

**EVALUATION OF MEDIA CAMPAIGNS ON BEHAVIOUR CHANGE AMONG
KENYAN YOUTH: AN ANALYSIS OF ‘*CHUKUA SELFIE*’ CAMPAIGN**

BY

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DECLARATION

I hereby declare that this project is my original work, and has not been submitted anywhere for a similar degree in any other university.

Signature 

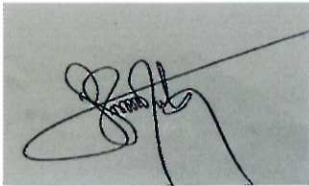
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This project has been submitted for the award of a Master of Arts Degree in Communication Studies with my approval as the University Supervisor.



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16/11/2021

Signature

Prof. Hezron Mogambi

DEDICATION

Young people today face many health-related challenges. This Academic Research Project is therefore dedicated to Government of Kenya, Policy makers, Parents, Church groups and organizations working with youth to understand some of these challenges.

Also to my Dad, Mum, husband and children Trevor and Gianna.

ACKNOWLEDGEMENT

I want to thank my supervisor, Prof. Hezron Mogambi, Academic advisors Prof. Samuel Ngigi and Dr. George Gathigi for the intellectual guidance they provided me throughout the research period.

ABSTRACT

This research focused on how Kenyan youth aged 15-24 years interacted with the once popular '*Chukua Selfie*' song and media campaign to create awareness on HIV self-testing. The research depended on two theories namely diffusion of innovation and social cognitive theories. The research's assumption portrayed the audience as knowledgeable and fully aware of their actions towards a certain behaviour contrary to audience whose behaviour is influenced by a media campaign. The research employed a non-probability sampling and purposively selected 30 respondents distributed evenly - 15 male and 15 female youths. From these respondents' analysis, data was gathered primarily by use of in-depth interviews and focus group discussions. The research study being qualitative in nature, embarked on data analysis and presentations. Upon undertaking interviews, various issues emerged which were broadly classified into themes and sub-themes. These themes formed another part of second and third interviews and deliberations with influencers and the campaign implementers.

According to the research findings, the *Chukua Selfie* campaign did not change the existing behaviour of the target audience. Majority of the target audience misunderstood the campaign messages. The target audience experienced difficulty in unpacking the *Chukua Selfie* messages in the initial stages of the campaign. Majority thought this was just a secular song like any other done by a group of local musicians. Despite being knowledgeable about HIV status awareness, majority of the target audience were reluctant to purchase the self-test kits to test themselves. The response from some of the audience were: "What I don't know cannot kill me"; "There is no need to know my status now because I have not committed to getting into marriage"; "I will only test myself once I decide to get married"; "Should I know my status, the next thing I will think of is to commit suicide or become a super spreader as a way of revenging". The findings further

revealed that the existing voluntary counselling and testing centres located in a number of the local universities are not being utilized despite the free services.

Majority of the respondents confirmed that they shunned the facilities due to fear of stigma among their peers. For the *Chukua Selfie* test kits, the respondents aged 15-24 confirmed that the cost of the test-kits were too high and not readily available in remote regions. Therefore, the study's recommendation is that campaigns aimed at creating awareness on challenges such as HIV/Aids just like drugs and substance abuse or gender violence, are supposed to be straight to the point to enable it reach a greater audience in the simplest way possible.

TABLE OF CONTENTS

DECLARATION.....	2
DEDICATION.....	3
ACKNOWLEDGEMENT.....	4
ABSTRACT.....	5
TABLE OF CONTENTS.....	7
LIST OF ACRONYMS AND ABBREVIATIONS.....	9
CHAPTER ONE.....	11
1.0 Introduction.....	11
1.1 Background to the study.....	11
1.1.1 Overview of HIV/AIDS campaign messages.....	11
1.1.2 Voluntary Medical Male Circumcision (VMMC).....	15
1.1.3 MTV <i>Shuga</i> HIV/AIDS campaign.....	16
1.1.4 <i>Nimechill</i> campaign.....	17
1.1.5 <i>Mpango wa Kando /Weka Condom mpangoni</i> campaign.....	18
1.1.6 <i>Chukua Selfie</i> campaign.....	18
1.1.7 The communication process and HIV/AIDS campaign messaging.....	20
1.2 Statement of the problem.....	21
1.3 Study objectives.....	23
1.4 Research Questions.....	23
1.5 Assumptions of the study.....	23
1.6 Rationale and justification of the study.....	23
1.7 Significance of the study.....	24
1.8 Scope and limitation.....	24
1.9 Operational definition of key terms.....	24
CHAPTER TWO.....	25

LITERATURE REVIEW AND THEORETICAL FRAMEWORK.....	25
2.1 Overview.....	25
2.1.1. Knowledge levels.....	26
2.1.2 Components of Chukua Selfie messages.....	27
2.1.3 Effectiveness of communication campaigns.....	28
2.2 Demographic factors.....	28
2.3. Theoretical Framework.....	29
2.3.1. Introduction.....	29
2.3.2 Diffusion of Innovation Theory.....	29
2.3.2 Social Cognitive Theory.....	30
CHAPTER THREE.....	32
METHODOLOGY.....	32
3.0 Introduction.....	32
3.1. Research design.....	32
3.2 Study area.....	33
3.3 Target population.....	33
3.4 Data collection instruments and procedures.....	33
3.4.1 Pretesting.....	34
3.5 Data analysis and presentation.....	34
3. 6 Ethics considerations.....	34
3.7 Limitation and challenges of study.....	35
CHAPTER FOUR.....	36
DATA PRESENTATION AND ANALYSIS OF FINDINGS.....	36
4.0 Introduction.....	36
4.1 Presentation and discussion of the findings.....	36
4.1.1 Demographic data of the respondents.....	36
4.1.2 Knowledge levels on HIV self-testing.....	36
4.1.3 Use of celebrities in behaviour change messaging.....	37
4.1.4 Youth perception and interpretation of the campaign messages.....	37

