwezi... Boss fanya hio hesabu ,wacha mpango wa kando.*”

There have been two phases of the concurrent partnerships campaign called *Mpango wa Kando* according to PSI/Kenya (2012). Both campaigns used a local, well known personality Jimmy Gathu as the face of the campaign to appeal to men and women to reduce their concurrent partners. The campaign gained nationwide awareness and a side or concurrent partner is now generally known as *Mpango Wa Kando*. The other *Mpango wa Kando* campaign was developed by PSI and NASCOP which entails two women who discuss and one reveals about her sexual partner. Prisca tells Mama Michelle “*Habari ya baba Michelle?...nimechoka. Habari ya yule mwingine. Mzee anaweza kuwa hayuko lakini sio kumaanisha sina raha. Na huwa mnatumia condom? Najua mnarendana...Chunga familia yako...Usisahau kueka condom kwenye hio mpango.* The concluding message is “ *Chochote umeamua, wakinge unaowapenda. Weka condom mpangoni.*”

According to Kenya Forum (2015), the advertisement was developed and produced by PSI and NASCOP entails two women having a dialogue in the market. One inquires from the other, a ‘mama Michelle’, how her husband is fairing, and then she proceeds to inquire about ‘the lover’ as well, popularly known as “*Mpango wa Kando*”. “*Najua mnarendana, lakini lazima mtumie condom*” I know you love each other, but you must use a condom”, the lady responds. Then a voice over sums up the advert with the word, “*linda uwapendao, weka condom Mpangoni* (regardless of your choice, tag a condom along and protect your loved ones)” (Kenya Forum, 2015)

Moraro (2015) reveals that some people noticed the advert in the supermarkets but they said

that it was not as clear as the one aired on television because they were busy attending to the tills. Citizen, KTN and NTV, the mainstream commercial television were mentioned as leading in airing *Mpango wa Kando* adverts. This shows that the choice of television by PSI to communicate the *Mpango wa Kando* campaign has been successful. When the participants were asked to define what *Mpango Wa Kando* was, most of them defined it as a practice of having an affair outside marriage that leads to a sexual relationship. A 31 year old male discussant said, “All the single people argued that despite the campaign message being positive, it did not touch them because they are not yet married. Three single men in the group said that the message in the campaign is very informative and it helps people to avoid having extramarital affairs when one gets married. A twenty six year old single female discussant said that; “*Mpango wa Kando* campaign broke the monotony of single people being framed as immoral. PSI did a good job by coming up with a campaign that exposes the married folk easing moral pressure on young people that has been accumulated over the years” (Moraro,2015)

1.1.6. The communication process and HIV/AIDS Campaign Messaging

Communication is the exchange and flow of information and ideas from one person to another; it involves a sender transmitting an idea, information, or feeling to a receiver (U.S. Army, 1983). Craig (1999) commented on the distinct tradition within communication theory of conceptualizing communication as a process of sending and receiving messages. The conception of communication views communication as a means of sending and receiving information (Shannon & Weaver, 1949). Shannon’s model of communication consisted of source-encoder-message-decoder-destination. Lampitt (2001) called this ‘Arrow communication’ that is communication going in one direction. Narula (2006) indicates that, in early models (representations) or theories, the communication process was thought to be linear where the speaker spoke and the listener listened. Communication was seen as proceeding in a relatively straight line. According to Kincaid (1979) the limitation of the linear was a one way act and not a cyclic-two-way process over time.

In 1960, David Berlo expanded on Shannon and Weaver's (1949) linear model of communication and created The Sender-Message-Channel-Receiver Model of communication which separated the model into clear parts and has been expanded upon by other scholars. According to Schramm, W. (1954) Communication is usually described in terms of: Message (what type of things are communicated), source / emisor / sender /encoder (by whom), form

(in which form), channel (through which medium) destination / receiver / target / decoder (to whom), and Receiver. Wilbur Schramm (1954) also indicated that one should also look at the impact of the message (either desired or undesired) on the audience. He also introduced the notions of feedback in relation to the social relations and social cultural environment.

The current view which is satisfactory views the communication process as interactive where each person serves as both speaker and listener, sending and receiving messages (Watzlawick, Beavin, & Jackson, 1967; Watzlawick, 1977, 1978; Barnlund, 1970). The transactional view also sees the elements of communication as interdependent (never independent). This means that each element exists in relation to the others. A change in any one element of the process affects the other elements. All at once we are sending and receiving messages, giving and receiving feedback, encoding and decoding ideas, and grappling to varying degrees with noise, among other things (Butland, 2012).

Communication process has also been expanded by adding context and the aspect of noise. This is to mean that all human communication occurs within a context, is transmitted via one or more channels, is distorted by noise, and has some effect. There is also an aspect of co-orientation in the communication process. "An interesting manifestation of the attention paid to the receiver in the study of the communication process is the concept of 'co-orientation,' which has become popular in the United States recently. The idea behind this concept is that two persons can have similar perceptions and interpretations of the same object, and the greater the similarity (co-orientation), the more efficient will be the flow of communication between the persons.

Conversely, an intense flow of communication may increase co-orientation." Bordenave (2006) According to Clark (2013), the communication process is made up of encoding, transmission, decoding and feedback. In addition to the four components, the other factors that are important in the communication process are sender and the receiver.

The term 'encoding' and 'decoding' have been familiar since Claude Shannon's (1949) essay, 'Mathematical Theory of Communication' in which Shannon sort to enhance the integrity of the communication process (Scannell,2007). Encoding is the first step in the communication process. Peter Lang (2008) says that in interpersonal communication the sender is the source who initiates communication process because all communication begins with the sender. The

sender is an individual, group, or organization and as the source the initial responsibility for the success of the message. One sends a message when they speak, smile, write or gesture. The sender's experiences, attitudes, knowledge, skill, perceptions, and culture influence the message. "The written words, spoken words, and nonverbal language selected are paramount in ensuring the receiver interprets the message as intended by the sender" (Burnett & Dollar, 1989). All communication begins with the sender.

Clark (2013) talks about 'thought' that is before the process of encoding. Thought is the information that exists in the mind before it is formulated. It can be a concept, idea, information, or feelings. The sender has to begin by deciding what he/she wants to transmit based on the belief about the shared knowledge and assumptions, along with what additional information he/she wants the receiver to have. "Messages are the content or information being exchanged as well as accompanying relational feelings and attitudes" (Butland, 2012).

Encoding is a communication process where the sender puts ideas into speech or code. Speakers or writers are usually referred to as encoders (Scannell, 2007) According to Clark (2013) encoding is where information is sent to a receiver in words or symbols. When encoding an idea is put into a code that the receiver understands like English, Kiswahili considering the common knowledge shared between the receiver and the sender. "A code is a system of meaning shared by a group" (Hargie & Dickson, 2004). In other cases the speaker may want to exclude others by speaking in a language that the listener understands or even decide to use jargon. In text messaging the use of code is demonstrated by its use of abbreviation and jargon (Butland, 2012).

Hargie & Dickson (2004) says transmission of the message begins with a channel (also called a medium). The channel is what 'connects' communicators and accommodates the medium. DeVito (1998:16) adds that it is also the means used to convey the message. The channels that are used in face-to face communication can be more than one which may be used simultaneously. In the process of communication there could be vocal-auditory channel that carries speech, gestural-visual which facilitates nonverbal communication, chemical-olfactory channel accommodates smell and cutaneous-tactile channel enables to make interpersonal use of touch (Hargie & Dickson, 2004).

According to Fiske (1990), medium is the particular means of conveying the message. There

are three types of media: Presentational- which includes the voice, face and body. Secondly we have representational medium that includes books, paintings, architecture, photographs. Lastly, there is technological/mechanical media that comprises of television, radio, compact disk, telephone. The choice of media depends on what the communicator wants to achieve (Westmyer and Rubin, 1998; Harwood, 2000; O'Sullivan, 2000).

The effectiveness of the various channels fluctuates depending on the characteristics of the communication. For example, when immediate feedback is necessary, oral communication channels are more effective because any uncertainties can be cleared up on the spot. In a situation where the message must be delivered to more than a small group of people, written channels are often more effective. Rice (1993) reported that face-to-face communication was regarded as more appropriate than telephone, meeting, voice mail and e-mail.

Hargie & Dickson (2004) indicate that all communication must take place in a context. Context refers to the surrounding where communication takes place. According to Dimbleby & Burton (1998), there is physical or geographical setting that is the actual place of communication. E.g. house. Social context refers to the people involved in the communication and the occasion. Lastly, the cultural context is broader as it's about the beliefs and norms that affect how people communicate. "How we talk, what we talk about, what music we listen to, has a lot to do with the influence of the cultural context of the media." (Dimbleby & Burton, 1998).

Heath & Bryant (2000) regard communication process to be an interactive process between the sender and the receiver hence believe in turn taking in sending and receiving. For instance in mass media, an entertainment programme is created, programmed and aired for the purpose of making the audiences enjoy. If the audience is pleased then it continues but if the audience is not amused then it is cancelled. "Interaction means that both parties--persons or entities--can affect the other. In this way, both parties are senders and receivers. Senders and receivers are co-persuaders as they may take turns trying to affect one another by sharing words or symbols" (Heath & Bryant, 2000).

"Decoding is making sense of words and symbols others send us" (Butland, 2012). When you translate the sound waves (the speech signals) that impinge on your ears or read the words on a screen, into ideas, you take them out of the code they're in; hence you're decoding. The

receivers who may be listeners or readers are referred to as decoders. Decoding is “where the receiver translates or interprets the message or words or symbols sent by the sender, translating the message into their own experience or a concept or information that he /she can understand (Clark, 2013) Decoding depends on the encoded meaning but the receiver is not obliged to accept or decode messages as encoded. The success of communication occurs when the receiver correctly interprets the sent message (Scannell, 2007). The linked term encoding–decoding emphasizes the fact that you perform these functions simultaneously. (Butland, 2012).

Feedback is the final stage in the chain of the communication process. It is the continuous back channeling of information from others as we communicate with them. It can be immediate when we are talking to someone or delayed, as in an email (Butland, 2012). After receiving a message, the receiver responds in some way and signals that response to the sender. The signal may take the form of a spoken comment, a long sigh, a written message, a smile, or some other action. "Even a lack of response, is in a sense, a form of response" (Bovee & Thill, 1992). Without feedback, the sender cannot confirm that the receiver has interpreted the message correctly (Debasish & Bhagaban, 2009). When sending a message like in speaking to another person, you also hear yourself hence feedback in your own message. There can be self-feedback and feedback from others. Hargie & Dickson (2004) say that feedback enables the sender to judge the extent to which the message has been successfully received and its impact.

Debasish & Bhagaban (2009) discuss feedback as a key component in the communication process because it allows the sender to evaluate the effectiveness of the message. Feedback ultimately provides an opportunity for the sender to take corrective action to clarify a misunderstood message. Feedback tells the speaker the effect of the message to the listeners. Feedback makes the speaker modify the message so as to ensure the listener understands. The speaker may even decide not to relay a message if the negative feedback. "Feedback plays an important role by indicating significant communication barriers: differences in background, different interpretations of words, and differing emotional reactions" (Bovee & Thill, 1992).

Developing and disseminating key messages is central to public relations campaigns (Hallahan, 1999; Mahoney, 2008; Pfau & Parrott, 1993) An effective message can be formulated once the audience segment is identified hence message targeting. (Kreuter,

Strecher, & Glassman, 1999 as cited in Noar et al, 2009). The role of key messages can be seen to have assumed an almost common-sense status within public relations (Moloney, 2006). Messages have been defined in a public relations context as the information that organizations want their target publics to know (Mahoney, 2008). Courtright and Smudde (2010, p. 66) say that a key message has the theme or slogan or the thesis and the copy point that support the theme.

Public relations practitioners work within a domain of practice that seems to accept that key messages have the power to do certain things. Moloney (2006) states that “attitudes and behaviors only change after many rounds of messaging” (p. 131) and Wilson (2001) states that messages “are useless if they are not delivering a specific message to a target public so that the public will act to help us meet our objectives and accomplish our organizations’ missions” (p. 217). The basic purpose of messaging in Health communication is to gain the audience attention and convince the audience to change their behavior according to the communicator’s point of view. The messaging elements that assist in gaining attention of the audience includes proximity or immediacy, concreteness, suspense, repetition, familiarity, simplicity, novelty, conflict, activity, visual and vivid contents, elite personalities, messages with effective content and humor (Ferguson, 1999, p.149).

When looking at messaging of HIV/AIDS campaigns one has to look at several factors that make effective messages: Supporting materials make the message credible and acceptable. They also provide the details that were not covered in the campaign. In HIV/AIDS supporting materials can be supplied include leaflets, booklets, audio, text messages to target audiences. Others will be more effective than the rest (Koballa, 1986, pp. 437-449). The use of two-sided arguments to capture the attention of the audiences is to increase their judgement. Use of visuals makes the messages more attractive and impact oriented. It overcomes the barrier of illiteracy. This includes pictures, television among others.

The use of positive emotional appeal is used is exercised by the use of attractive spokesperson, beautiful art, popular songs, memorable words and slogan to draw the audience attention. For example HIV/AIDS campaigns use celebrities as they play an important role in positive emotional appeal for by removing social stigmas and dispelling ignorance of the public related to the disease. President Clinton said, “In 1987, when so many still believed that AIDS could be contracted through casual contact, Princess Diana sat on the sickbed of a man with AIDS

and held his hand. She showed the world that people with AIDS deserve no isolation, but compassion and kindness. It helped change the world's opinion, and gave hope to people with AIDS” (Abrahams, 2007, Para, 4). In Kenya, the political personality used to convince the public to embrace VMMC was Raila Odinga.

Fear appeal has also been used in the messages to scare people about the consequences if they don't do what the message says (Witte, 1992, pp. 329-349). According to WHO it stresses on the horrors, uncontrollable nature, incurability, massive spread etc. of HIV/AIDS. For example: “AIDS KILL!” accompanied by pictures of skull, shattered faces, use of red among other aspects. Repetition of the message is another concept that helps in the retention of the message as it acts as reinforcement (Ferguson, 1999, p. 173).

1.2. Statement of the problem

The Office of Cancer Communications (1989) says an ideal public health campaign should have a goal with objectives clearly stated. Clarity about the scope and the health issue that it intends to address and determining the key audience is paramount. According to IRIN (2006), *Nimechill* campaign was meant to reduce peer pressure among urban youths aged between 10 and 15 to have sex at an early age. PSI (2012) outlines the other objectives of the campaign whose aim was to make abstinence “cool” and increase self-esteem and confidence among 10-15 year old youth in regards to delayed sexual debut. An effective campaign has the various interpersonal and media channels to increase behaviour change through multiple channels, one of which must be mass media, to provide multiple opportunities for exposure.

According to The Communication Initiative network (2006), the campaign invested into efforts that would maximize audience exposure to the health campaign. Awareness was through television, radio, print media, billboards, t-shirts, and posters. For example, articles on youth and "chilling" regularly appeared in the national newspapers, and weekly discussions about "chilling" took place both formally and informally on the radio. The campaign also used mini-buses decorated with pictures of international music and sports stars. Programmes loved by the youths were used to capture a larger number of the target group. For instance PSI/Kenya also sponsored "The Beat", a daily music video programme on Nation TV. T-shirts showing the Nimechill brand and the message "young, beautiful, and chilling" or "handsome, intelligent, and chilling", were given away at Nimechill sponsored youth events.

A health advert that establishes partnerships with organizations and people that will provide credibility for your messages and access to the audience you want to reach yields positive result. Nimechill campaign used politicians and media personalities to act as role models to the youth in promoting abstinence. President Mwai Kibaki has been photographed giving the two-fingered 'V' Nime Chill salute (IRIN, 2006). The campaign also involved using teenagers aged 14-16 in the TV commercials with an aim of creating inspirational and realistic role models (The Communication Initiative network, 2006). An effective campaign that appeals to the aspect of audience personalities can be effective in promoting attention to and recall of the message and in affecting factors such as behavioral intention and attitudes. The message "young, beautiful, and chilling" or "handsome, intelligent, and chilling" makes the young people to chill so as to consider themselves as beautiful or handsome. The campaign on abstinence used Sheng (slang) a language that the youths identify with. It was done by combining "*Nime*" from Swahili meaning "I" and "Chill" which is an English word to form "*Nimechill*".

A campaign has to have a persuasion strategy that will ensure majority of the audience are convinced by the message conveyed. According to The Communication Initiative network (2006) Nimechill campaign's persuasion strategy was based on positive affect and positive deviance. PSI describes both strategies as effective, positive messaging explicitly avoids creating denial or fear, a possible unintended consequence of risk messaging. The messages were optimistic and encouraging, rather than risk based. For example "*Ni Poa Kuchill*". Positive deviance strategies identify individuals in a community whose behaviors reduce risk. The chill campaign messages featured older youth, aged 14-16, defying early teenage sex norms as it was to create stigmatization towards irresponsible sexual behavior, peer pressure and abstinence regarded as 'cool' (PSI/Kenya,2005).

According to Scannell (2007), the success of a communication message occurs when the receiver correctly interprets the sent message. The message should consistently tell the society the truth about its actual norms of health, protection, and the avoidance of risk behaviors. When the audience is repeatedly exposed to a variety of positive, data-based messages in the campaign, the misperceptions that help to sustain problem behavior are reduced, and a greater proportion of the population begins to act in accord with the more accurately perceived norms of health, protection, and safety (Haines et al., 2004). The message should also have a clear

call for action and be appealing. A campaign that has unique, credible and sustainable messages, a slogan, logo, colors, characters, music, signage or packaging to “brand” your campaign makes it distinct from other campaigns (Davis, 2000; Kotler and Lee, 2007 as cited in Lagarde, F. and Banks, P. (2007). Nimechill advert had a logo used a cartoon logo of a yellow hand giving a "V" or a "peace" sign as its brand and the phrase "Nimechill" (PSI/Kenya, 2005).

However, sometimes based on the phraseology and diction used in HIV messages, messages may at times be misunderstood as in the case of VMMC. Evens E, Lanham M, Hart C, Loolpapit M, Oguma I, et al. (2014) reveal that 22.6% of n=797) the male respondents who had heard about VMMC believed that a circumcised man does not need to use a condom to prevent HIV acquisition and 55.7% believed that HIV-positive individuals should be circumcised. The Communication Strategy for Voluntary Medical Male Circumcision in Kenya (2010), states that VMMC communications should emphasize (p. 18), “... that male circumcision reduces the risk of men acquiring HIV infection by 60 percent and that this protective effect is only partial as well as the fact that the procedure is additional but not a substitute for other proven HIV prevention methods.” (Republic of Kenya Ministry of Public Health and Sanitation, 2010). However, it is not clear, whether the uncircumcised men currently undergoing medical circumcision understand the meaning of partial protection and intend to practice other HIV protective behaviors after VMMC.

In IQ4 News (2014), while the number of those going for the cut increased since the campaign began more than three years ago, IQ4 News recorded that teenagers did not capture the campaign concept well. As a result, young people have been flocking to the government-set Voluntary Male Circumcision centers with the major aim of enhancing their sexual performance. Teenagers were made to believe that after they get circumcised they could not be infected by HIV/AIDS. Jack Otieno a resident of Kisany, Kisumu County narrated to the IQ4 News how his friends who were already circumcised almost misled him into indulging in unprotected sex with girls in their village. The 20 year old Kenya Medical College student said that after realizing that he was not for the cut, his friends told him that if he undergoes the cut, he will be a star in bed. “They hoodwinked me that I would be a star in bed.” “The y were telling me that those who are circumcised have sex without using condoms and that they perform better in bed. I first resisted because it is not a traditional practice in my tribe, but later gave in with their continued taunting,” he said. The teenage blamed the Ministry of

Health for leaving the role of information dissemination to young men and women who had no background in health matters and were only going around to tell people that “once you are cut you will never get infected by AIDS.” (IQ4 News, 2014) Another respondent, Eric Wangura from Kajulu area said he only visited Jaramogi Oginga Odinga Referral Hospital, one of the centers of circumcision because he knew that going for a cut will prevent him from getting infected even without using a condom. “Male circumcision has killed my sexual pleasure. I no longer perform better than before and quite often I have tried to stop using the condom with the hope of improving.” He said adding that the cut is responsible for the increased prevalence rate among teenagers in Kenya (IQ4 News, 2014) misconception, he perceives himself to no longer be at risk of HIV infection after VMMC hence engage in risky or compensatory sexual behavior. There is apprehension that medically circumcised men will engage in riskier sexual behaviors because they erroneously believe that circumcision completely reduces their risk of HIV infection—a phenomenon termed risk compensation or behavioral disinhibition Cassell M, Halperin D, Shelton J, et al (2006).

Riess TH, Achieng MM, Otieno S, et al (2010) reveal that “interviews conducted with men in western Kenya documented no changes in behavior or increased HIV protective behaviors, including condom use and partner reduction, following circumcision.” This is against the initial objective of the campaign to influence positive behaviour change that will reduce the prevalence rate of HIV/AIDS. VMMC was to reduce the prevalence of HIV from 2008 but according to the report released by the Ministry of Health on 22nd August, 2004 there has been a heart rendering statistics on the prevalence rate among Kenya’s youth. It indicated prevalence at the age of 15 and 22 is the highest in the country at 21%. 1.6 million People live with virus hence detrimental to Kenya as it was the most affected in the world even with HIV/AIDS campaigns running (IQ4 News, 2014).

Few studies have endeavored to establish the reasons behind the audience misconception of HIV/AIDS campaign messages or campaigners use of confusing phrases. With respect to *Mpango Wa Kando* Campaign, it was intended to attain various objectives with different taglines: *Epuka Ukimwi* (Stop concurrent sexual partnerships – avoid HIV infection) was intended to highlight the risk associated with the sexual networks created by concurrent sexual partners. The concept of *Fanya Hesabu* (count the cost) tagline was to have the target audience consider and tally the implications – financial, emotional and social - of having a concurrent sexual partner. The idea was to highlight the cost of having this extra partner and

hopefully compel the target audience to drop them (PSI/Kenya, 2012). The other one tagged Weka Condom Mpangoni was meant to promote condom use by informing the population that even with many partners one should use a condom to protect their loved ones (Forum Kenya 2015)

The Weka Condom Mpangoni Campaign faced challenges of the message being misinterpreted by the audience. BBC News (20th March, 2013) reported that Kenya's Muslim religious body, the Council of Imams and Preachers of Kenya (CIPK) condemned television stations for showing

Mpango Wa Kando advert. "The advertisement depicts this nation as Sodom and Gomorra and not one that values the institution of marriage and family," Sheikh Mohammed Khalifa, CIPK's organizing secretary, told Kenya's Business Daily newspaper. According to Richard Dawkins Foundation for Reason and science (2013), a health official Peter Cherutich said the television advert that promoted condom use was banned because of the outcry about the campaign from religious leaders. Christian and Muslim clerics claimed that the campaign was promoting infidelity rather than safe sex to curb HIV/AIDS. Julius Kalu a Kenyan Anglican Bishop said "There are better ways of passing useful information to society. This one has certainly failed". It openly propagates immorality, especially when all family members are gathered before television sets, waiting to watch news."

Kenya Forum (2013) catches a few social media sentiments about the *Mpango Wa Kando* Campaign. These were people's comments: "Samuel Wekesa: "I have no problem with the AD, but the conversation among the ladies should have been scripted to show that it was not okay to have a *Mpango Wa Kando* regardless". Mourice Seretta: "The Ad promotes *Mpango wa Kando* and promiscuity in a relationship provided you use a condom! It should be stopped from running!! Period! *Watu Waache Mpango wa Kando ama Wakufe* Period!" Ann Trizah: "The Ad is telling people that it's okay to have a *mpango wa kando* (mwk) as long as you use protection" according to one

The essence of this study therefore is to establish the actual reasons for the failure of this campaign to achieve the purpose for which it was intended. Moraro (2015), in his journal says it is necessary that the message of *Mpango wa Kando* Campaign appeals to the married and those with stable relationships so as to establish whether the mass media has been successful

in arresting the problem of concurrent sexual partners.

1.3. Study Objectives

- a) To establish the extent to which the *Mpango Wa Kando* HIV/AIDS campaign messages were understood by the target audiences.
- b) To determine the extent to which the *Mpango Wa Kando* HIV/AIDS campaign messages were appreciated by the target audiences.
- c) To evaluate the diction of messages used in the *Mpango Wa Kando* HIV/AIDS Campaign.
- d) To investigate the impact of the HIV/AIDS messages as packaged and conveyed by *Mpango Wa Kando* Campaign.

1.4. Research Questions

- a) To what extent were the *Mpango Wa Kando* HIV/AIDS campaign messages understood by the target audiences?
- b) To what extent were the *Mpango Wa Kando* HIV/AIDS campaign messages appreciated by the target audiences?
- c) What diction of messages was used in the *Mpango Wa Kando* HIV/AIDS Campaign?
- d) What is the impact of the HIV/AIDS message as packaged and conveyed by *Mpango Wa Kando* Campaign?

1.5. Study Justification

The study was important because it highlighted the extent to which *Mpango Wa Kando* messages on HIV/AIDS were understood by the target audience. Understanding a message is about interpretation which focuses on how easy or straight forward the *Mpango Wa Kando* campaign message was. This is because individual's perceptual filter and linguistic category system and the message may be misunderstood or distorted, or completely changed as the listener's meaning is assigned (Lundsteen, 1979). It was to look at the impression created by the campaign and explain the imagery and symbols they saw. The study was to inform on whether the message of discouraging concurrent partner was easily understood and the audience for the message that they need to leave the side sex partners.

The appreciation of the *Mpango Wan Kando* Campaign was one of the benefits of the study. It has to do with the reaction of the public with regard to the message in the campaign. It looked

at whether the message was accepted basing on the various social cultural background of the audience. This is because different people interpret and react to particular messages advocating behaviour change differently for cultural reasons. While some people see certain messages as culturally acceptable, others see same as repulsive and react to them accordingly. This was to widen the understanding on what could be the reasons for the lack of appreciation. This was to assist the advertisers to reconsider their thematic concerns, packaging, channels of mass media and actors in these advertisements.

How the *Mpango Wa Kando* Campaign messages were encoded helped one understand whether it was a contributing factor to understanding and the appreciation of the campaign by the target audiences. Encoding is the process of putting ideas into symbols. The messages put into symbols for the target audience was to help us understand if the desired message was passed across using the language that the audiences understand. It was to reveal the various languages that were used to encode the *Mpango Wa Kando* Campaign hence be feedback to the researchers, designers and media on the effectiveness of the message used.

The diction of the messages used has to do with choice of words to convey the *Mpango Wa Kando* Campaign message. The study was to establish the appropriateness of the words and expressions being used to warn people against the risky behaviors to help people understand the areas that affect the outcomes of the campaign.

The evidence on the impact of '*Mpango Wa Kando*' campaign was to help the sponsors and designers to establish its influence on behavior: It was to show how the use of the '*Mpango Wa Kando*' branded advertising to construct the image of healthy lifestyle choices can exert a significant influence on behavior. This was to identify the effects that the advertisement has had on the social fabric. This is to widen the scope of the researchers, designers and sponsors of the campaigns to also look at the possible negative impacts of the advertisements.

1.6. Definition of Key Concepts Used in the Study

Brand equity- It a level that a brand itself becomes a symbol of positive lifestyle.

Branded mass media advertising –This is the repetition of advertisement until positive image is associated with a brand.

Communication process- It refers to the steps that are followed in communication.

Communication messaging – It entails the HIV/AIDS campaign messages and th e various

aspects that affect the message.

Decoding- This refers to the interpretation of the message by the receiver.

Diction -Is the choice of words in a form of communication as health campaign.

Encoding- This is a process that the sender puts ideas into speech or code.

Feedback- It is the response that the receiver gives in communication.

Generic advertising- It is the use of fear-induced messages on the consequences of not using a condom consistently.

Logistic regression- Analysis used to determine the impact of exposure to mass media on behavior change predictors like condom use, its effectiveness among others.

Mpango Wa Kando- It is a Kiswahili word meaning side arrangement. In Kenya, it is used to refer to Concurrent sexual partners and commonly refers to the married people.

Nimechill – It is a ‘sheng’ word (a language that combines English and Kiswahili or any other Kenyan languages) It is a slogan commonly used by the youth to show abstinence visually illustrated by a two finger salute. The word is coined from the Kiswahili morpheme ‘nime-’ which stands for I have and the English word Chill. It is commonly used in the campaign against premarital sex targeting the Kenyan youth.

Phraseology-It is the way words are used by a particular person or group in this case the use of words in a campaign. It focuses on the manner or style of verbal expression or the characteristics of language.

Quasi-experiment – It is a method used to study on the impact of social marketing interventions on adolescent risky behavior.

Risk perception- This is concerned with the audience considering itself to be at risk of acquiring HIV virus hence believe on the severity of AIDS pandemic.

Self efficacy- It is about people believing that they can change a behaviour hence it determines their course of action, the period of information retention amidst challenges and his/her effort not to return to the previous behaviour.

Social marketing- It is an intervention that uses the media and interpersonal communication to send out messages that promote the use of condoms to prevent HIV and make it available through the commercial section.

Trust- It is a brand name referring to a condom. Trust also refers to a feeling one has by using the condom

Voluntary Medical Male Circumcision- This is a surgical procedure that involves the complete removal of the foreskin by a trained medical profession.

1.7. Conclusion

Communication process of encoding, transmission and encoding in relation to the messaging of HIV/AIDS campaigns in Kenya highlights the message conveyed by the sender and the message received by the audience. The three major campaigns: Nimechill, Voluntary Medical Male Circumcision and *Mpango Wa Kando* Campaigns is to help one have knowledge the HIV/AIDS public campaigns messages and outcomes. The focus on the communications process of the campaigns is to enable one understand how the audience understand and appreciate the messages. This was to help the researchers, campaign designers, media to better understand the audience with regard to the HIV/AIDS messaging hence the realization of the expected results. The focus on the contents of an effective message includes the use of fear, positive emotional appeal, repetition, supporting materials and use of visuals. This was to ensure the target audience was reached with the appropriate message that would compel them to change their behaviour to the better.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.0. Introduction

Translational global Health (2013) says that HIV/AIDS communication like campaigns and public messaging are very key to the success of the agendas regarding prevention and treatment of HIV/AIDS but are surrounded by so many challenges that have to be recognized and overcome. This chapter intends to look at what other scholars say about the HIV/AIDS campaigns with regard to how the audience understand and appreciate the messages. The diction used in HIV/AIDS campaign is explored so as to understand its effects on the audience. The impact of the campaigns packaging and conveyance on behaviour change is also extensively discussed.

2.1. Audience Understanding Of Campaign Messages

Moraro (2015) in his study looks at the level of knowledge derived from *Mpango wa Kando* campaign by married people and those in stable relationships and, whether people in marriage and those in stable relationships pay attention to the *Mpango Wa Kando* adverts in the Kenyan mass media. This specifically assessed understanding of what amounted to *Mpango Wa Kando*. It was established that all respondents understood the meaning of *Mpango Wa Kando* as having an extra marital affair among married people or other sexual partners apart from the one who is deemed serious among single people. The people who were asked about their understanding of what *Mpango Wa Kando* meant and most of them defined it as a practice of having an affair outside marriage that leads to a sexual relationship. In 2009, the PSI/Kenya *Wacha Mpango Wa Kando – Epuka Ukimwi* (Stop concurrent sexual partnerships – avoid HIV infection) campaign aimed at highlighting the risk associated with the sexual networks created concurrent sexual partners (PSI, 2012). However, the study did not look at the relationship between the increase in concurrent affairs after the campaign and the knowledge the interviewees claim to have about the *Mpango Wa Kando* Campaign.

Briesen (2010) as cited in Ondimu (2012) carried out a research in Kenya and it demonstrated that rumors as opposed to correct information frequently prevented people from accessing proper healthcare. For this reason alternative approaches to effective healthcare communication are needed for correct information to reach many individuals who may be misinformed, lack access to printed information or have a poor reading culture. Health

communicators should develop materials that stimulate thought and behaviour change among these audience. In understanding of messages, apart from the verbal communication, Ondimu (2012) looks at how visual communication also contributes to comprehension of messages. She explores how visual elements can modify, redefine or re-contextualize what is verbally communicated. Visual material help people learn by seeing. Visual literacy is described as an ability to comprehend, discriminate and interpret objects and symbols in the environment, integrate them and use them to creatively communicate with others (Debes, 1969). “To be visually literate can be looked at as having skills which enable one to understand and use visuals for communication with others” (Ausburn and Ausburn, 1978) and also the ability to understand and use images and to think and learn in terms of images (Hortin, 1983). There is a gap between misinformation and the way to convey the correct information because the campaign designers have not studied how the audience can differently understand a campaign message away from the intended message objectives as in the case of *Mpango Wa Kando* Campaign.

Contrary to the idea that visuals contribute to higher understanding of messages, Psychologist Jerome Bruner of New York has done research that proves that people remember; 10% of what they hear, 20% of what they read, 70% of what they see and do hence contradicts suggestions that meaning is transparent in visual messages. This is because interpretation of visual messages may be complex and more demanding on the viewer because of the inferential dimensions of visual interpretation. Eco (1979) suggests that a viewer goes through the process of synthetic inference which involves both denotative (realism, representation) and connotative (associations, attitudes, emotions) processes. An involved audience extends and fills in meaning, as well as decodes the meaning Ondimu (2012). In agreement with this argument about inference of meaning, there is need to research on the factors that could have contributed to the audience extending and filling in meaning. It has to do with the issue of understanding the message in the advertisement.

Visuals have persuasion in advertisement as James Carey a Communication educator says ‘Communication is fundamentally and essentially a matter of persuasion, attitude change, behaviour modification and socialization through the transmission of information.’ (Lester 2000, p. 63)

According to Ondimu (2012), the *Mpango Wa Kando* campaign was easy to be interpreted

because the characters (a man and a woman) clearly depicted a couple and what an ideal family looks like, clearly showing that no home is safe from HIV/AIDS. The use of a room with a couch, table and a television makes the audience assume it was a living room. The advert can be said to have visual persuasion since the argument presented is logical making it a reality to married couples that they are not safe from HIV infection their home if they are not faithful to each other. If the campaign was easy to interpret then we wouldn't have different versions of messages on the same campaign and that's why this study delved into the extent to which the audience interpreted the message in *Mpango Wa Kando* Campaign by their understanding.

Forum Kenya (2015) brings out the issue of interpretation of *Mpango Wa Kando* Campaign tagged "*Walinde Uwapendao*" Despite the aim of advocating for condom use by sexual partners in concurrent sexual relationship, people understood the message differently. According to Bishop Julius Kalu of the Anglican Church of Kenya, Mombasa Diocese, the advert openly agitated for extra-marital affairs and sex among school-going children. "It openly propagates immorality..."

A letter from Lucy Simiyu sent to PSI/NASCOP was to protest about the message conveyed by *Mpango Wa Kando* Campaign. "The advert sends a message that "*Mpango Wa Kando*" is okay so long as one uses protection." She thought that the advert contradicts the previous campaign dubbed "*Wacha Mpango Wa Kando*" which pointed out the cost of cheating on one's spouse, including financial and psycho-social costs, apart from the risk of infection (Change.org, 2015)

The campaign objective of encouraging the use of condoms was countered by other interpretations from the audience. Simiyu still insists that the advert must be stopped as: "It is sending the message that when one's sexual needs are not being met in the partnership or marriage, it is okay to look out for someone else so long as this cheating is protected. The campaign violates the rights of people who are committed to having relationships based on trust, open communication and growth. The advert further passes on a wrong message to the general public by capitalizing on stereotypes that label men as being drunkards who do not fulfill their partners' or spouses' sexual needs, while providing the woman a short-lived solution." (Change.org, 2015)

Maroncha (2015), says that the campaign sponsored by the Ministry of Public Health and USAID tailored to educate millions of married or cohabiting couples on the importance of using condoms to avoid getting infected or infecting their sexual partners should they engage in extra-marital affairs was misinterpreted to be promoting extra-marital affairs by advocating for the use of condoms. The religious outcry from the Imams and the preachers of Kenya has resulted in the health aspect of HIV prevention being overshadowed by sexual morality as a topic embraced, thereby completely derailing the health campaign. This is because the HIV prevention was married to the moral issues hence distorting the health message. Although there has been interpretation issue, about *Mpango Wa Kando* campaign, little had been done to seek the reason why the audience misinterpreted the messages that the campaign had to be stopped.

Various studies point out that the elements that are essential in gaining attention of the audiences include: Proximity or immediacy, concreteness, suspense, repetition, familiarity, simplicity, novelty, conflict, activity, visual and vivid contents, elite personalities, messages with effective contents and humor (Ferguson, 1999, p. 149 as cited in Hanan, 2009). Monroe, 1945 as cited in Hanan, 2009) gives a pattern of organizing persuasive messages: (a) Audience attention should be captured; (b) Make the audience be convinced about a need or problem that exists, (c) Help the audience to visualize the future with or without solutions (d) Outline specific steps of action (Monroe, 1945 & Ferguson, 1999, p. 168). This psychological ordering of information plays a vital role in behavior change.

Hanan (2009) describes the different elements that make up an effective message that can be understood by the audience according to the campaign designer's intention. First, for a message to be effective there has to be supporting materials which enhance the credibility and acceptability of the message, it makes the message highly understandable for target audience, provides details that are not focused in the message, and helps both the services providers and the patients. Secondly, two-sided argument presented in a message increases the reliability and effectiveness of the message. It increases the judgment of the audiences which is a more effective way of convincing the individuals or group to change their behavior according to the message contents. Although humorous content should be in the message, it becomes so difficult to convey such serious issues of HIV/AIDS hence it is mostly not preferred. Sometimes the audience may get offended when the humor is repeated.

Positive emotional appeal makes an effective message which draws the attention of the target audience which is the reason why communication campaign designers usually use an attractive spokesperson, visual images, beautiful art, popular songs, memorable words and slogans to draw the attention of target audience. For example, in HIV/AIDS communication campaigns celebrities play an important role in creating a positive emotional appeal for dispelling the ignorance of the public and removing social stigmas related to this disease. To enhance message understanding, there is need for considering reference group. This refer to a group which a person aspires to associate himself with, hence, it is a very effective technique to convey message by giving representation to that particular group or a person belonging to that group.

“It has been observed that community based and community wide programs on HIV/AIDS initiated against traditional communication campaigns have proved more effective in long run as they involved active community participation” (UNAIDS, 2005, paras, 8-16).

According to Canadian Journal of Media Studies, Vol. 5(1) it helps in overcoming the socio-cultural barriers. Socio-cultural and religious aspects must be considered for effective message construction. Similarly, the communicator must consider cross-cultural implications in the choice of certain symbols and colors for particular ethnic group (Hanan, 2009)

Repetition of message plays a vital role in enhancing the power of audience message retention that leads to attitude or behavior change. Repeating a message yields the following benefits: (1) Increasing the understanding of the audience about the contents of the message. (2) Enhancing the chances of availability of information. (3) As a motivational force (4) Enhancing the importance of the issue/problem (Hanan, 2009). Geographical and demographic factors such as education, profession, age and geographic profiles of the target audience must be considered for an effective communication campaign. The construction of a message and selection of media is highly depended upon the proper identification of the target audience so as to address their preferences. However repetition of a message doesn't obviously result to understanding of a message by the audience. Moraro (2015) tends to contradict the issue of revealing how the mainstream televisions-Citizen, NTV, and KTN aired the *Mpango Wa Kando* Campaign during prime time just before news and it was repeated severally but still the audience from filling in their meanings. Maroncha (2015) says the religious divide thought the

advertisement was promoting extra-marital affairs by advocating for the use of condoms.

Understanding a message has to do with language consideration. Messages or slogans and information material must be developed in official/ regional/local or in national languages depending upon the diversity of audience-spoken languages in the communication campaign's target area. The communicators must use very simple language without medical terminology that may become barrier in effective communication. Language consideration helps in eliminating the alienation of the message, and makes the message culturally, geographically and educationally more understandable and acceptable.

Hanan (2009) highlights that campaign duration matters in the success of a campaign. He considers longer campaigns as successful because they leave impact on innovators, early adopters as well as laggards. Long campaigns have the following advantages. (1) They cover all segments of audiences on the basis of education, gender, socioeconomic status, religion and culture. (2) They mobilize media organizations to put HIV/AIDS related issues on media agenda and also encourage community and NGOs to participate in debate. However, long campaigns are usually expensive in nature. Message content should be useful to provoke and enhance the knowledge of the target audience otherwise they would not be interested in information they already have. Canadian Journal of Media Studies, Vol. 5(1) 150 lists the advantages of the usefulness of the contents: (a) It motivates people to bring change in their existing behavior regarding the adoption of new ideas/practice or method. (b) It also boosts the knowledge and retention ability of the audience. *Mpango Wa Kando* Campaign had the above factors that makes an effective campaign. The use of role model Jimmy Gathu was met with different sentiments.

The respondents that were over 40 years felt that he was too young as he represented the age group that is below 40 years hence could not identify with him (Moraro, 2015). The *Mpango Wa Kando* Campaign comprises of most factors that an effective campaign should have but the message about discouraging concurrent sexual partners was interpreted differently.

2.2. Appreciation of Campaign Messages by the Target Audience

Moraro (2015) says that the *Mpango Wa Kando* campaign was appreciated to some extent by the audience. The single people acknowledged that the message in the *Mpango Wa Kando* Campaign was positive but it didn't affect them because they were not married. Three single

men confessed that the message was very informative as it helps one avoid extra marital affairs once married. One of the interviewees said that *Mpango Wa Kando* Campaign broke the monotony of the unmarried people being depicted as immoral. According to Moraro (2015), the respondent said:

“PSI did a good job by coming up with a campaign that exposes the married folk easing moral pressure on young people that has been accumulated over the years. She added that; many parents picked on young people through adverts like the ‘chill’ campaign that has been running in the mass media since 2003 by exposing them as trouble seekers. Whenever *Mpango wa Kando* advert is aired, I look at my parents and wonder whether they pay attention or whether the advert communicates anything to them.”

Ndonye (2015) in his study looks at the attitudes and views of Kenyans towards Extramarital affairs campaign in the media. He reports that “Respondents expressed a lot of satisfaction on the efforts that are being made through the media to eradicate HIV and AIDS (38), but also challenged that “The media contradicts itself by airing soap operas and movies that go against the principles that help prevent the spread of HIV and AIDS”.

The mass media was established to have been successful making the *Mpango Wa Kando* advert visible to the targeted audience. This is according to discussants in the study who admitted that they heard about the advert through the mass media. A Muslim Sheikh argued that the message of *Mpango Wa Kando* was considered as insufficient because when the advert pops up those that are cheating feel guilty and that is the end because the ad promotes extra marital affairs as the lead character offers a condom to those who are cheating but don’t want to contract STIs.

A Christian pastor considered the advert to have failed by airing dirty content and that very few adverts and documentaries speak of the dangers of HIV and AIDS (Moraro, 2015). The lead character Jimmy Gathu had a role to play in the message of *Mpango Wa Kando* Campaign. Participants in the study considered him as a moral agent and a role model to the people. Mrs. Pauline Chola (a marriage counselor) said that he only appealed to people aged below 40 years. This is because they could relate with the character as a person they have seen in the media since the mid 1990’s. Some respondents aged 40 years and above did not seem to

be in touch with Jimmy Gathu because they referred to him as a young man (Moraro, 2015). Although the *Mpango Wa Kando* Campaign was appreciated by majority of the respondents according to (Moraro, 2015), the study did not consider other the factors that made the not to be appreciated. This study will sought to search for reasons why the audience did not appreciate the message.

2.3. Diction of messages used in HIV/AIDS campaigns

Mpofu (2013, pp: 19-27) points out that diction is supposed to be clear and unambiguous. Mission Frontiers (2014) in “Spreading the word to know the Truth Article” say that the language and words used should matched the dialect and diction of the region. Diction is related to language. This paper argues that language can be realized if modes of communication utilize the linguistic and socio-cultural repertoire understood by the audience.

“Linguistic repertoire refers to the linguistic resources local to a society which enhances communication between members; it includes local language and the right choice of language elements which result in accurate meaning and minimizes ambiguities. Socio-cultural repertoire refers to the objects and practices, or simply cultural products which serve particular socio-cultural purposes in a society” Mpofu (2013, pp: 19-27).

Advertisements with traditional features of commercial advertising with aspects of ambiguity, neologisms, hyperbole and weasel words which constitute the persuasive discourse are not ideal for HIV/AIDS pandemic which is highly delicate. Media advertisements should not leave people guessing on the intended message; but they should aim for accuracy and reduce ambiguity by constructing advertisements based on the linguistic and socio-cultural resources familiar to the target to enhance the meaning making process. However, “there is a far more to language and its comprehension than is immediately apparent to the eye or ear at the shallower levels of print or sound” (Smith, 2006: 80). The physical aspects of language contain insufficient information to convey meaning completely and unambiguously. There are utterances which can be interpreted in a different way which might result in loss of meaning in the HIV/AIDS advertisements. In this research the respondents gave deep meanings of the advertisements by looking at diction used in the *Mpango Wa Kando* Campaign.

The communication process in the communication model emphasizes on the need to have a common ground between the speaker and the receiver, which is the advertiser and the target audience. One of the basic obstacles of public information campaigns is “lack of congruence between the sender/speaker and the receiver/listener” (Mpofu, 2013, pp: 19-27). Communication begins with the source or sender who formulates the idea and puts it in appropriate words symbols or pictures (encoding) and when the message is send the receiver derives meaning from it through decoding (Arens, 2004:9). In addition, Harnish (1997:347) says that the speaker encodes the message and produces sounds which are decoded by the listener. For instance, the language used in HIV/AIDS advertisements achieves its role of communicative purpose when the intended audience receives the advertisers point with the same meaning that the author of the advertisement had when the advertisement was crafted. This means that language can either be both effective and ineffective depending on how the advertiser uses it.

When the audience is unable to fully understand the language used in the advertisement then the communication fails since Belch defines communication as “the passing of information, the exchange of ideas, for the purpose of establishing a commonness or oneness of thoughts between sender and receiver” (Belch et al, 2004:138). This means that language is a social and cultural fixation which is used to construct reality, and in the communication process the receiver comprehends reality in a similar manner if he or she can draw on the linguistic and cultural resources possessed by the sender. For that reason, the study analyzed the *Mpango Wa Kando* advertisement from the context from which it was produced and received with regard to the choice of words (Fairclough, 1995: 131)

In Zimbabwe, PSI Zimbabwe was very keen to observe the cultural factors affecting that society. It had to with choice of words which affects gender perception in the campaigns against HIV/AIDS. PSI advertisements are poetic in nature and they have connecting words which Kenworthy (1992:92) says serve to signal relationship between the clauses and the listener, for example “*asi*” (but) ties the clauses together to enable the attainment of meaning after pointing out what a real man does not do, the other side of the connecting word shows the responsibility expected of him. The phrases “*mukadzi chaiye*” (real woman) and “*murume chaiye*” (real man) imply that men and women who do not respect their partners’ sexuality are not „real”.

The advertiser may employ vocabulary chains which are features of cohesion. Brigid et al (2006:8) describes vocabulary as the association between words from which the meaning of advertisements is derived without the influence of the reader or listener. It enables the advertisements to achieve the informative and persuasive intent. This reflects that language can be properly manipulated to become a perfect medium of communication making people realize meaning. Advertisements can use closed forms of texts that strongly encourage and prefer a particular meaning which allows little space for the readers to deduce their own, which would certainly be different. “*Weka Condom Mpangoni*” has been interpreted to mean that concurrent sexual affairs are encouraged by allowing the use of a condom which is not the case with the campaign designer whose aim was to promote condom use. The choice of the words, their intended meaning and the assigned meaning were studied to really understand the underlying factors that contributed to the meanings received by the audience.

In societies where issues touching on taboos is not well received there is need to use euphemism in the indigenous language instead of adopting the borrowing strategy. For example in Zimbabwe, the term *amakhondomu* (condoms) which is the focal term in the advertisement and the details on how it should be used, is not easily received in the Zimbabwean society where it is a taboo to succinctly discuss sexual matters in public. In this society, such things are better not said. Baran (2006: 389) points out that advertising has also had a negative impact on the audience especially children for some advertisements are not age conscious. According to Media Handbook on HIV/AIDS in Nigeria: (2004), when writing about HIV/AIDS, it is important to use straight-forward and non-judgmental language. This is because the terms and language that are used in connection with HIV and AIDS can promote stigmatization and discrimination hence there is need to be careful in the selection of language. In Kenya (Cameron et al., 1999; Kumah et al., 1993), reveal that the Catholic Church did not advocate for the use of condoms and discouraged sex out of marriage and considered both as immoral hence the discussions about condoms are not comfortably accepted.

2.4. Impact of the HIV/AIDS Message Packaging and Conveyance in the Campaigns

Most public campaigns designed to promote social and behavioral change has been fashioned upon the best practices borrowed from the commercial advertisement and marketing industry. Although “social marketing intervention is the main stay of global HIV prevention efforts” (UNAIDS, 2002 as cited in Agha, 2003.p.750) it difficult to apply this to evaluate health

campaigns designed to advocate for behavior and social change (Bertrand, et al. 2006).

A study was done on the relationship between the watching HIV/AIDS Programmes and behaviour change in young girls. 78.3% alone said that they can change behavior by watching TV programs on HIV/AIDS alone 78.3% while 21.7% said they cannot. In addition to the HIV/AIDS programmes, 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 circumstances that affect them and make them vulnerable to HIV/AIDS. Another 10% said that girls should avoid being idle because that leads them into temptation. It therefore means that TV viewership and personal behavior change cannot be achieved or there is no direct correlation between the two variables because majority of the respondents said that there was more that needs to be done up and above watching TV programs with messages on HIV/AIDS in order to achieve positive behavior change (Journal of Research in Humanities and Social Science Volume 2 ~ Issue 12 (2014) pp: 33-43 ISSN (Online): 2321-9467).

Awareness on HIV and AIDS through TV messaging was 100% because many of the programs they watched had a message on HIV/AIDS but in varied proportions. 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. Change behavior through watching TV messaging created awareness on HIV/AIDS but on the ground girls still engaged in risky behavior and new HIV infections continue to be reported.

As pointed out by Wyss (2001), mass media messages are an important source of knowledge regarding HIV and AIDS but this knowledge alone does not translate to behavior change. Other issues underlying HIV and AIDS infection are not taken into account and new infections continue to be reported (UNAIDS 2007). Wyss (2001) points out that mass media is a source of knowledge regarding HIV and AIDS but positive behavior change cannot be realized by this knowledge alone. New infections continue to be recorded because other issues underlying HIV and AIDS infection among vulnerable groups have not been addressed (UNAIDS 2007 as cited in Journal of Research in Humanities and Social Science Volume 2 ~ Issue 12 (2014) pp: 33-43 ISSN (Online): 2321-9467). As much as the study says knowledge doesn't translate to behaviour change, there was necessity to dig deep into the behavior change catalyst in relation to how the *Mpango Wa Kando* Messages were conveyed and packaged.

2.5. Theoretical Framework

2.5.1. Introduction

A communication strategy that is effective is very critical to the global efforts in HIV/AIDS Prevention and education and should be grounded on a sound theory that will enhance flexibility in application of the strategy in different regions and cultural context. Evaluating and redefining the approaches to communication of relevant messages to different audience is very paramount to HIV/AIDS Prevention and care (Airhihenbuwa, 2000, pp5-15). This paper looks at the theories that deal with individual actions and behaviour in relation to HIV/AIDS prevention and education. It will also discuss the definitions and the conceptions of the various theories in communicating HIV/AIDS messages, their strengths and weaknesses. This research attempted to examine whether the efforts of fighting HIV/AIDS through the mass media public health campaigns has been effective thus far by establishing the relationships between exposure to specific messages designed for a media campaign dubbed “ *Wacha Mpango Wa Kando*” and behaviour of the target population towards HIV/AIDS.

2.5.2. Social Learning Theory

The theory most frequently borrowed from the Caribbean is Bandura’s Social Cognitive Theory, also referred to as the Social Learning Theory (which is an earlier version). Social learning Theory in Bandura (1986 as cited in Airhihenbuwa, pp 5-15, 2000) an individual behavior is the result of the interaction among cognition, behaviour, environment, and psychology. It is an individual psychological model of behaviour change (Yoder, Hornik, &Chirwa,1996 as cited in Airhihenbuwa, pp 5-15, 2000) It posits that providing information alone is not enough to change behaviour (Avant Garde Media, 2008). Sustained behaviour and self efficacy (one’s perceived ability to adopt a recommended behaviour) change requires the skills to engage in behaviour change and the ability to use these skills consistently. In HIV/AIDS Campaigns, the two primary domains widely used are modeling (Imitation of a role model) The theory suggests that people learn from each other through observation, imitation and modeling; and four components are required for behaviour change.

Avant Garde Media (2008) outlines the four components that are required for behaviour change: Awareness is the first component used to raise awareness and the knowledge of health risk. This stage is to convince people that they can change their behaviour. In the case of HIV, this component is where you educate people about the virus and show them that they can change. In this research work about *Mpango Wa Kando* Campaign, the aspect of awareness

was taken into account so as to get evidence of how the audience understood and appreciated the *Mpango Wa Kando* messages by the awareness created by the campaign. Secondly, Self-Control is used to develop the self-control and risk-reduction skills needed to prevent the behaviour. Within this component, you show people what makes their behaviour risky and how they can change it. The Kenyan audience that was exposed to the *Mpango Wa Kando* campaign that talked about the increase in HIV/AIDS Prevalence among concurrent sexual partners also advertised that if being faithful was a challenge, then one should use a condom to protect their loved ones.

Thirdly, self-efficacy is used to increase an individual's self-efficacy in implementing the necessary or safe behaviors or habits. This may include specific efforts to show people how to use condoms, how to negotiate safer sex and how to say "no". This research attempted to reveal the impact of the *Mpango Wa Kando* Campaign by looking at the individual's self-efficacy in engaging in safe behaviors. Lastly, Social Support is to build social support for the individual as s/he engages in new behaviors. This could be in the form of support groups or appropriate peer groups (Bandura, 1973).

2.5.3. Input/output Persuasion Model

McGuire (1989) as cited in Darteh (2011) developed the hierarchy of communication effects and considered how various aspects of communication, such as message design, source, and channel, as well as audience characteristics influenced the behavioral outcome of communication. The model suits the communications that target a larger population with an intention of changing change of behaviour, attitudes and beliefs.

McGuire (1989) outlines two sets of components as "input/output" matrix to be manipulated and measured when planning and evaluating communication campaigns. The list of input variables helps the communication planner when designing the campaign. The inputs are usually manipulated to achieve certain outputs because the input components are independent variables. The inputs include: Sources, messages, channels, receivers and intent. The source variable refers to the characteristics of the person who presents the message to the public. Sources vary from number, demographics, and credibility. The message may have type of appeal, information presented, organization, and repetitions. In this study the message is the central point of discovery about *Mpango Wa Kando* campaign impact on the audience. It sought to find out the level of appeal to the audience in terms of how the information was

presented (diction) and how it was received.

The channel variable refers to the mass medium through which the message is transmitted to the public. It can also refer to delivery style and context. Receivers are the target audience. Sources, receivers can vary in number, demographics, and lifestyles. The campaign intent reflects beliefs, attitudes and/or behaviour the planner desire to change and is the goal of the communication campaign (McGuire, 1989 as cited in Darteh, 2011). *Mpango Wa Kando* campaign was conveyed through mass media. The message with the tagline “*Wacha Mpango Wa Kando*” had an intention of encouraging the use of a condom in concurrent sexual relationships. The audience dynamics came into play when the religious leaders complained about the campaign promoting promiscuity which is against the Catholic Church doctrines. This has encouraged the research about the choice of words used in the campaign and how it was understood and understood by the audience of different social cultural orientation.

According to McGuire (1989), output can be used to determine the success of a campaign. Twelve output variables are measured by evaluating the reactions of the public to the sources, messages, channels, receivers, and intent within the context of the model. These variables are similar to those in the diffusion model. The output variables are endpoint in communication campaigns and can be used to determine the campaigns level of success by measuring the output level of effectiveness. McGuire (1989) gives the twelve variables: exposure, attention, liking, comprehending the message in the communication campaign. They refer to getting the messages out to a wide audience, with clarity, appeal and understanding. Acquiring skills, changing behaviour, remembering, and retrieving information are the bases for long-term changes in beliefs, attitudes, and behaviors. Deciding to act, change behaviour, and reinforce a decision are the long-term changes communication campaigns often seek. Consolidating the results is essential to any communication campaign. Only through evaluating results can a campaign planner determine the success of communication campaigns (McGuire, 1989). The output variables helped in this study to measure the success of *Mpango Wa Kando* campaign by looking at the extent at which the audience comprehended and appreciated the messages.

Some of the input/output variables outlined by McGuire was considered in this paper. They include receiver (young and the old generation), messages (*Wacha Mpango Wa Kando*), and behavioral outcomes (use of condoms in concurrent sexual relationships). Evidence on the perception created by the messages were collected and related to the impact that *Mpango Wa*

Kando Campaign had on the audience based on how it was packaged. However, this theory doesn't give information about message description, content and the expected behavioral outcomes of the campaign messages.

Avant Garde Media (2008) the study helped policy makers to structure future campaigns and awareness messages so that they are more appealing to the audience and as a result, more likely to bring about the desired change in behaviour among that leads to safer sexual habits and practices.

2.5.4. Theory of Reasoned Action (TRA)

The Theory of Reasoned Action (TRA) (Fishbein & Ajzen, 1975 as cited in Airhihenbuwa, 2000, pp5-15) predicts a variety of human behaviors since 1967 by examining attitudes, beliefs, behavioral intentions, and observed expressed acts. It brings out a linear progression from attitude to action in which a given behaviour will be determined by an individual's intention. TRA assumes that humans are rational in their decision making process and that the behaviors being explored are under volitional control. The theory provides a construct that links individual beliefs, attitudes, intentions and behaviour (Fishbein, Middlestadt & Hitchcock 1994). According to (Yoder, 1997 as cited in Airhihenbuwa, 2000, pp5-15), individual evaluate information that may result in action within external constraints, which are influenced by power relations in the society.

Fishbein et. al (1994) discusses the variables in TRA and their definitions: *Behaviour*: A specific behaviour is defined by a combination of four components: Action, target context and time. For example, the action is implementing a sexual HIV risk reduction strategy like putting up *Mpango Wa Kando* Campaign, target is the use of condoms by those in concurrent sexual partners. The context is both private and public places and the time refers to all the time. *Intention*: The intent to perform behaviour best predicts that a desired behaviour will actually occur. For accuracy and effective measurement of intent, it should be defined using the four components that define behavior: Action, target, context and time. Both attitude and norms also influence one's intention to perform behaviour.

Attitude: This is a person's positive or negative feelings toward performing the defined behaviour. It includes behavioral beliefs. Behavioral beliefs are a combination of a person's beliefs regarding the outcomes of a defined behaviour and the person's evaluation of potential outcomes. The beliefs will differ from population to population. For example, married

heterosexuals may consider introducing condoms into their relationship an admission of infidelity, while for homosexual males in high prevalence areas it may be viewed as a sign of trust and caring (Fishbein, et.al, 1994 as cited in Avant Garde Media, 2008). In the case of *Mpango Wa Kando* Campaign, those in concurrent sexual relationship may consider the use of a condom as a way of preventing HIV infection while those in single stable relationships may view condom use as a way of encouraging unfaithfulness and promiscuity in their sexual partners.

Norms: They have to do with a person's perception of other people's opinions regarding the defined behaviour. Normative beliefs are a combination of a person's beliefs regarding other people's views of behaviour and the person's willingness to conform to those views. Other people's opinions and the evaluation of those opinions will vary from population to population with behavioral beliefs, and normative beliefs. According to Avant Garde Media (2008), theory of Reasoned Action purports that behavioral and normative belief, referred to as cognitive structures, influence individual attitudes and subjective norms respectively. In turn, attitudes and norms shape a person's intention to perform behaviour.

Finally, even with the authors of the TRA's argument, a person's intention remains the best indicator that the desired behaviour will occur. Fishbein et. al. (1994) says that it is important to recognize which of the two (norm and attitude) exerts greatest influence on the population so as to use the right population strategy. However in the individualistic approach of the Theory of Reasoned Action means that it does not or cannot consider the role of the environmental and structural issues (Kippax and Crawford, 1993). Individuals may first change their behaviour and then their beliefs/attitudes about it. For example, studies on the impact of seatbelt laws in the United States revealed that people often changed their negative attitudes about the use of seatbelts as they grew accustomed to the new behaviour (Ajzen and Fishbein, 1980).

CHAPTER THREE

RESEARCH METHODOLOGY

3.0. Introduction

Chapter three comprises of all the methods that were used in this study so as to fully respond to all the questions in the research. It is made up of the following components: Research design, study population, sampling methods and procedure, data collection methods, data presentation methods and data analysis methods.

3.1. The Research Design

Research designs can be based on their function, characteristics or disciplinary perspective. According to Yin (1989:29, research design 'deals with a logical problem and not a logistical problem'. He further says in Yin (2003) that a research design deals with four issues: research questions, relevant data, data to be collected and data analysis method. Selection of a research method is determined by how well it allows full investigation of a particular research question (Hanrock and Algozzine, 2006). The approach may be quantitative or qualitative. Qualitative research is mostly science-based where the findings are usually expressed in numerical form. On the other hand a qualitative research is characterized by ethnographic and historical studies where the findings are usually expressed in words than in numbers. Merriam (2001) suggests that case study may be founded in ethnographic, historical, psychological, or sociological orientations (Anderson and Poole, 1970).

This study combined both quantitative and qualitative research methods so as to maximize the theoretical implications of research findings. This led to greater understanding of the *Mpango Wa Kando* Campaign with regard to how the audience understood and appreciated the messages. The diction of *Mpango Wa Kando* was analyzed so as to get evidence about its impact on the audience. Descriptive research design was applied in this study. Descriptive survey was used in this study because Bickman and Rog (1998) it could answer questions such as "what is" or "what was" The purpose of a descriptive research was to examine a phenomenon that was occurring at a specific place(s) and time and elicit recommendations for change. The phenomenon that was under investigation is on reception of HIV/AIDS message from *Mpango Wa Kando* and get evidence on whether the messages were clear to be understood and to cause the audience to desist from concurrent sexual partners.

This study used descriptive research method because it extensively looked at how the audience perceived the *Mpango Wa Kando* Campaign so as to understand why there is still increase in HIV/AIDS prevalence yet the campaign existed. In addition, the study brought to light the relationship between behaviour change and awareness because survey is a direct source of knowledge about human behaviour according to Singh and Bajpai (2008). This was to help the campaign designers to not only depend upon campaigns for behaviour change but also other related factors that came into play. Information that was gathered advised on the decision process of the policy makers on HIV/AIDS prevention process so that funds would only be used on strategies that yields positive results of reducing the HIV infection rate.

3.2. The Study Population

Korb (2012) defines population as the total of all the individuals who have certain characteristics and are of interest to a researcher. Study population is the group of individuals to which we can legitimately apply our conclusions. It is a group of people that the researcher wants to draw a conclusion about once the research is finished. Identifying the population requires specification of the criteria that determines which individuals are included and which individuals are not included. The research was carried out in Nairobi which has a population of 3,138,369 according to Kenya 2009 Population and Housing Census (2010). Nairobi was the best place for the study to be carried out because residents being urbanites are more likely to have come across the *Mpango Wa Kando* Campaign. This was because the population is more exposed to the media as radio, television, newspapers, and social media among others.

3.3. The Sampling Procedures

The sample should provide the answer and the size of the sample needed to answer the research questions. According to Lindlof and Taylor (2011) sample is a subset of the population. We use samples because it is impossible to study all the members of a population for a research project as its too costly and time consuming. Instead a few are chosen to be a representation of the whole population therefore the results can be inferred to the population. The sampling method to be used is the stratified random sampling where the population is partitioned into groups called strata and the sampling is done separately within each stratum (Ahmed, 2009) to increase the estimation of each group. For example the classification of the population in males and females will gave estimation of how many have understood or appreciated the *Mpango Wa Kando* Campaign message. The population was grouped as follows: Males and females, married and unmarried (separated and singles) between the age

18-50 years those who were sexually active. In *Mpango Wa Kando* Campaign study, the sample size was 188 individuals which represented 0.006% of the Nairobi Population.

3.4. The Data Collection Methods

For the selection of data collection to be effective, the researcher has to consider several factors: The value of the types of data, the relative scientific rigor of the data, basic, underlying philosophies of evaluation, credibility of findings, staff skills, costs and time constraints. When selecting any method, emphasis on ensuring accurate and honest collection remains the same. Data collection is usually carried out with an intention of all data collection to capture quality evidence that can be depended upon and then translates to rich data analysis and allows the building of a convincing and credible answer to questions that have been posed (Sapsford and Jupp, 1996). This study used questionnaires to collect information about how many respondents understood the messages in *Mpango Wa Kando* Campaign.

Questionnaires were distributed to each of the unmarried and single individual to get information about those respondents who stopped having concurrent sexual partners. Evidence about those who were encouraged to have concurrent partners was also be provided. This was the best method of collecting data because a questionnaire is the most accurate method for a large sample as it gives valid results. It was through it that quantitative data was obtained to give the percentage of the respondents who understood or misunderstood *Mpango Wa Kando* Campaign. It also gave the level of impact of the *Mpango Wa Kando* campaign. Potter (2006) says questionnaires are good because they ensure dependable and reliable results in cases of a large sample. Semi-structured or open-ended questionnaires were utilized in the study because it gave the respondents freedom to contribute hence got comprehensive responses. In this case, to analyze the diction of *Mpango Wa Kando* Campaign a respondent needed to give more information about what words were used and their impact.

I specifically intended to extract information in relation to:

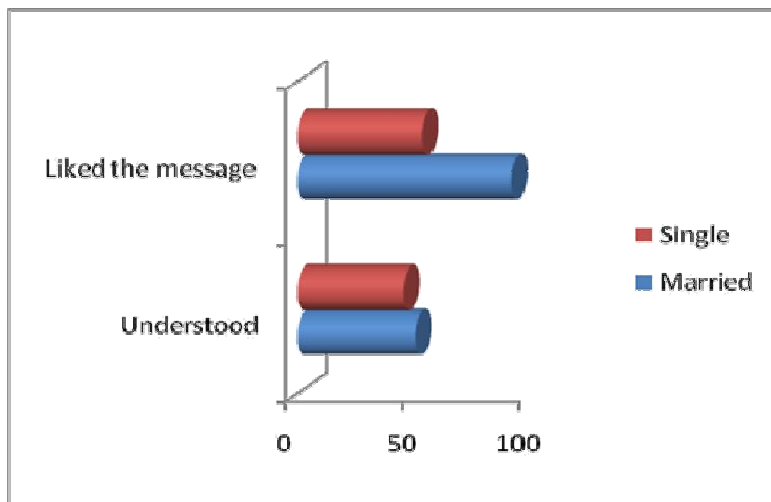
- a) Whether the audience saw or heard about *Mpango Wa Kando* Campaign messages.
- b) Whether the audience remembered the message on *Mpango Wa Kando*.
- c) What they understood the message to mean.
- d) Whether they appreciated the message.
- e) If they didn't understand the message, why.

- f) If they did not understand, why.
- g) The kind of impact the message had on them.

3.5. The Data Presentation Methods

This study presented data through diagrammatic and tabulation forms. According to Minter and Michaud (2003) Diagrammatic forms as graphs give comparisons between different variable, data can be used universally, and makes data to be easily interpreted as it is condensed into diagrams.

Bar graph presents data by drawing the X-Axis with the vertical line is marked of to scale to show frequencies of each variable. Alabi (1999) says the variables names should occupy the horizontal scale and the bars should be of the same width. In this research bar and column graphs showed the preliminary data (age, gender, and percentage) of the individuals who understood and appreciated the campaign message in *Mpango Wa Kando* and vice versa. Evaluation Briefs (2008) adds that bar graph is used to compare the variables. In the case of *Mpango Wa Kando* Campaign, bar graph was be used to compare the percentage of the elements that caused the audience to like the campaign. It will also compare the respondents who are between the age groups. For example, ages 15-24 and 25-49. Below is an example of bar graph that shows the percentage of those who understood and appreciated the message in *Mpango Wa Kando* Campaign with those who did not.



Singh and Bajpai (2009, pg.26) says that data presented in tables are arranged in some properly selected classes and the arrangement is described in titles and subtitles. The tables included the frequency and percentage of the respondents that identified the various phrases used in MWK campaign to analyze the diction of the campaign. This is because

Alabi (2007) suggests that comparison could easily be made among the variables.

3.6. The Data Analysis Methods

3.6.1. Descriptive Analysis

The descriptive analysis deals with both qualitative and quantitative analytical techniques used in a single research study. This research had cross-cultural and normative investigations so that the data in each are continuous, interchangeable, and mutually interrelated (Bijou, et al,1968, p175-191). Description of how the diction used in *Mpango Wa Kando* campaign deeply looked into by giving a thorough explanation of the meaning of the words used. Word choice in *Mpango Wa Kando* was under investigation as the phrase “*Wacha Mpango Wa Kando*”. Respondent were asked about the meaning of the words this was to understand how the audience interpreted the campaign in comparison with the intended meaning from PSI.

3.6.2. Percentages

Taylor-Powell (1996) says that percentages are commonly used in statistics as they express the information as a proportion of a whole. A percentage was easier to interpret as it was easier to say that 24 percent of the respondents appreciated the *Mpango Wa Kando* Campaign than to say 36 out of 60 appreciated. Percentages showed the relationships and comparisons –either between categories of respondents of responses. For example we said 60 percent of the respondents clearly understood the *Mpango Wa Kando* campaign as compared to 37 percent of the participants who did not understand the message. Percentages were useful when we wanted to show a frequency distribution of grouped data classified into categories arranges in order of agree or magnitude. In the case of whether the audience understood the *Mpango Wa Kando* Campaign, the ratings can be presented by the level of magnitude so as to see the frequency of the respondents who totally agreed with the clarity of the message.

3.7. Conclusion

As discussed above, the data analysis method has took the mixed approach that involved both quantitative and qualitative data analysis which ensured that the findings from the field were depicted in a simple way that was easily understood. It was clearly important for every researcher to have knowledge on research methodology.

CHAPTER FOUR
DATA PRESENTATION AND ANALYSIS OF FINDINGS

4.0. Introduction

This chapter consists of all the data that responds to the key research questions. These are in form of the diagrams and tables which are used to present the data and the analyses of the findings.

4.1. Demographic Data of the Respondents

The demographic data captured from the respondents included gender, age, marital status, education level and the religion. It helps one know if the respondents were also the target audience for the campaign.

4.1.0. Gender of the respondents

The table 4.1 below reflects the frequency and the percentage of males and females that were involved in the survey. It was important to capture the gender so as to conclude on the exposure of campaign.

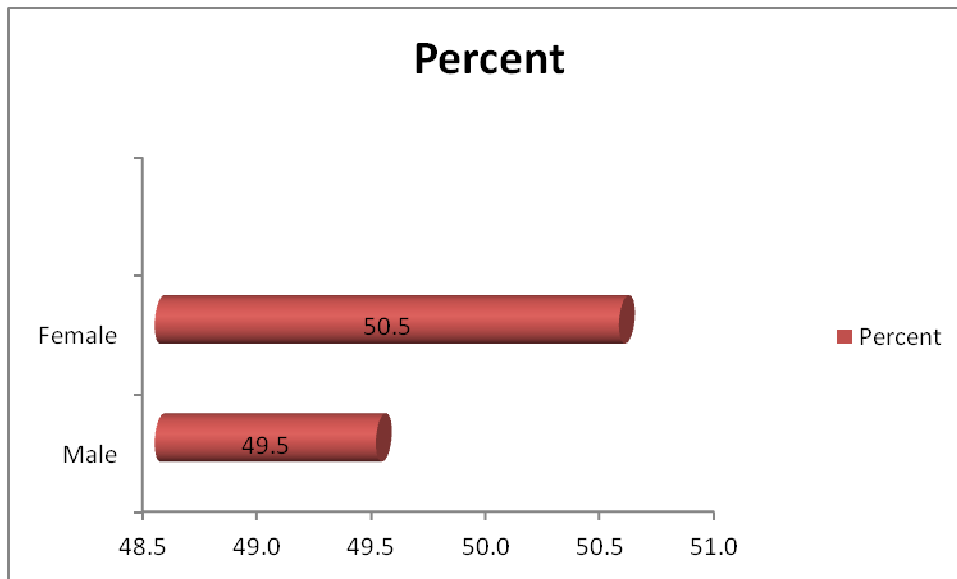
Table 4.1 Gender of Respondents

Gender	Frequency	Percent	Valid Percent	Cumulative Percent
Male	93	49.5	49.5	49.5
Valid Female	95	50.5	50.5	100.0
Total	188	100.0	100.0	

Source: Research 2015

Out of 188 individuals, 93 were male while 95 were female. There was need to capture gender because PSI targeted both male and female as audience of MWK Campaign. The figure 4.1 below shows the percentage of the male and female involved in the survey.

Figure 4.1 Gender of Respondents



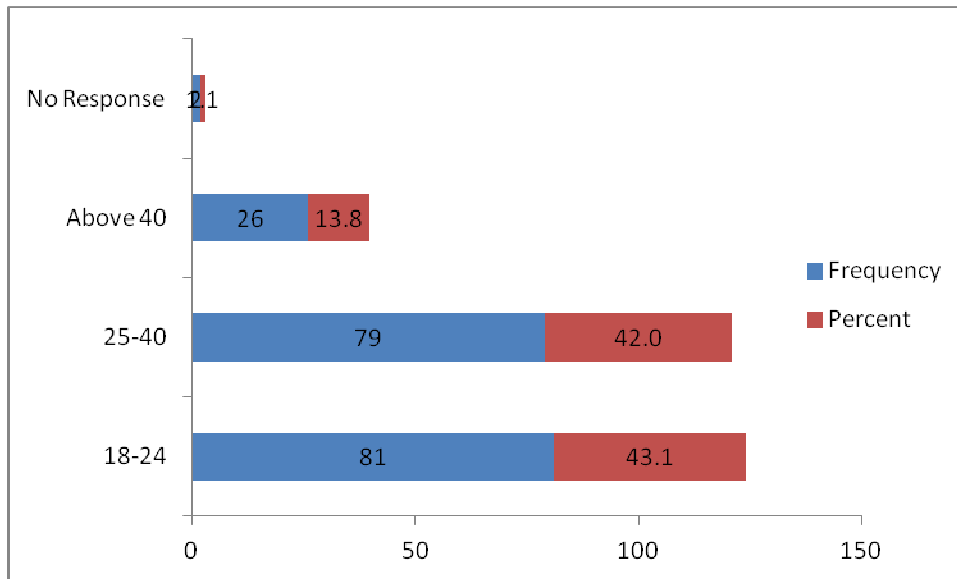
Source: Research 2015

50.5 percent were female, 49.5 males. This could be because women were easily found at home or business as compared to men. It meant that if the respondents represented the entire population of Nairobi, then the gender demographic data may be used to generate other conclusions such as: The males that were exposed to the campaign, the females that understood the campaign messages.

4.1.1. Age of the Respondents

The age of the respondents was important so as to judge the validity of the responses. The figure 4.2 below shows the variation of the ages of the respondents involved in the survey.

Figure 4.2. Age of the Respondents



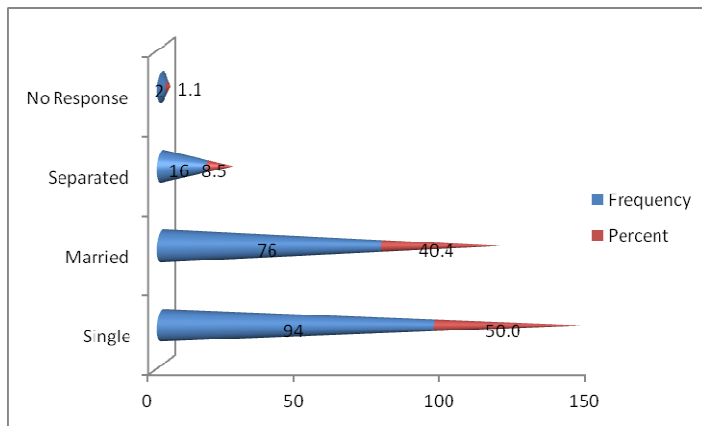
Source: Research 2015

The age categories of people who were questioned were as follows: 18-24, 25-40 and above 40 years. 18-24 were the majority at 43.1%, 25-40 years were 42.0%, above 40 years were 13.8% and 1.1 did not reveal their age. The respondents who participated were from age 18-40 years an age that PSI targeted when it was putting up the campaign. 43.1% being 18-24 years, 25-40 at 42 percent implies that the age brackets were actively involved in sexual activities. The ages that were involved enhanced the validity of data because it was the age that was targeted by the campaign. The willingness of the individuals to contribute to the research on MWK Campaign reflected the interest that the young people have in matters of HIV/AIDS. This means that the target audience accessed the campaign hence a success for PSI and other stakeholders.

4.1.2. Marital Status of the Respondents

To understand the respondents better, the respondents were asked to reveal their marital status; the figure 4.3 below reflects the percentage of the single, married and the separated (were once married but separated from their partners).

Figure 4.3. Marital Status



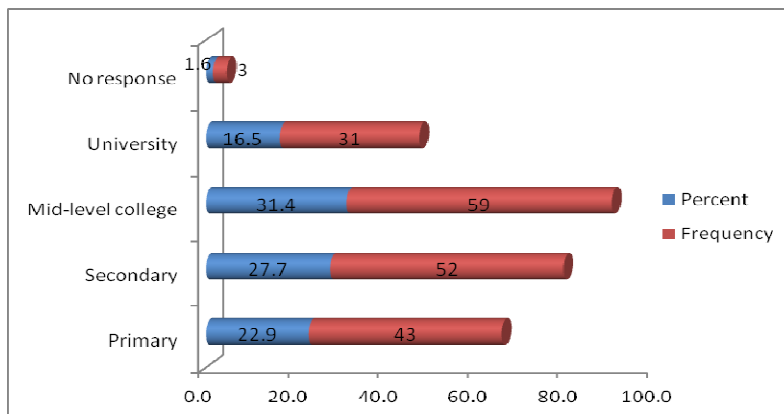
Source: Research 2015

50.5 percent of the respondents were single while 40.4 percent were married and 8.5 percent were separated (they were once married but now are separated from their partners). This implied that the individuals that were affected by concurrent sexual relationships: The singles, married and separated were equally open to give their input in the study. It also meant that the responses were based on their personal experiences because they were sexually active hence affected by concurrent relationships in one way or the other.

4.1.3. Education Level of the Respondents

The respondents were asked of their education level so as to gauge on their level of understanding the questions asked in the study. The figure 4.4 below shows the different level of education attained by the respondents.

Figure 4.4. Level of Education



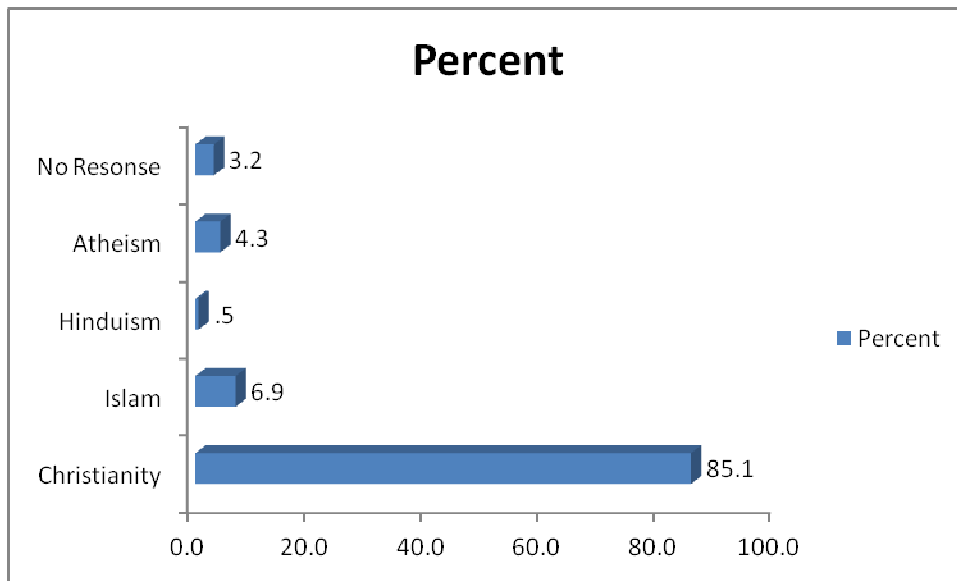
Source: Research 2015

Though one would assume that having carried out the research in Nairobi, most of the respondents would fall in the category of University level, 31.4 percent of the respondents had attained the mid-level education, 27.7 percent at secondary level and 22.9 percent at primary level. 1.6 percent did not reveal their educational level. This means that the campaign was accessed by the four categories of the audience which implies that still the target Kenyan audience was reached. Additionally, the level of education was not a barrier to access of the campaign as long as one could access the media of communication used. Most of the respondents falling in the mid-level colleges proved that they were able to give their interpretation of the campaign messages.

4.1.4. Religion of the Respondents

The respondents' religion was also asked for so as to relate their responses to their beliefs. See the figure 4.5 below:

Figure 4.5 Religion of the Respondents



Source: Research 2015

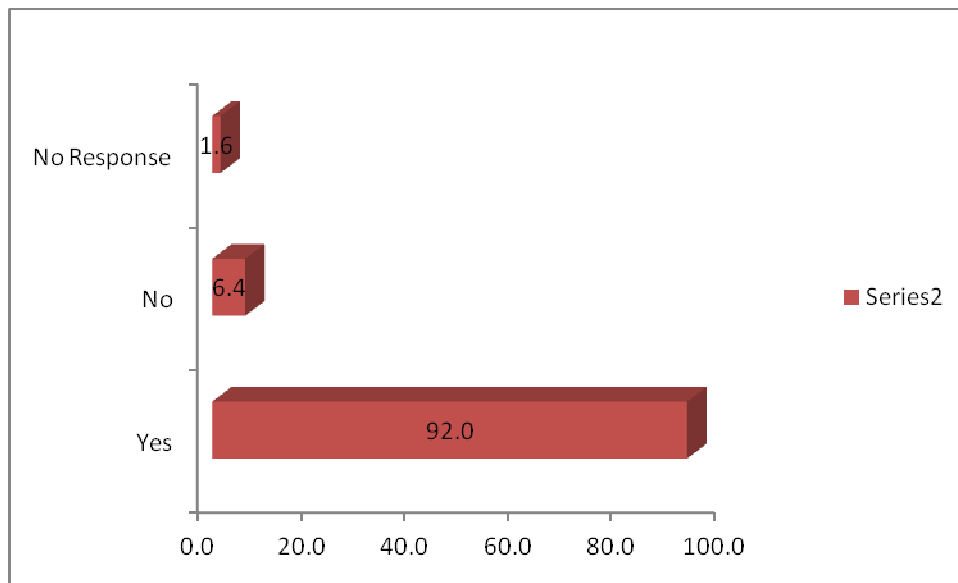
Majority of the respondents were Christians at 85.1 percent, 6.9 were Muslims, 4.3 were atheists, 0.5 were Hindus, 3.2 did not reveal their religious affiliation. Most of the respondents were Christians because according to 2009 census data it was the largest religion in Kenya at 82.5 percent followed by Islam at 11.2 percent. This implies that at least the common religions were represented in terms of accessing the campaign. This reflects that there is need for specifically making other religions a sample population so as to understand their take on

MWK campaign. If most of the respondents understood the message, this could mean that most Christians understood the message conveyed in the campaign.

4.2. How the Mpango Wa Kando Campaign was understood by the audience

To know how the message was understood, the respondents were asked whether they heard or saw the MWK Campaign. The figure 4.6 below clearly shows the outcome from the question.

Figure 4.6 Those who heard about the campaign



Source: Research 2015

From the figure 4.6 above, 92.0 percent heard or saw the advert as opposed to 6.4 percent who never saw the advert. 1.6 never replied to that question. This implies that those who heard about the campaign were able to access the different media used to run the campaign. It means that the aim of PSI for the campaign to reach a large percent was achieved. According to Moraro (2015), it is clear that the role of the media to make the campaign visible to the target audience was done.

The 6.4 percent who did not see or heard about the campaign shows that they did not access a television, radio, and even did get updated by friends therefore was not aware about the MWK Campaign. It may also imply that the 6.4 percent never accessed the media used during prime time (before 7p.m and 9p.m news) the advert was being aired.

The study also sought to find out the media that the respondents saw or heard about the campaign and the findings are shown in the table 4.2 below.

Table 4.2. Media channels accessed by the audience

Channels accessed	Frequency	Percent
Television	111	59.0
Radio	29	15.4
Newspaper	12	6.4
Friends	23	12.2
Others	4	2.1
No Response	9	4.8
Total	188	100.0

Source: Research 2015

59.0 percent of the respondents watched the campaign on television, followed by radio at 15.4 percent. 12.2 percent got information about the advert from friends, 6.4 read on the newspaper. 2.1 percent accessed the campaign through other means like social media. 4.8 did not respond to the question. This implies that most people accessed television because they could afford in addition to Nairobi being an urban area it was the most popular media people have. Radio came second at 15.4 percent though most people have mobile phones that have radios. This means that although cell phones are mobile, people did not use their radios as we would expect. This means that the choice of the media for communication by stakeholders was successful. 12.2 percent getting information from friends means that through normal conversations, those who did not hear about the campaign were informed. This means that face to face communication played an important part in the dissemination of the campaign. Face to face communication came third because it is more effective than other forms of communication like telephone, email among others (Rice, 1993)

PSI's use of the television to air the campaign hence was a success. PSI wanted to visually display how concurrent sexual relationship works by the use of both male and female characters. Television was used to bring out the domestic setting with married couples to create a mental picture of families being affected by the concurrent relationships. This is in line with (Westmyer and Rubin, 1998; Harwood, 2000; O'Sullivan, 2000) who said that the

choice of media depends on the communicator’s objective in terms of what they want to achieve.

4.2.1 Clarity of the message

The clarity of the MWK message was crucial to audience understanding the message hence the respondents were asked if the MWK message was clear enough to pass the intended meaning. The outcomes are in the table 4.3 below:

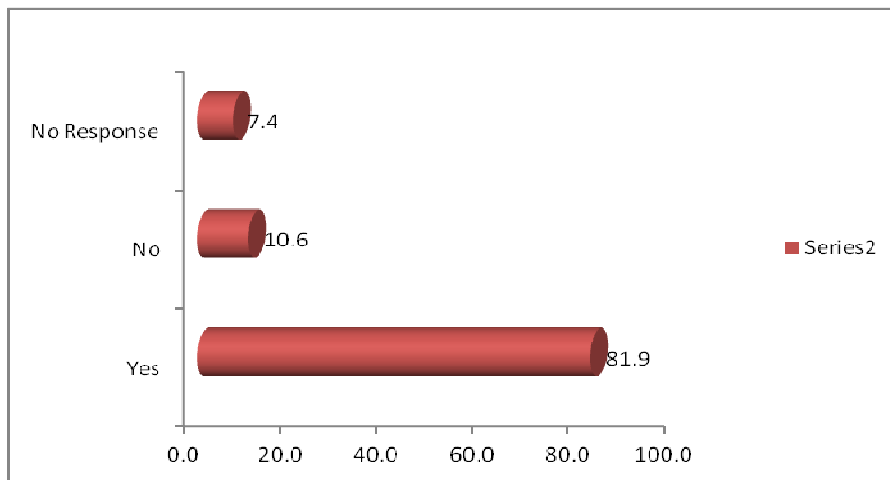
Table 4.3 Audience that thought the campaign was clear

Response		Frequency	Percent
Valid	Yes	154	81.9
	No	20	10.6
	Total	174	92.6
	No Response	14	7.4
Total		188	100.0

Source: Research 2015

The figure 4.7 below clearly shows the percentage of the audience who still thought that the message was clear enough to be understood.

Figure 4.7 Audience that thought the campaign was clear



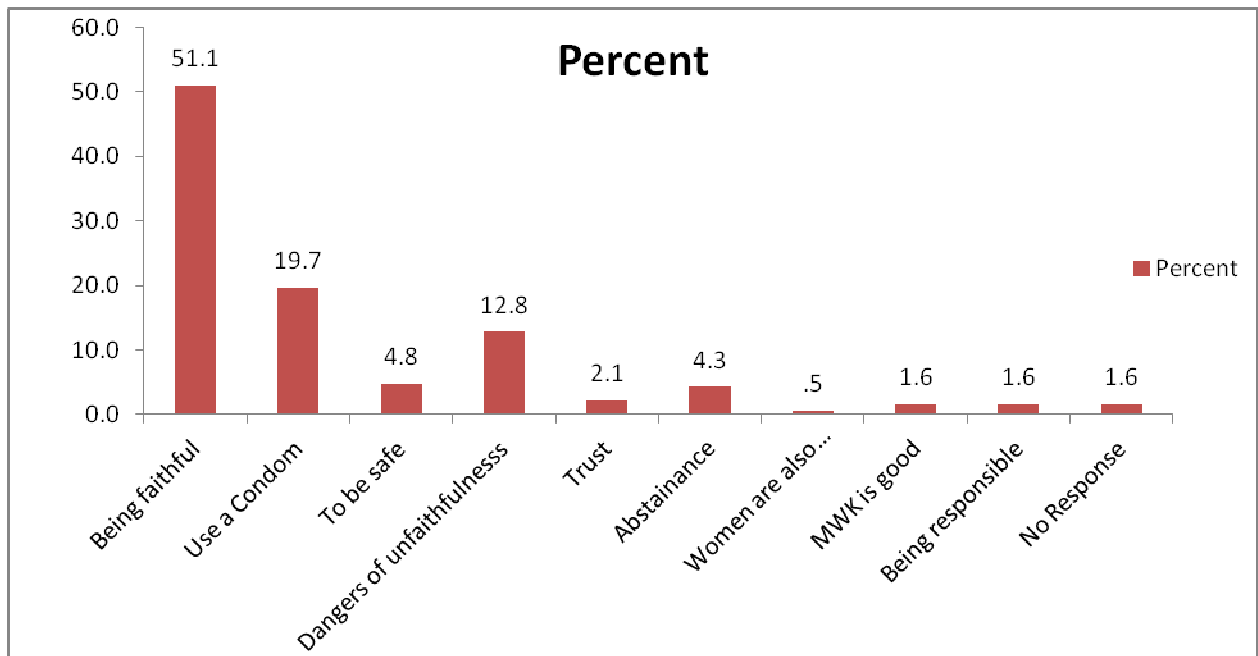
Source: Research 2015

In the figures above, 81.9 percent of the respondents thought that the *Mpango Wa Kando* Campaign message was clear enough. This could mean that the language (Kiswahili) used was familiar to the respondents, they also got the words used in a straightforward manner, 20% said that the message was not clear. This implies that the phrases used in the campaign provoked more than one meaning or we could say the respondents did were not well conversant with Kiswahili. The respondents who did not respond to that question were 7.4 percent were not sure if the message was clear or not. On the other hand the respondents did not hear or see the campaign. Therefore, the intention of the campaign designer of ensuring, message was conveyed in a clear way was achieved. It means that campaign attained the requirements for a successful message of clarity (Davis, 2000; Kotler and Lee, 2007 as cited in Lagarde, F. and Banks, P. (2007).

4.2.2 What the audience learnt from Mpango Wa Kando Campaign

To further understand the extent to which the MWK Campaign message was understood, the respondents were asked to give the lessons they learnt out of the campaign as indicated in the figure 4.8 below.

Figure 4.8 What the audience learnt from Mpango Wa Kando Campaign



Source: *Research 2015*

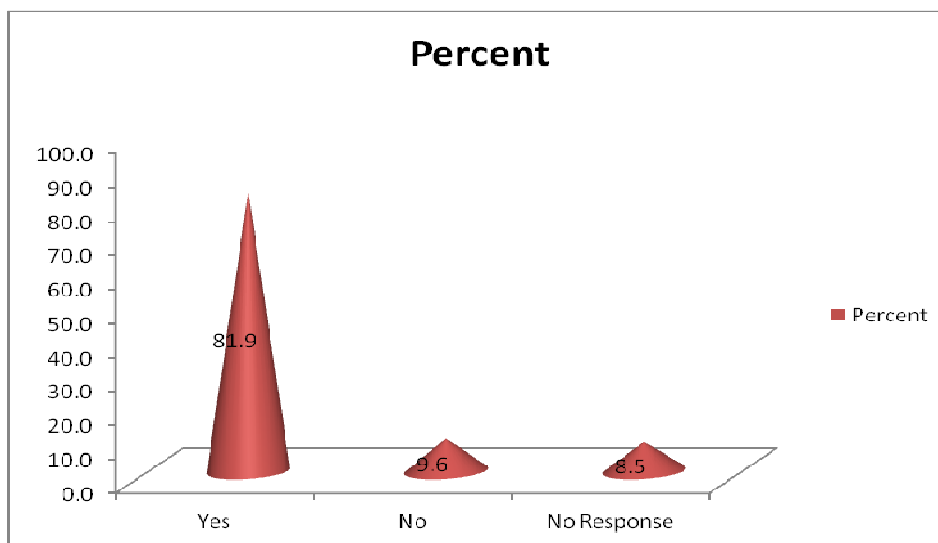
Different messages came out from the audience based on what they individually learnt from the campaign. “Being faithful” at 51.1 percent, “use a condom” at 19.7 percent, dangers of unfaithfulness” at 12.8 percent were the major lessons learnt as identified by most of the respondents. What was learnt was according to the objectives of PSI. Using a condom, bringing out the dangers of unfaithfulness was among the objectives of PSI for the campaign (PSI/Impact, 2013).

1.6 percent of the respondents learnt that having concurrent sexual relationships was good. This was not one of the intended meanings by the PSI. It implies that the meaning of the campaign message was misinterpreted leading to misinformation by the respondents. This could also have come about by the information gotten from friends leading to communication breakdown. The least percentage of the lesson learnt was that women were also involved in extra-marital affairs at 0.5 percent. This implies that the use of female characters in the MWK campaign was an opener to other people who only believed that only men get involved in concurrent affairs.

4.2.3 The audience that understood the message

As much as the respondents said that the campaign message was clear, it was important for the audience to be asked whether they personally understood what the campaign was all about, the responses were presented in the figure 4.9 below.

Figure 4.9 Those who understood the Mpango Wa Kando Campaign



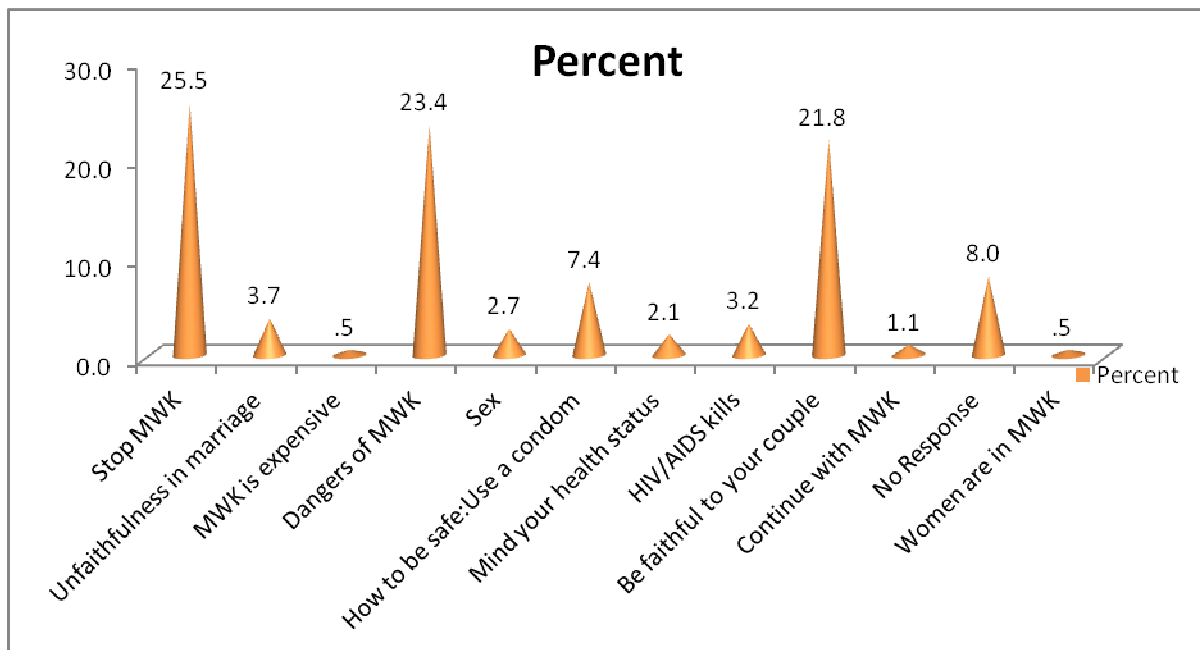
Source: *Research 2015*

81.9 percent admitted that they understood the message. This means that they understood the language used and even the words that the campaign used. This means that intention of the campaign designers was achieved. 9.5 percent did not understand the message. This could be because the conversations in the campaign were contextual and the audience could not understand what the characters were saying and acting out. This would sum up to the respondents not even getting the entire meaning of the campaign. The 8.5 percent that did not respond to the question could be because they never heard or saw the campaign.

4.2.4 Personal Interpretation of the MWK Campaign messages

After the most respondents claimed to have understood the message, they were asked to give their personal interpretation of the Mpango Wa Kando Campaign messages. This was to compare the respondents' interpretation and PSI's intended meaning. The responses are shown below.

Figure 4.10 Personal Interpretation of MWK Campaign



Source: *Research 2015*

The respondents had different meanings attached to the campaign. 25.5 percent interpreted the message to mean, they should cease from having 'Mpango Wa Kando (concurrent sexual relationships)', 23.4 percent interpreted the message to mean they were being warned against the dangers of MWK like contracting HIV/AIDS, causing family conflict. The following messages interpretation from the audience concur with PSI's intention: Stop concurrent sexual

affairs, unfaithfulness in marriage, dangers of MWK such as being expensive, condom use, being faithful to your couple. The interpretations were from most of the respondents meaning that the audience understood the campaign message.

The findings imply that the PSI's aim of advocating for faithfulness in relationships, dangers of having concurrent sexual partners was achieved. According to Scannell (2007), the success of a communication message occurs when the receiver correctly interprets the sent message. This was important because an involved audience extends and fills in meaning and decodes the meaning (Ondimu, 2012).

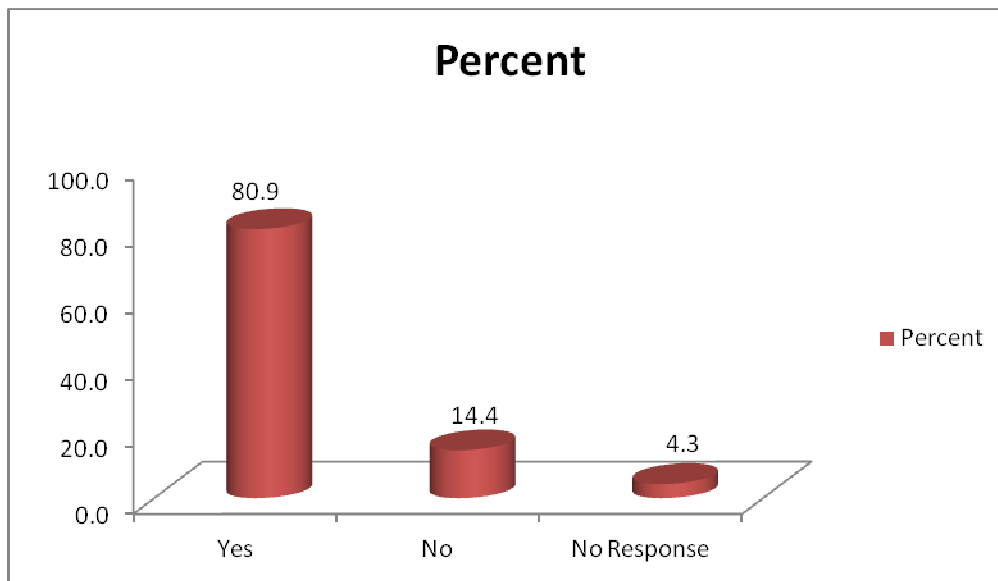
PSI's underlying meaning was to portray that women also get involved in concurrent sexual relationship. This was well perceived by 0.5 percent interpreted the message to mean "women are in *Mpango Wa Kando* (concurrent relationships).

There were contradicting interpretations of the campaign message: 2.1 of the respondents said that the campaign meant "sex" and 1.1 said the campaign encouraged people to have concurrent sexual affairs. This was not in line with the intention of PSI when coming up with the campaign. This was according to Bishop Julius Kalu of the Anglican Church of Kenya, Mombasa Diocese, who said the advert openly agitated for extra-marital affairs and sex. This implies that the campaign was misinterpreted which could lead to negative behaviour change. It also proved that "there is a far more to language and its comprehension than is immediately apparent to the eye or ear at the shallower levels of print or sound" (Smith, 2006: 80).

4.3 Appreciation of the *Mpango Wa Kando* HIV/AIDS campaign messages by the target audience

To determine the extent to which the *Mpango Wa Kando* was appreciated, the respondents were asked whether they liked the campaign or not. The figure 4.11 below shows their responses.

Figure 4.11 Those who liked the advertisement



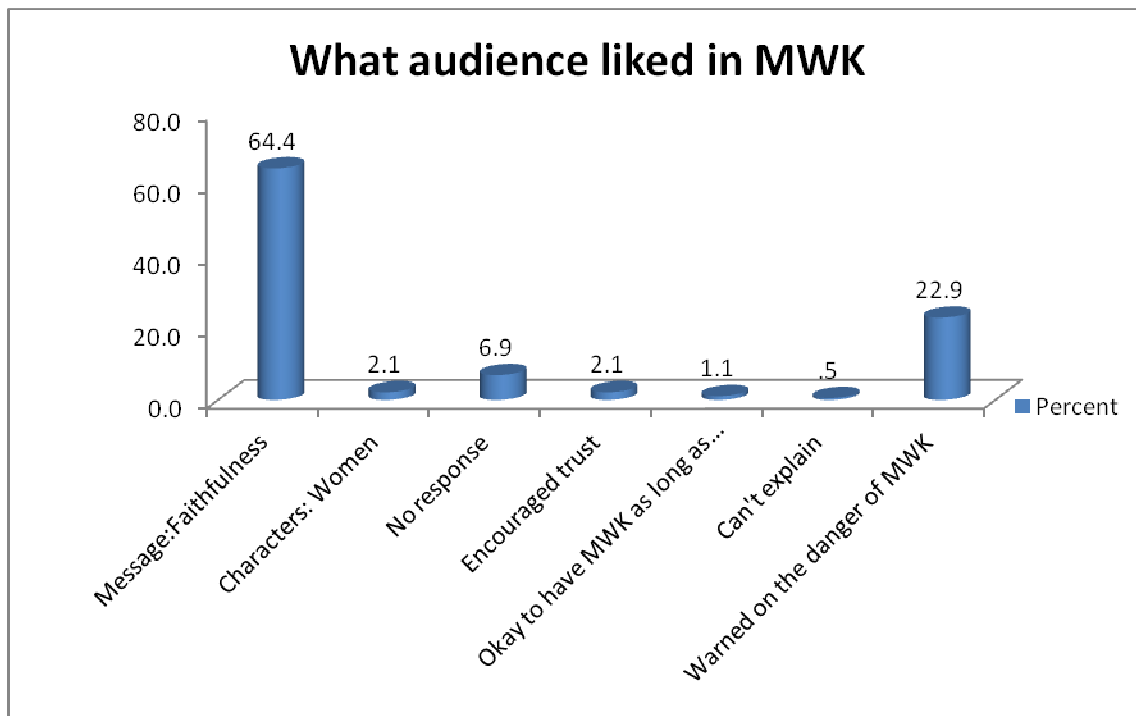
Source: *Research 2015*

80.9 percent of the respondents liked the advert; this could be because of the medium used to run the campaign, the slogan used, the characters, and the message of the campaign. 14.4 percent did not like it. 4.3 percent did not respond. 14.4 percent did not like it because of the message perception, may be they did not find the campaign interesting. 4.3 percent did not respond because they did not see or hear the campaign or they did not have a reason just like the campaign.

4.3.0. What the liked/did not like in the Campaign

To say whether they liked the campaign or not was not enough to reflect the extent of message appreciation, so the respondents were further asked to identify what they liked in the campaign as shown below:

Figure 4.12 What the audience liked in MWK Campaign



Source: *Research 2015*

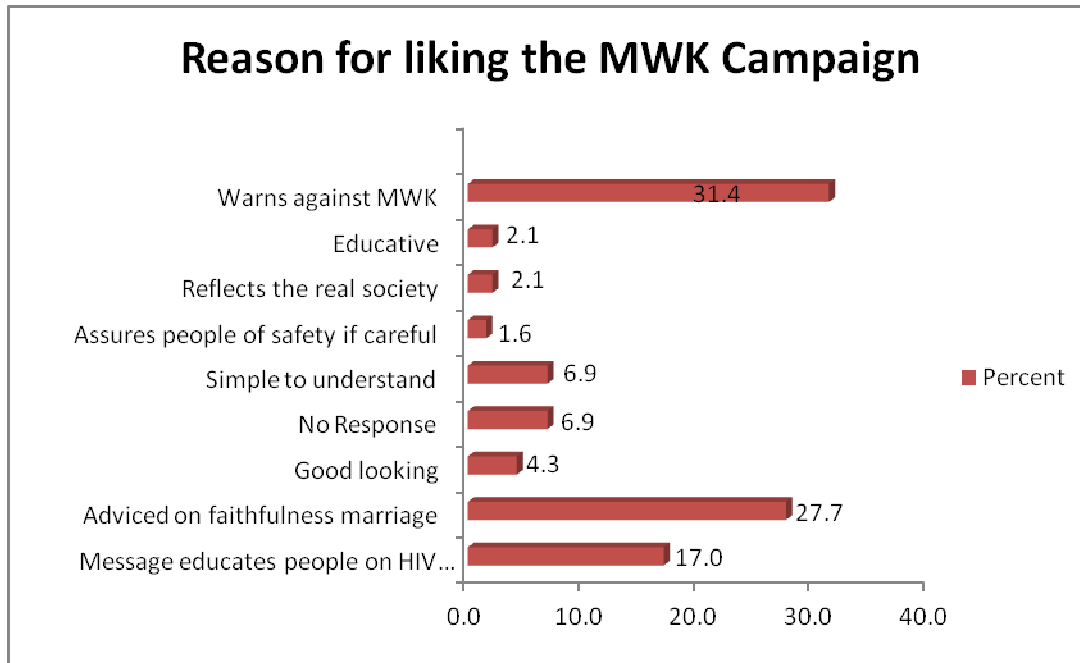
The message stood out to be what was mostly liked by the respondents. The message on “faithfulness” was said to be helpful at 64.4 percent, the message: warning of the dangers of having concurrent relationships was at 22.9 percent. Message of trust was liked by 2.1 percent. Female characters in the campaign were liked by 2.1 percent of the respondents; this was because the respondents appreciated the fact that women could be involved in the concurrent sexual affairs.

On the other hand, 1.1 percent liked the fact that “it was okay for one to have concurrent sexual partners as long as one is cautious.” This implied that the message about use of a condom as an alternative was clearly conveyed to the audience. This was according to PSI’s objective that allowed people to use condoms if they were forced to have concurrent sexual affairs. ‘Women characters’ appealed to a few because it had been initially thought that men were the one involved in concurrent relationships. This agrees with what Abrahams (2007, Para, 4) who says that positive emotional appeal used is exercised by the use of attractive spokesperson, beautiful art, popular songs, memorable words and slogan to draw the audience attention.

4.3.1. The reasons why they liked the campaign

It was important to know the reasons why the respondents liked the campaign and the findings are displayed in the figure 4.13 below:

Figure 4.13 Reason for liking MWK Campaign



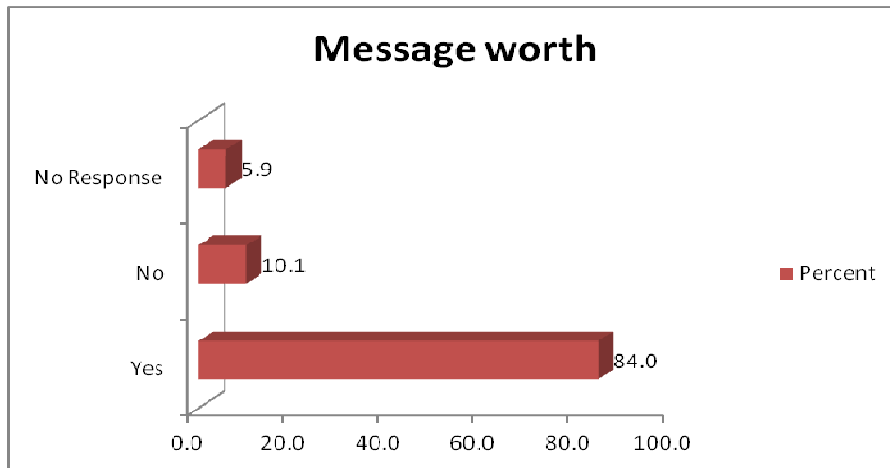
Source: *Research 2015*

In the above diagram, the message was mainly the reason why the respondents liked the campaign. There were different interpretations that led to the message being liked. The message that warned the audience against having “*Mpango Wa Kando*” had 31.4 percent, followed by the message of advocating for faithfulness in marriage at 27.7. It meant that the message portrayed by the campaign was considered helpful as it was educative. This emphasizes on the fact that message was the key aspect that appealed to the respondents. Good looking characters was one of the reasons why the campaign was liked at 4.3 percent this means that the positive appeal intended by the campaign designers worked by using attractive characters and use of memorable slogans.

4.3.2. Those who thought the message was worthy

To further understand whether the message was appreciated, the respondents were asked if they found the *Mpango Wa Kando* message worthy or not. The figure 4.14 below reflects the percentages.

Figure 4.14 Those who appreciated the message: Worth of the message



Source: *Research 2015*

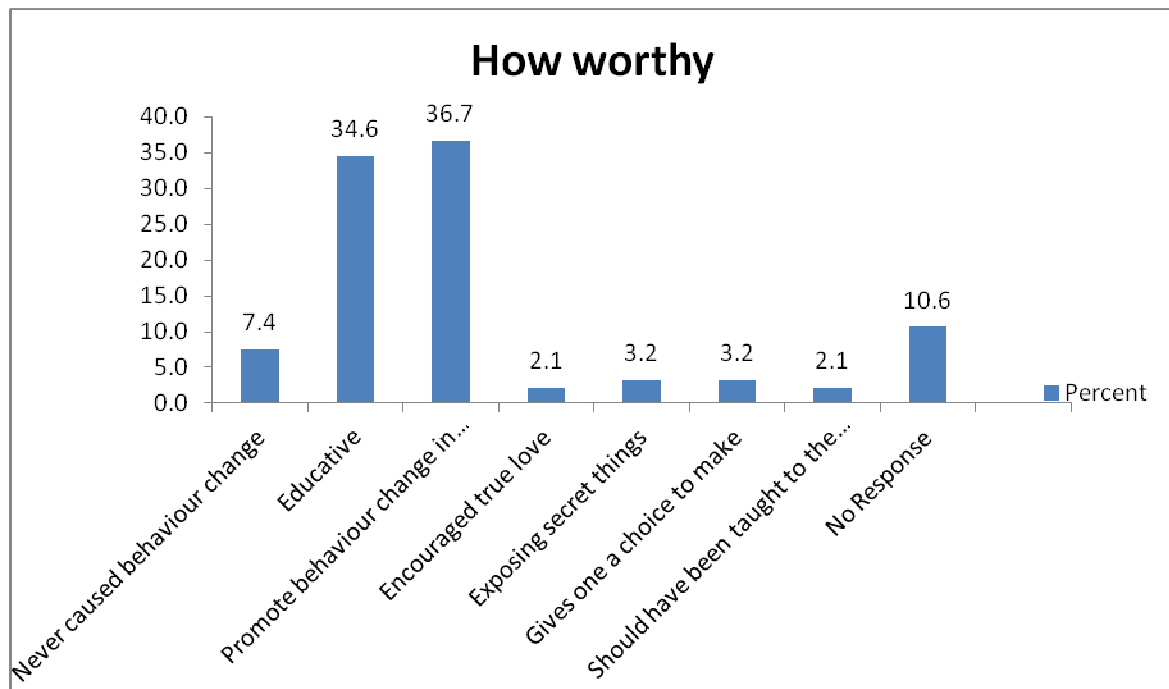
After the campaign was run through different media, 84 percent of the respondents found that it was worth it of the advert to reach them while 10.1 percent did not find the campaign worthy. This could be because the message that was conveyed through he campaign was causing behaviour change. It was also worthy because the message was considered educated and so important for the sexually active age brackets to access so as to achieve positive behaviour change. The worth of the message was also unveiled because the message was trying to address the issues that increase the HIV/AIDS like concurrent sexual relationships. Then the PSI's goal of making the campaign worthy was partly achieved.

For the 10.1 percent of the respondents who did not find the message worthy may not have been involved in the concurrent sexual relationships. It may also imply that the message about HIV/AIDS was already obvious and well known hence some respondents did not find anything new and helpful to them.

4.3.3. How the message was worthy

The respondents were asked to explain how they found the message worthy and their responses were in presented in the figure 4.15 below:

Figure 4.15 How the message was worthy



Source: *Research 2015*

The figure above reveals that the following how the campaign was considered as worthy: The campaign promoted the behaviour change in the youths and couples, it was educative, encouraged true love, exposed secret things, and gave the audience a choice to make. According to respondents the messages conveyed by the campaign was valuable, 36.7 percent said that campaign the message caused behaviour change in the youth and couples, 34.6 percent thought that it was educative on different issues of HIV/AIDS, use of condoms for safety. What came out clearly is that the advert really helped to have positive behaviour change as well as educate the audience on issues of HIV/AIDS.

7.4 percent of the respondents did not find the message worthy because it never influenced their behaviour change. This could be attributed to the fact that they were never interested in the message or they were already knowledgeable of the ways HIV/AIDS infect people. The 2.1 percent thought that the message was targeting the wrong audience hence should have been taught to the married. This was because the setting portrayed a married couple. In the conversations the characters acted out as married. It could have implied that the 2.1 percent were unmarried hence felt left out from the campaign. Therefore if the message is not useful enough to provoke and enhance knowledge in the target audience then they would not be interested in the information they already have (Hanan, 2009)

4.4 Diction of messages used in the *Mpango Wa Kando* HIV/AIDS Campaign

4.4.0. The exact words used in MWK Campaign

For analysis of the word choice used in the *Mpango Wa Kando* Campaign, the respondents were asked to recall the exact words and phrases used in the campaign, they are cleared presented in the table 4.4 below.

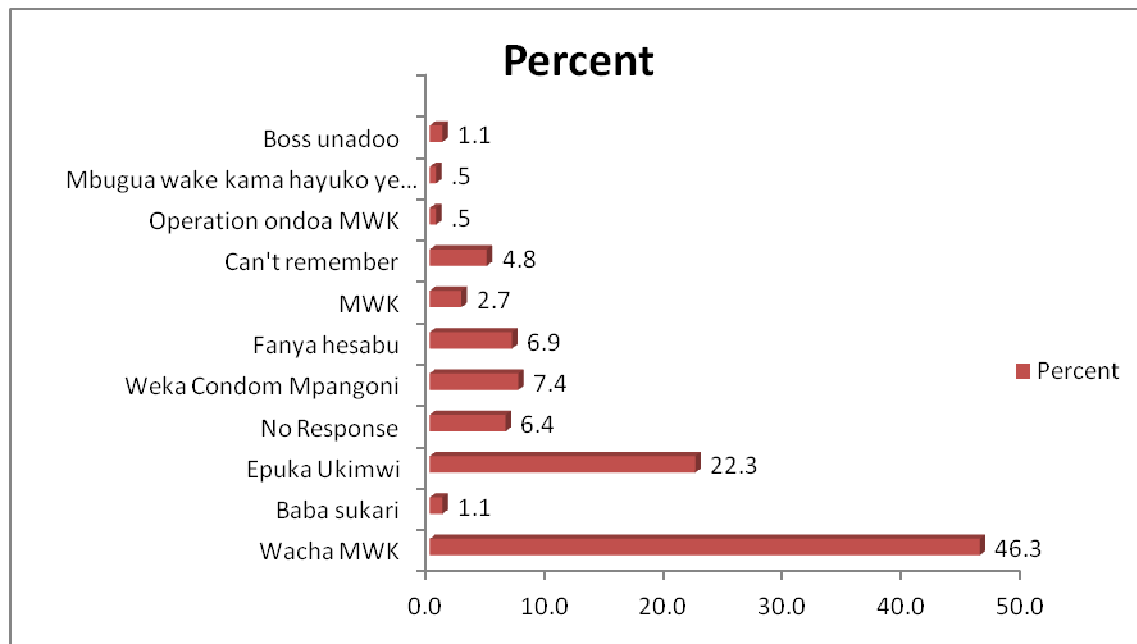
Table 4.4 The exact words used in MWK Campaign

Exact Words used	Wacha MWK	Baba Sukari	Epuka Ukimwi	No Response	Weka Condom Mpangoni	Fanya Hesabu	MWK	Can't remember	Operation Odoa MWK
Frequency	87	2	42	12	14	13	5	9	1
Percent	46.3	1.1	22.3	6.4	7.4	6.9	2.7	4.8	.5

Source: *Research 2015*

Although the exact words used in the campaign have been outlined in the table above, there was need to also portray the percentage of the audience versus the exact words recalled in the figure 4.16 below.

Figure 4.16 The exact words used in MWK Campaign



Source: *Research 2015*

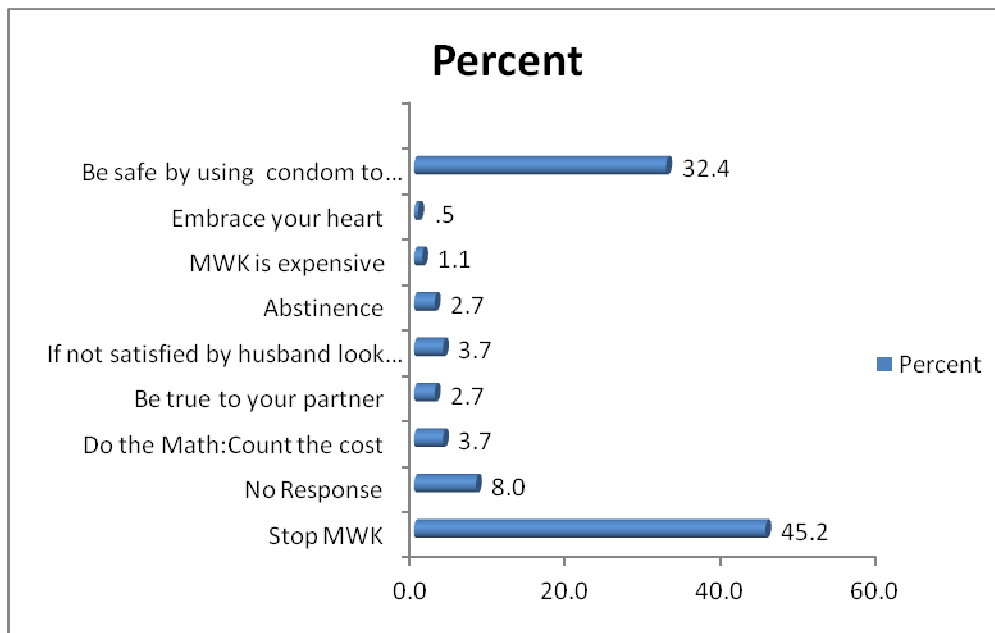
46.3 percent of the respondents said that the exact words used in the *Mpango Wa Kando* campaign was “*Wacha Mpango wa Kando*”. 22.3 percent identified “*Epuka Ukimwi*” as words used. 7.4 said “*Weka condom Mpangoni*” as the words used. According to the trends of the responses, 6 out of the 9 phrases identified by the respondents were used in the *Mpango Wa Kando* campaign. It implied that information was sent to the receiver in words and the code used by the campaign designers were in Kiswahili, a language that the respondents understood. This agrees with what Hargie & Dickson (2004) refer to as a code-“a system of meaning shared by a group”. The findings showed that the campaign used memorable slogan “*Mpango Wa Kando*” that the audience remembered considering that the campaign was aired in 2009-2011 and the research done in 2015.

6.4 people did not respond to the question because they never saw or heard about the campaign, while 4.8 percent could not remember the exact words used in the campaign. On the other hand other respondents recalled some phrases which were not used in the *Mpango Wa Kando* Campaigns: “*Baba sukari*”, “*Mbugua wake kama hayuko ye hutumia condom*”, “*Boss unadoo*”. It could be because the respondents confused the words with those used in the MWK Campaign. Another reason was because the period between when the campaign was run 2009-2011 and 2015 when this research was carried out was long hence the respondents forgot the exact words used.

4.4.1. The meaning of the exact words used in Mpango Wa Kando Campaign

For the study to analyse the diction used in the campaign the meaning of the words identified was paramount, therefore the respondents were asked to give the meaning of the words used in the campaign. The figure 4.17 below presents the various meanings and the percentages of the respondents.

Figure 4.17 Meaning of the words used in MWK



Source: *Research 2015*

45.2 percent interpreted the “*Wacha Mpango Wa Kando*” (stop concurrent sexual relationships) to mean those with extra marital affairs to stop, Use of condom to be safe from HIV/AIDS at 32.4 percent was one of the meanings derived from the campaign. The following meanings interpreted by the respondents were similar to the PSI intended meaning to meet their objectives: Stop concurrent relationships, use of a condom, concurrent relationships being expensive (Do the math), and being true to partners hence the objectives of PSI were achieved.

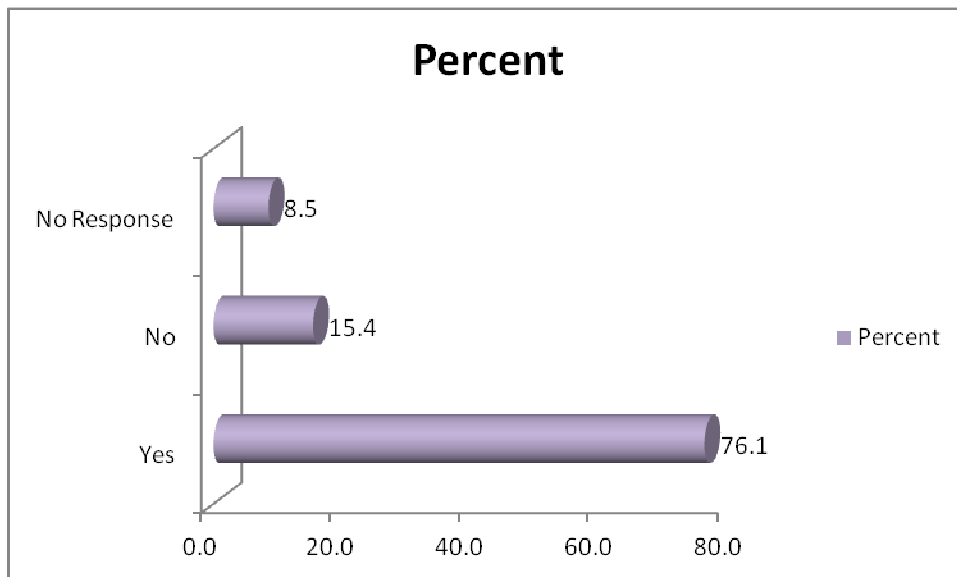
3.7 percent thought that the words used meant that one should look out for “*Mpango Wa Kando*” (concurrent sexual partner) if not satisfied by the husband. This could be because of the tagline “*Weka Condom Mpangoni*” which other respondents thought encouraged extra marital sex by the campaign encouraging people to use condoms. 8.0 percent did not respond to this question. This implies that as much the most of the respondents interpreted the words in line with the PSI aims to encourage condom use and keeping off concurrent affairs, the campaign did not fully achieve its role of communicative purpose. It proves that the audience did not receive the advertiser’s point with the same meaning as that of the author of the advert when the advert was being crafted hence language can either be effective and ineffective depending on how the advertiser uses it (Harnish, 1997:347)

According to Smith (2006: 80), there are utterances which can be interpreted in a different way which might result in loss of meaning in the HIV/AIDS advertisements. For example the meaning “embrace your heart” at 0.5 percent and “abstinence” at 2.7 percent was not one of the objectives of the advert laid down by PSI. There are different meanings attached to the phrases used in the MWK Campaign because according to Clark (2013), the receiver translates messages into their own experiences and isn’t obliged to accept or decode messages as encoded by the sender. 5 out of the 8 meanings attached to MWK were correct interpretation according to the aims of PSI hence considering the campaign as a form of communication a success (Scannell, 2007).

4.5. Impact of the HIV/AIDS messages as packaged and conveyed by *Mpango Wa Kando* Campaign.

To understand the impact of the MWK Campaign, the respondents were asked whether the words used in the campaign would cause them to change in behaviour. Find their responses in the figure 4.18 below.

Figure 4.18 If the words used in MWK could encourage behaviour change



Source: *Research 2015*

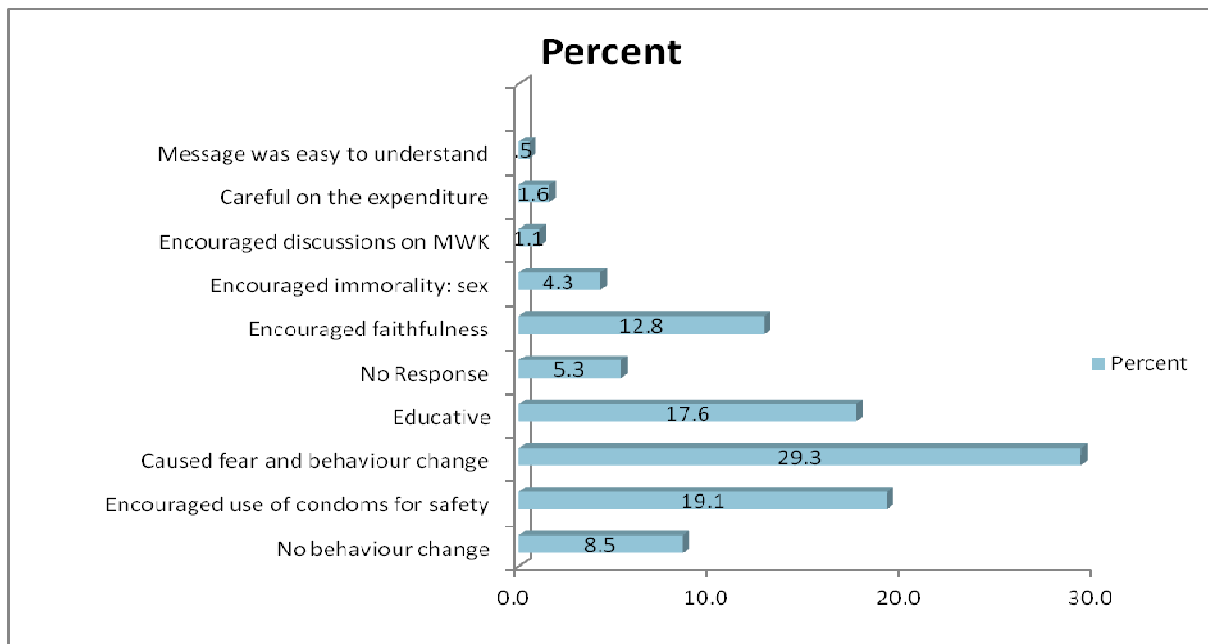
As for 76.1 of the respondents the words used in the campaign could impact one’s life by encouraging behaviour change. This implies that knowledge from the campaign translated to behaviour change. It was not clear whether the audience actually changed their behaviour after being educated by the campaign. This means that PSI should carry out a study to know the

extent of behaviour change as a result of the *Mpango Wa Kando* Campaign. 15.4 percent said otherwise because they did not feel obligated to change or the message was not persuasive enough to change their behaviour. 8.5 percent did not respond to the question.

4.5.0. How the words caused behaviour change

The figure 4.19 below shows why the respondents were asked how the words used in the campaign would cause behaviour change

Figure 4.19 Explain how the words caused behaviour change



Source: *Research 2015*

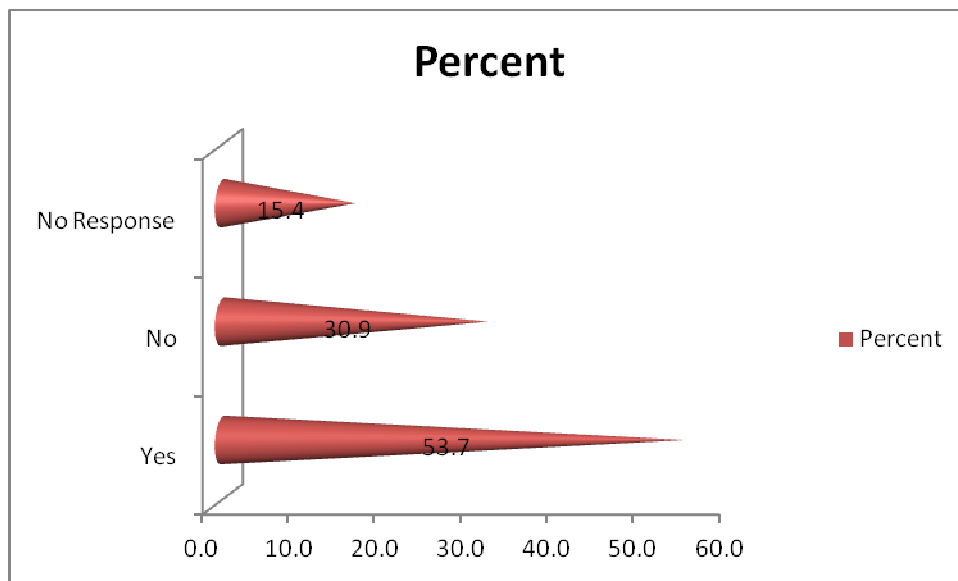
Majority of the respondents at 29.3 percent said that the message could cause behavioral change because it caused fear in the audience, 19.1 percent thought there would be change in behaviour because the campaign encouraged people to use condoms for safety. The fear as the stimulant to cause behaviour change indicated that people only change when they are scared of the consequences of not doing what the campaign demands. The fear appeal has also worked for majority of the respondents because it was used to scare people who don't do what the message says (Witte, 1992, pp. 329-349). 17.6 percent saw the message as educative hence could compel one to change their behaviour. 1.6 percent thought that the campaign made them to spend carefully, which was similar to the objectives of the campaign tagline "*fanya hesabu*" (Do the math)

However, the 8.5 percent of the respondents thought their words used could not make them change their behaviour. 4.3 percent thought the campaign encouraged sexual immorality. It implies that they were not persuaded by the words used in the campaign. Additionally, the respondents may have misinterpreted the message to mean that people should engage in concurrent sexual behaviors which translated to immorality. These meant that the basic purpose of messaging in health communication to get the audience attention and convince the audience to change their behavior according to the communicators point of view according to Ferguson (1999, p.149) was partly not achieved.

4.5.1. Effect of the campaign on personal behaviour

After knowing that the campaign would cause behaviour change, the figure 4.20 portrays the respondents' response after they were asked whether the campaign caused them to personally change their behaviour or not.

Figure 4.20 Effect of the words on own behaviour



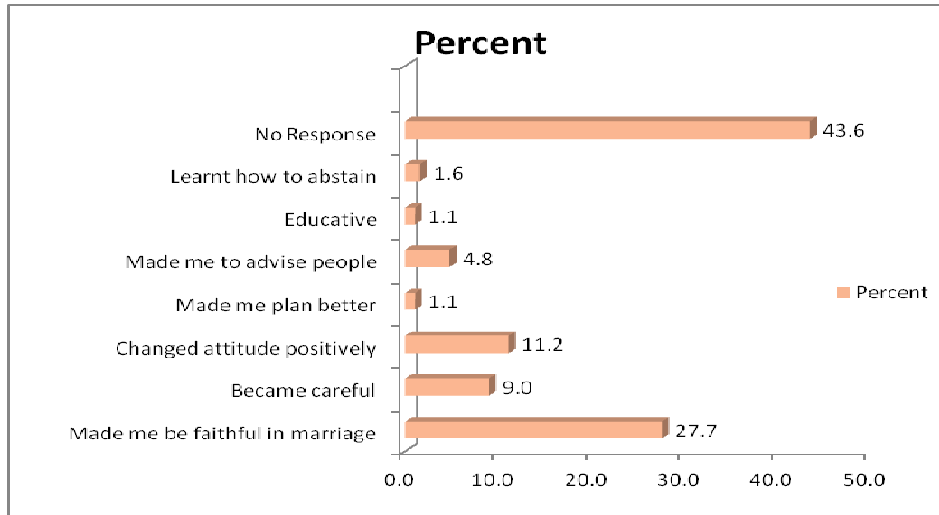
Source: *Research 2015*

53.7 percent of the respondents agreed that the words used in the campaign caused them to change at a personal level. This implied that the knowledge on concurrent affairs persuaded them to stop having a network of sexual partners. 30.9 percent thought otherwise. This could imply that the message was not persuasive enough to cause behaviour change. There was no response from 15.4 percent of the respondents. This implies that the goal of the campaign could be met if the audience makes a personal decision to actually change in behaviour.

4.5.2. How the words changed personal behaviour

The respondents were asked to identify they changed their behaviour as a result of the message in the campaign. The figure 4.21 clearly illustrates the responses in percentage.

Figure 4.21 How the words changed personal behaviour



Source: *Research 2015*

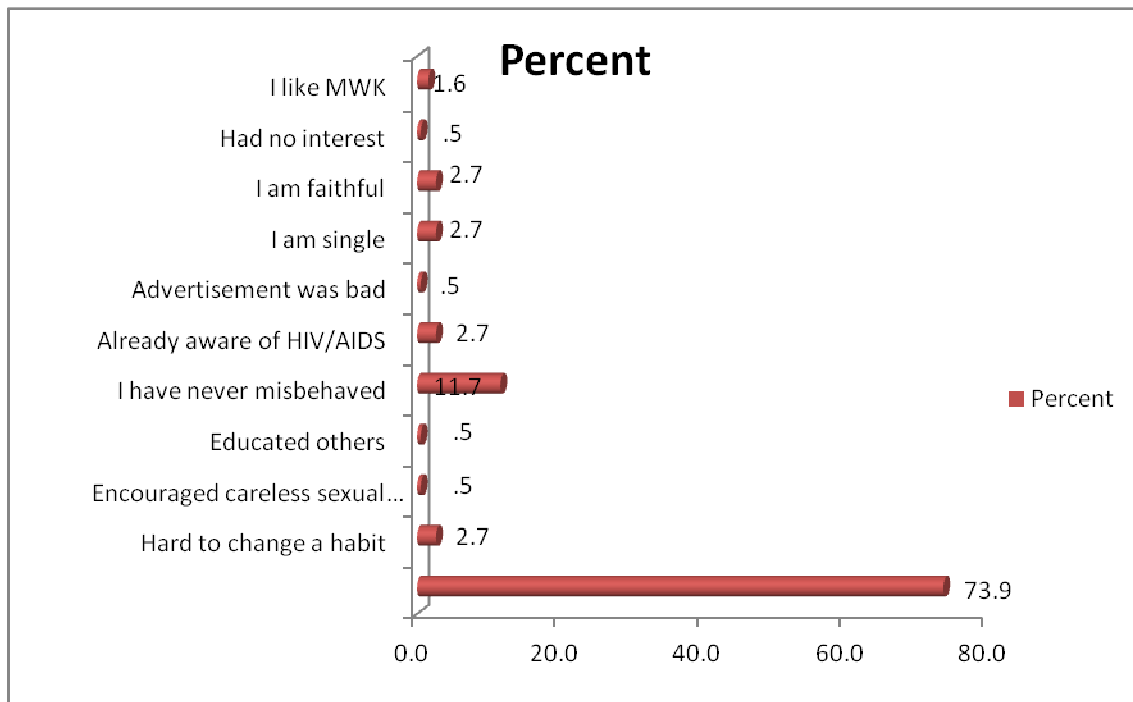
The graph shows the personal behaviour outcome of the campaign: Led to faithfulness in marriage, caused the respondents to advice other people as the campaign was educative, planning was improved especially financial, positive change of attitude, and some respondents became more cautious. All the above behaviour change was anticipated by the PSI when it initially put up the advert.

According to the findings of this study, 27.7 percent agreed that the words used in the campaign made them be faithful to their marriages. 11.2 percent changed their attitude positively. This could be because of their personal decision to actually become faithful as the message persuaded them. This implies that messages positively impacted the audience as they were able to practice what was conveyed in the campaign. The influence the message had on the audience was that some respondent decided to disseminate the information they got to other people persuading them to change their behaviour positively. 43.6 percent did not reveal if their behaviour changed as a result of the campaign.

4.5.3. Why the respondents thought words would not change their behaviour

To understand more about the impact of the campaign messages in the respondents, the respondents were asked why they would not change their personal behaviour as a result of the campaign. The figure 4.22 below clearly shows their response.

Figure 4.22 Why the respondents thought words would not change their behaviour



Source: *Research 2015*

11.7 percent of the respondent said they have not been impacted by the campaign because they initially have been well behaved and have not misbehaved. This was because the respondents were not affected by the unfaithfulness in marriages hence there was no need to change. 2.7 percent said they had been single; this implies that the unmarried perceived the campaign to only target the married. This was not the case as PSI targeted all the sexually active males and females. 2.7 also thought it was hard to change a habit. 73.9 did not respond because they had already said that the message impacted their life. The reasons were thought to be hindrances to the full success of the campaign. This shows that listening or watching a campaign advocating for behaviour change does not automatically lead to behaviour change because Wyss (2001) says that mass media messages are an important source of knowledge regarding HIV and AIDS but this knowledge alone does not translate to behavior change.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0. Introduction

The chapter is out to discuss the summary, conclusion and the recommendations. The contribution of the study to literature, theory and professional practice is exploited so as to understand the importance of the study. The area of future researchers is also paramount in this chapter to help future researchers find possible topic to study. It also concludes the entire research by giving the summary of the key findings of the study.

5.1. Summary of the Key Findings

It was established that most respondents understood the meaning of *Wacha Mpango Wa Kando* as to cease having an extra marital affair among married people. The respondents learnt to be faithful, use a condom, be cautious, the dangers of having concurrent sexual relationship, women were also involved in the concurrent relationships and being responsible. The interpretations by the respondent were similar to the campaign objectives of the campaign stakeholders, they included: stopping concurrent relationship as they were expensive, dangerous, use a condom, unfaithfulness in marriage.

In determining the extent to which the campaign message was appreciated, the message was liked by the respondents because of the simplicity of the message, it warned against having concurrent affair. The choice presented to the audience of avoiding concurrent relationships or using a condom if one is forced to have one appealed to some of the respondents. Characters also appealed to the respondents: Female characters' being involved was an eye opener that women get involved in the concurrent sexual affairs. In addition the message was considered worthy as it was educative on the issues of HIV/AIDS and its promotion of positive behaviour change in the youth and couples.

The diction of used in *Mpango Wa Kando* Campaign was analyzed and the meaning of the words also collected from the respondents. The exact words used identified by the respondents were "*Mpango Wa Kando*" (concurrent sexual relationship hence retention of information was successful through repeating of the messages. It was established that the respondents identified the exact Swahili words used in the various versions of *Mpango Wa Kando* Campaign: *Wacha Mpango Wa Kando*, *Fanya hesabu*, *Epuka Ukimwi*, *Weka Condom Mpangoni* among others. The meanings of the words according to the respondents were: Stop concurrent relationships,

count the cost of having side relationship by doing the math, avoid AIDS, use a condom in your concurrent relationships respectively. However the respondents interpreted the meaning of the words to mean: concurrent relationship is good, unfaithfulness was encouraged in case one is not satisfied with a sexual partner. This means that the message was partly misinterpreted because the audience could have inferred the meaning if the words. This means that the words used were ambiguous.

The study established that the words used in the campaign yielded positive behaviour change. Fear appeal caused the respondents to change their behavior, the message was considered to be persuasive and straight to the point. The respondents became faithful, be careful on expenditure, change their attitude positively. Base on the reason for behaviour change the objectives of the campaign were achieved by the PSI, NASCOP and the Ministry of Health. On the other hand other respondents thought they would not change behaviour because of the campaign as they were never affected by concurrent relationships. Other respondents felt that the message was not targeting them as they were single. Lack of interest was another reason why other respondents did not change their behaviour. It was clear that the campaign did not yield a hundred percent positive behaviour change due to the reasons given above.

5.2. Conclusion of Study

In conclusion, the understanding of a message had language considerations as the campaign used Swahili which is an official language understood by most Kenyans. This means that the language used was very simple without technical terms or jargon. This helped to reduce controversy that arises from misinterpretation of the campaign messages. Most of the respondents agreed to have understood the campaign having interpreted the message in the same way as the campaign designer. This means that the objectives of using a condom, warning against concurrent sexual behaviour, encouraging of faithfulness by PSI were achieved. It was also thought that the message was worthy to be communicated to the audience because of the educative nature of the message. The issues of HIV/AIDS addressed in the campaign were important especially addressing concurrent sexual affairs as the ways HIV/AIDS is spreading faster, encouraging people to use condoms if they cannot keep off MWK.

Behaviour change is a personal decision after the campaign designer gets the message out to a wide audience, with clarity, appeal and understanding. This is because skill acquisition,

changing behaviour, remembering, and retrieving information are the bases of changes in beliefs, attitudes, and behaviors. It is the measurable behaviour that the campaign designer would like to get because only through evaluating results can a campaign planners determine the success of communication campaigns (McGuire, 1989). When behaviour does not change, the messages from preceding campaign could have influenced the audience before the campaign was aired which does not equate to failure of the campaign.

5.3. Recommendations

5.3.0. Involve women characters

There is need for PSI and other campaign designers to involve women characters more in the upcoming campaigns so that the audience gets used to the fact that women are also affected by HIV/AIDS. In HIV/AIDS communication campaigns celebrities play an important role in creating a positive emotional appeal for dispelling the ignorance of the public and removing social stigmas related to this disease (UNAIDS, 2005, paras, 8-16). To enhance message understanding, there is need for considering reference group. This refer to a group which a person aspires to associate himself with, hence, it is a very effective technique to convey message by giving representation to that particular group or a person belonging to that group.

5.3.1. Follow up Campaign

A follow up campaign should be designed so as to clarify the rumors or misinformation about a particular HIV/AIDS campaign. This is to avoid continuous damage in terms of misconceptions and misinterpretation of the campaign messages. Media advertisements should not leave people guessing on the intended message; but they should aim for accuracy and reduce ambiguity by constructing advertisements based on the linguistic and socio-cultural resources familiar to the target to enhance the meaning making process. However, “there is a far more to language and its comprehension than is immediately apparent to the eye or ear at the shallower levels of print or sound” (Smith, 2006: 80).

5.3.2. Change strategy of campaign

HIV/AIDS campaign designers as the government, PSI and other organizations should focus more on dealing with tangible behaviour change as opposed to knowledge and awareness. This is meant to compare the impact of behavioral change at an individual level and knowledge so as to get root cause of HIV/AIDS infections. This in line with Avant Garde Media (2008) who says policy makers can structure future campaigns and awareness messages so that they are

more appealing to the audience and as a result, more likely to bring about the desired change in behaviour among that will lead to safer sexual habits and practices.

5.3.3. Meaning of Words

Campaign designers should seek to find out from the words that don't provoke more than one meaning. This is to understand what makes the audience inference and fill in their own meaning different from the original author's intention thereby affecting the interpretation of messages. This is because the advertiser may employ vocabulary chains which are features of cohesion. Brigid et al (2006:8) describes vocabulary as the association between words from which the meaning of advertisements is derived without the influence of the reader or listener. It enables the advertisements to achieve the informative and persuasive intent. This reflects that language can be properly manipulated to become a perfect medium of communication making people realize meaning. Advertisements can use closed forms of texts that strongly encourage and prefer a particular meaning which allows little space for the readers to deduce their own, which would certainly be different.

5.3.4. Consulting other key stakeholders

They should also consult with other stakeholders like the religious leaders to deliberate on their doctrines, beliefs and practices. This is to ensure that key organizations speak one voice concerning HIV/AIDS. This will call for consensus building among the various players towards fighting HIV/AIDS. This is because they very influential and hold key positions in the society. Fishbein et. al. (1994) says that it is important to recognize which of the two (norm and attitude) exerts greatest influence on the population so as to use the right population strategy. According to Canadian Journal of Media Studies, Vol. 5(1), socio-cultural and religious aspects must be considered for effective message construction. The communicator must consider cross-cultural implications in the choice of certain symbols and colors for particular ethnic group (Hanan, 2009)

5.3.5. Relate knowledge and behaviour change

The campaign designers should find out why people do not change their behaviour despite being equipped in knowledge about HIV/AIDS. This is to assist the government use the most appropriate way of fighting HIV/AIDS. Feedback from the audience on what will help them change their behaviour could be more helpful. Providing information alone is not enough to change behaviour (Avant Garde Media, 2008).

5.4. Areas for Future Research

A study should be done by the campaign designers to understand the semantic dynamics of the audience. This is in terms of how the audience can understand HIV/AIDS campaign differently from the intended meaning of the designer. This is because, Eco (1979) suggests that a viewer goes through the process of synthetic inference which involves both denotative (realism, representation) and connotative (associations, attitudes, emotions) processes. An involved audience extends and fills in meaning, as well as decodes the meaning (Ondimu, 2012). Semantics as the study of meaning will delve deep into the different meanings attached to a word and the implications of the different meaning of words. This will help the campaign designers to use phrases that do not have double and ambiguous meaning.

Studying the negative behaviour change catalyst as much as there has been different HIV/AIDS campaigns. The study should look at the relationship between knowledge and personal initiative to change. Theory of Reasoned Action assumes that humans are rational in their decision making process and that the behaviors being explored are under volitional control. The theory provides a construct that links individual beliefs, attitudes, intentions and behaviour (Fishbein et al., 1994). Wyss (2001) points out that mass media is a source of knowledge regarding HIV and AIDS but positive behavior change cannot be realized by this knowledge alone. This will enable the government as one of the major health stakeholders to use different strategies that will encourage positive behaviour change.

A research about the characters used in the Mpango Wa Kando and their effect on the campaign outcomes should be another area of exploration. This is to understand the position and the role of women in HIV/AIDS campaigns. These will PSI and the government to focus on the aspects of gender stereotypes in the fight against HIV/AIDS. Reference groups should be involved to enhance message understanding. This refer to a group which a person aspires to associate himself with, hence, it is a very effective technique to convey message by giving representation to that particular group or a person belonging to that group. (UNAIDS, 2005, paras, 8-16).

5.5. Contribution of Study

5.5.1. Contribution to literature

This study of how messages were appreciated, understood in Mpango Wa Kando campaign has enriched the principle of message translation according to Clark (2013), who says that the receiver translates messages into their own experiences and isn't obliged to accept or decode messages as encoded by the sender. It has given data about the different meanings that were derived from the Mpango Wa Kando despite the clear intention of the advertisement designer. It has shade light on the major aspects of the campaign that led to the audience not appreciating the message.

5.5.2. Contribution to theory

The research about the exact words used, meaning attached, understanding , liking and possibility of behaviour change after exposure to MWK supports the Input/output Persuasion Model when majority of the respondents interpreted “Wacha Mpango wa Kando” to mean “stop having concurrent sexual affairs”. This means the input (message) was correctly manipulated by the campaign designers to give desired output. It's in support of McGuire (1989) as cited in Darteh (2011) who advocates that "input/output" matrix to be manipulated and measured when planning and evaluating communication campaigns. The inputs (sources, messages, channels, receivers and intent) are usually manipulated to achieve certain outputs because the input components are independent variables. Twelve output (exposure, attention, liking, comprehending, Acquiring skills, changing behaviour, remembering, and retrieving information of the message in the communication campaign are the bases for long-term changes in beliefs, attitudes, and behaviors. The reaction of the respondents showed that there was low level of misconception hence a bit of failure as McGuire (1989) variables are measured by evaluating the reactions of the public to the sources, messages, channels, receivers, and intent within the context of the model.

The finding that respondents would change their behaviour is not predictable because TRA assumes that humans are rational in their decision making process and that the behaviors being explored are under volitional control. The theory provides a construct that links individual beliefs, attitudes, intentions and behaviour (Fishbein, Middlestadt & Hitchcock 1994). According to (Yoder, 1997 as cited in Airhihenbuwa, 2000, pp5-15), individual evaluate information that may result in action within external constraints, which are influenced by power relations in the society.

A specific behaviour is defined by a combination of four components: Action, target context and time. This study has supported this tenet hence will help the advertisers to explore other ways of increasing tangible behavioral change.

The study contributes to the professional practice in different ways. If the relationship between knowledge and behaviour is established it will make the campaign expertise to craft campaigns in the ways that intended outcomes will be achieved they find out the best way to positive behaviour. The recommendations will help the media practitioners to be able to predict the outcome of a campaign as a result of meaning formation. Researchers in HIV/AIDS will increase in their knowledge through this study hence helping them explore areas they have not been focusing on.

BIBLIOGRAPHY

- Abrahams, B. (2007). Celebrity support of Aids: The effectiveness of celebrities in destigmatizing AIDS sufferers. Retrieved on March 2008 from, http://aids-hiveducation.suite101.com/article.cfm/celebrity_support_of_aids African Population Studies Vol 25, 1 (April 2011)
- Ajzen, I & Fishbein, M. (1975). *Belief, attitude, intention and behavior: An introduction to theory and research*, MA: Addison-Wesley
- Alan, B & Duncan, C (1994) *Quantitative data analysis for social scientists* (rev. ed.). Florence: Taylor & Frances/Routledge. (Xiv 294 pp.)
- Atkin, A. (2005).“Peirce On The Index and Indexical Reference”. Transactions of The Charles S. Peirce Society. 41 (1), 161–188.
- Ausburn, L & Ausburn, F (1978). *Visual Literacy: Background, Theory and Practice*. PLET
- Barthes, R (1999 [1973]). ‘Myth Today’, in Jessica Evans and Stuart Hall (eds) *Visual Culture: The Reader*, pp. 51–8. London: Sage
- Bacino, M., Epstein, A., & Green, J. (Producer), & Stern, S., H. (Director). (1996). *Breaking the surface: The Greg Louganis Story*. [Motion picture]. USA: USA Pictures.
- Bergstrom, B (2008). *Essentials of Visual Communication*. UK, Laurence King Publishing.
- Berlo, D. K. (1960). *The process of communication*. New York, New York: Holt, Rinehart, & Winston.
- Butland, M (2012): Chapter 1 from Mark Butland's *Achieving Communication Competence: An Introduction to Human Communication* ISBN: 978-1-4652-0063
- Cassell M, Halperin D, Shelton J, et al. *Risk compensation: The Achilles' heel of innovations in HIV prevention?* BMJ 2006;332:605-7.

C-Change. 2011. *Voluntary Medical Male Circumcision (VMMC) Communication Material Adaptation Guide*. Washington DC: C-Change/FHI 360

Consultant, 2012, "Kenya (2012): Pretest of 2012 *Mpango Wa Kando Campaign*", <http://hdl.handle.net/1902.1/19671> UNF: 5: DMFaCHUjRYwq//3YoVy7Ng== V2 [Version]

Dr. Roger Sapsford, Victor Jupp: *Data Collection and Analysis*: ISBN0-7619-5046-X (1996)

Evens E, Lanham M, Hart C, Loolpait M, Oguma I, et al. (2014) *Identifying and Addressing Barriers to Uptake of Voluntary Medical Male Circumcision in Nyanza, Kenya among Men 18–35: A Qualitative Study*. PLoS ONE 9(6): e98221. doi:10.1371/journal.pone.0098221

European Scientific Journal November edition vol. 8, No.27 ISSN: 1857 – 7881 (Print) e - ISSN 1857- 7431

Hankins C, Forsythe S, Njeuhmeli E (2011) *Voluntary medical male circumcision: an introduction to the cost, impact, and challenges of accelerated scaling up*. PLoS medicine 8: e1001127. doi: 10.1371/journal.pmed.1001127

Hanan, A (2009) *HIV/AIDS Prevention Campaign: A Critical Analysis*. *Canadian Journal of Media Studies*. Vol 5 (1).

Hannan, M.A. *HIV/AIDS Prevention Campaigns: A Critical Analysis*. *Canadian Journal of Media Studies*, Vol. 5(1) <http://cjms.fims.uwo.ca/issues/05-01/hanan.pdf>

Herman-Roloff A, Llewellyn E, Obiero W, Agot K, Ndinya-Achola J, et al. (2011) *Implementing Voluntary Medical Male Circumcision for HIV Prevention in Nyanza Province, Kenya: Lessons Learned during the First Year*. PLoS ONE 6(4): e18299. doi:10.1371/journal.pone.0018299

Hogben M, Liddon N. *Disinhibition and risk compensation: scope, definitions, and perspective*. *Sex Transm Dis* 2008;35:1009-10.

<http://her.oxfordjournals.org/content/early/2013/11/29/her.cyt103.full#ref-14>
<http://www.irinnews.org/report/91795/kenya-fidelity-campaigns-could-take-years-to-see-results> <http://www.psikenya.org/index.php?id=35> <https://www.change.org/p/psi-kenya-and-nascop-to-stop-the-walinde-uwapendao-adverts-on-tv-radio-and-social-media>
<http://www.fhi360.org/sites/default/files/media/documents/youth-sexual-reproductive-health-interventions-kenya.pdf>
<http://www.comminit.com/hiv-aids/content/nimechill-i-have-chilled-or-i-am-abstaining>
http://www.malecircumcision.org/programs/documents/Kenya_VMMC_Communication_Strategy.pdf

IOSR Journal Of Humanities And Social Science (IOSR-JHSS) Volume 19, Issue 3, Ver. I
(Mar. 2014), PP 85-92 e-ISSN: 2279-0837, p-ISSN: 2279-0845. www.iosrjournals.org

International Journal of Social Science Research ISSN: 2289-3318 Vol. 1, Issue 1, pp: 19-27
(2013)

J Appl Behav Anal. 1968 Summer; 1(2): 175–191. doi: [10.1901/jaba.1968.1-175](https://doi.org/10.1901/jaba.1968.1-175) James, M. (2011). *Ready, aim, fire: Key messages in public relations campaigns.* *PRism* 8(1): <http://www.prismjournal.org/homepage.html>

Journal of Health Communication, Volume 2 (Supplement), pp.5-15, 2000

Jui-Shan C; *Scripting Extramarital Affairs: Marital Mores, Gender Politics, and Infidelity in Taiwan*, 1999; 25 (1), 69-99.

Juma, M (2001). *Coping with HIV/AIDS in Education. Case of Kenya and Tanzania.* London: Commonwealth Secretariat

Kenya. MOH. 1998. *AIDS in Kenya: Background, projections, Impact, Interventions*, 4th ed. Nairobi: NASCOP

Kenya. MOH. 1999. *AIDS in Kenya: Background, projections, Impact, Interventions Policy*, 5th ed. Nairobi. National AIDS/STDs Control

Kenya. MOH. 2001. *AIDS in Kenya: Background, projections, Impact, Interventions and Policy*, 6th ed. Nairobi: National AIDS/STDs Control

Kenya. MOH. 2005. *AIDS in Kenya: Trends, Interventions and Impact*, 7th ed. Nairobi: National AIDS/STDs Control

Kenya National Strategy for Voluntary Medical Male Circumcision (2009 Communication Strategy for Voluntary Medical Male Circumcision in Kenya.

Kiai and Nduati (1996), *Communicating with Adolescent on HIV/AIDS in East and Southern Africa*. Nairobi: Ruth Nduati, Wambui Kiai

Lagarde, F. & Banks, P. (2007). *A Guide to Planning Effective Health Communication Campaigns for Gay Men*. Vancouver, BC: AIDS Vancouver

Mabachi, N. M (2008) *What Makes Some Campaigns More Effective Than Others? An Analysis of Three Mass Media PSI HIV/AIDS campaigns in Kenya*. University of Kansas: ProQuest

Maroncha, L (2015) *Key Correspondence Reporting for Action On HIV: Condom advert – HIV prevention or infidelity promotion?*

Marube, A. *Media Campaign and Knowledge on Extra Marital Affairs: Case of Mpango Wa Kando Advert in Kenya*. Moraro University of Nairobi, Kenya

Making Health Communication Programs Work, first printed in 1989, which the Office of Cancer Communications (OCC, now the Office of Communications) of the National Cancer Institute (NCI) -U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES• National Institutes of Health National Cancer Institute

Mary Ann Seday, 2008, "*Kenya (2008): FoQus on Concurrent partnerships - Developing the follow-up campaign to the Mpango Wa Kando MCP Campaign.*", <http://hdl.handle.net/1902.1/JIRX8> PSI [Distributor] V4 [Version]

Ministry of Health (2013) *Adolescent and Youth Sexual and Reproductive Evidence Based Interventions in Kenya*.

Minter E, Michaud M (2003) *Using Graphics to Report Evaluation Results*. University of Wisconsin Cooperative Extension. 2003. Available at http://learningstore.uwex.edu/pdf/G3658-13.PDF*

National AIDS and STI Control Programme, Ministry of Health, Kenya (2008) *Kenya AIDS Indicator Survey 2007: Preliminary Report*.

National AIDS and STI Control Programme, Ministry of Health K (2013) *Kenya AIDS Indicator Survey 2012: Preliminary Report*. Nairobi, Kenya.

National Collaborating Centre for Methods and Tools (2010). *Developing health communication campaigns*. Hamilton, ON: McMaster University. (Updated 22 August, 2011).

Ndonye, M.M (2015) Preface. In Moraro, M.A (2015) *Media and Extramarital Affairs Campaign: HIV/Aids Prevention in Kenya (pp. iii-vii)*. Saarbrucken, Germany: VDM

Newell & Okome (Ed) *Popular Culture in Africa: The Episteme of the Everyday*. New York: Routledge

Noar et al (2009). *A 10-Year Systematic Review of HIV/AIDS Mass Communication Campaigns: Have We Made Progress?* Journal of Health Communication, 14:15–42.

Nyambane et al (2011). *The Influence of Television on Sexual Behavior of Young Women in Mlolongo < Machakos County, Kenya*

Ondimu (2012) *Visual Persuasion and Behaviour Change: A Study Of Viewers' Responses To Televised Hiv/Aids Advertisements In Kenya*. Moi University: Eldoret.

Pearson, J. (1983). *Interpersonal Communication*. Glenview, Illinois: Scott, Foreman and

Company.

Peter Lang (2008) W. A. Kelly Huff, *Public Speaking: A Concise Overview for the Twenty-First Century*.

Pfau, G and Barto, T. (2004). HIV/AIDS at University and Colleges. The epidemic emerges from hiding. Gomshery: Macmillan Publisher

Quest Journals Journal of Research in Humanities and Social Science Volume 2 ~ Issue 12 (2014) pp: 33-43 ISSN (Online): 2321-9467

Research Journal in Organizational Psychology & Educational Studies 1(3) 137-144 Rjopes
© Emerging Academy Resources (2012) (ISSN: 2276-8475)
www.emergingresource.org

Riess TH, Achieng MM, Otieno S, et al. “ *When I was circumcised I was taught certain things*” : risk compensation and protective sexual behavior among circumcised men in Kisumu, Kenya. PLoS One 2010;5:e12366.

Sandra D. C (2009), *Interpersonal Communication: Listening and Responding*, 2nd ed. South-Western.

Scannell, P (2007) Media and Communication. Longon: SAGE publications Ltd

Schramm, W. (1954). How communication works. In W. Schramm (Ed.), *The process and effects of communication* (pp. 3–26). Urbana, Illinois: University of Illinois Press.

Shannon, C. E., & Weaver, W. (1949). *The Mathematical Theory of Communication*. Urbana, Illinois: [University of Illinois Press](http://www.press.uillinois.edu)

UNAIDS (2006). Report on the Global AIDS Epidemic, Annex: HIV and AIDS estimates and data, 2005 and 2003. Switzerland: UNAIDS

USAID. (2002), HIV/AIDS in Zimbabwe, Retrieved from www.usaid.gov/pophealth/aids/ on August 5th, 2009

VMMC knowledge among males aged 15–49 who had heard about VMMC. doi:10.1371/journal.pone.0085051.t002

Voluntary Medical Circumcision: Translating Research into the Rapid Expansion of Services in Kenya, 2008-2011

WHO (India) Planning for HIV Communication Training Modules
www.cnscs.org.mz/index.php/por/content/.../b4194planning-hiv-com.pdf

Wright, P.M., & Noe, R.A., (1995). *Management of Organizations*. Chicago, IL: Irwin. www.kendallhunt.com/butland_competence

Wyss K Preventive Interventions to Control and Combat the Spread of HIV in Africa: *A review on what Works and what does not*. A Commission Paper Established in the Context of the Mandate. 751- 14/VGU/SKM/REM of the Swiss Agency for Development and Corporation (SDC)

2011 Jul 16;378 (9787):247-55. doi: 10.1016/S0140-6736(11)60779-4.

Yin, R.K.(2003 *Case Study Research: Design and Methods* : SAGE Publications

APPENDIX I: QUESTIONNAIRE

I am a student of Master of Arts (Communication Studies) at The University of Nairobi. As part of my coursework, I am carrying out a study on *An evaluation of HIV/AIDS Campaign messages*, and in particular the *A case study of Mpango Wa Kando Campaign in Nairobi County*. I kindly request you to assist me in completing the following questions.

Please complete the details below

Gender:	Male	Female	
Marital Status:	Single	Married	Separated
Age	18-24	25-40	above 40
Education Level	Primary Certificate	Secondary Certificate	
	Mid-Level College	University	
Occupation	_____		
Monthly Income	Below 10,000/=	10,001-30,000/=	30,001-50,000/=
	Above		50,000/=
Religion	_____		

1. Did you see or hear about Mpango Wa Kando Campaign message?

Yes No

2. How did you know the Mpango Wa Kando Campaign? (*Tick the appropriate response*)

Television

Radio

Newspaper

Friends

Others

3. Do you remember the message on Mpango Wa Kando Campaign?

Yes No

4. When you heard about Mpango Wa Kando, what came into your mind?

5. Did you like the advertisement?

Yes No

a. If YES in (6) above, what did you like in the campaign?

b. Why?

c. If NO in (6) above, what did you like in the campaign?

d. Why?

6. Was the message clear?

Yes No

a. If YES, what did you learn from it?

b. If NO, what was not clear?

7. Did you understand the message?

Yes No

8. What did you understand the message to mean?

9. If you didn't understand the message, why?

10. Did you find the message worthy?

Yes No

a. How?

11. What words were used in Mpango wa Kando Campaign?

12. What was the meaning of the words?

13. Do you think the words used could encourage positive behaviour change?

Yes No

a. Explain

14. Did the campaign change your behaviour?

Yes No

a. If yes, explain how?

b. If No, why?

APPENDIX II: CERTIFICATE OF FIELD WORK



**UNIVERSITY OF NAIROBI
COLLEGE OF HUMANITIES & SOCIAL SCIENCES
SCHOOL OF JOURNALISM & MASS COMMUNICATION**

Telegram: Journalism Varsity Nairobi
Telephone: 254-02-3318262, Ext. 28080, 28061
Director's Office: 254-02-2314201 (Direct Line)
Telex: 22085 Fax: 254-02-245566
Email: director-soj@uonbi.ac.ke

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

REF: CERTIFICATE OF FIELD WORK

This is to certify that all corrections proposed at the Board of Examiners' meeting held on 22/5/2015 in respect of M.A./Ph.D final Project/Thesis defence have been effected to my/our satisfaction and the student can be allowed to proceed for field work.

Reg. No: K50/69837/013

Name: POLLY OKARON CHALOM

Title: AN EVALUATION OF MISCONCEPTION OF HIVAIDS CAMPAIGN MESSAGES: A

CASE STUDY OF MPANGO WA KANDO CAMPAIGN IN NAIROBI COUNTY

DR. ORANGA JCO
SUPERVISOR

Thumf.
SIGNATURE

JUNE 30, 2015
DATE

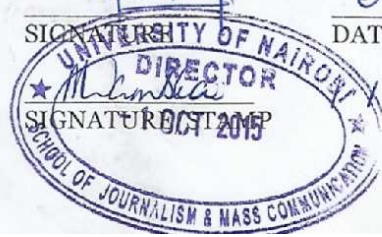
Dr Samuel Siringi
PROGRAMME COORDINATOR

Bong
SIGNATURE

01/10/2015
DATE

Dr. Wambui Kari
DIRECTOR

M. Kimani
SIGNATURE





**UNIVERSITY OF NAIROBI
COLLEGE OF HUMANITIES & SOCIAL SCIENCES
SCHOOL OF JOURNALISM & MASS COMMUNICATION**

Telegram: Journalism Varsity Nairobi
Telephone: 254-02-3318262, Ext. 28080, 28061
Director's Office: 254-02-2314201 (Direct Line)
Telex: 22095 Fax: 254-02-245566
Email: director-soj@uonbi.ac.ke

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

REF: CERTIFICATE OF CORRECTIONS

This is to certify that all corrections proposed at the Board of Examiners meeting held on 30th October, 2015 in respect of M.A/PhD. Project/Thesis Proposal defence have been effected to my/our satisfaction and the project can now be prepared for binding.

Reg. No: K50/69837/2013

Name: POLLY SHALOM OKARON

Title: AN EVALUATION OF HIV/AIDS CAMPAIGN MESSAGES:
A CASE STUDY OF NIPIANGO WA KANDO CAMPAIGN IN NAIROBI COUNTY

for Polycarp Amolo Okulo		2nd November, 2015
SUPERVISOR	SIGNATURE	DATE
Dr Samuel Sirig		6/11/2015
M.A. COORDINATOR	SIGNATURE	DATE
For Dr Samuel Sirig		
DIRECTOR		
	SIGNATURE/STAMP	