4.2 Presentation and Discussion of the Findings: Key informants.....	38
4.3 Summary of the discussion.....	39
CHAPTER FIVE.....	40
SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS.....	40
5.0 Introduction.....	40
5.1 Summary of findings.....	40
5.2 Conclusion.....	42
5.3 Recommendations.....	43
5.3.1 For behaviour change campaign designers.....	43
5.3.2 For scholars undertaking research.....	43
APPENDIX 1: INDIVIDUAL IN-DEPTH INTERVIEWS GUIDE.....	46
INTRODUCTION.....	46
PRELIMINARY QUESTIONS.....	46
APPENDIX II: FOCUS GROUP (FOLLOW-UP) INTERVIEW GUIDE.....	49
APPENDIX III: SAMPLE OF CHUKUA SELFIE MESSAGES CAMPAIGN.....	51
SCRIPT OF CHUKUA SELFIE SONG AUDIO CLIP.....	52

LIST OF ACRONYMS AND ABBREVIATIONS

AIDS:	Acquired Immune Deficiency Syndrome
BCC:	Behavior Change Communication
HIV:	Human Immuno-Deficiency Virus
HIVST	HIV self-testing
HFG:	HIV Free Generation
IEC:	Information Education Campaign
KASF:	Kenya AIDS Strategic Framework
KHDS:	Kenya Household Demographic Survey
KPHC:	Kenya Population and Housing Census
NACC:	National Aids Control Council
NTV:	Nation Television
PEPFAR:	The US President's Emergency Fund for Aids Relief
PSI:	Population Service International
TRA:	Theory of Reasoned Action
TV:	Television
UNAIDS:	United Nations Programmes on HIV/AIDS (UNAIDS)
VCT:	Voluntary Counselling and Testing
VMMC:	Voluntary Medical Male Circumcision
WHO:	World Health Organization

CHAPTER ONE

1.0 Introduction

The overall goal of this chapter is to explore the background to history and trends of the behavioural change and media campaigns relating to HIV/AIDS in Kenya, an explanation of the knowledge gap and suggestions of how to address them. The study rationale and objectives are also discussed; research questions, scope and Limitations; and the definition of key terms as used in the study.

1.1 Background to the study

1.1. 1 Overview of HIV/AIDS campaign messages

Media campaigns have proven to influence health behaviours in mass populations going by the previous campaigns conducted. Research studies indicate that Behaviour Change Communication (BCC) campaigns through mass media is a significant instrument to reach out to a large affected population within a short period; a case in point is the Covid-19 pandemic in which behavioural change experts narrowed their campaigns to change in attitude and behaviour.

Additionally, campaigns also operate in a crowded media environment full of behaviour change messages competing for attention and recognition from a myriad of sources. As a result, media campaigns are tending to be misunderstood and thus interpreted differently by target audience.

Despite the highly competitive media environment, previous studies have shown that under well thought out strategies, public health mass media campaigns can deliver a powerful impact and effective instrument in stimulating positive public health behaviour (Wakefield, 2010).

According to Wakefield, 2010, mass media campaigns can yield optimistic results throughout masses in a wide range of health compromised areas when implemented alongside other policies that support and encourage transformation of behaviour, easily

accessible to community-based programmes, and convenience of essential products and services.

(Randolph et al., 2004) predicted that mass media campaigns aiming to influence a community's information environment by enhancing information available on an issue and reframing the issue as a public health concern. Policy makers and Behaviour change specialists informed a new understanding of these campaigns utilising a broader approach that addresses wide levels and supplements the efforts of reinforcing social and activist groups and empowering for an ecological model of health.

Abroms et al. (2008) noted that mass media campaigns' prospective is best comprehended and realized by taking into consideration health determinants across multiple fields of influence including social-network, community-level, and place-based barriers to change. Consequently, rather than focusing solely on individual-level behaviour, campaigns must impact wider masses to maximize their result on public health.

Kenya is one of the success stories for HIV prevention across sub-Saharan Africa (Wakefield, 2010). Its yearly new HIV infections have declined to less than a third of what they were in 1999 when the epidemic was at its peak. That year, the Kenyan government declared HIV/Aids a national disaster and formed the National AIDS Control Council (NACC) to coordinate its national response to the disease. Kenya Population-based HIV Impact Assessment (KENPHIA) 2018 survey puts the country's HIV prevalence at 4.9 per cent. This means the country has made impressive gains in cutting new infections, and was among 16 counties that had reduced their number of new infections by more than 50 per cent (Avert Report, 2018).

The reduction of HIV infections has been driven by NACC, the body responsible for coordinating the HIV response. NACC in 2012 unveiled the Prevention Revolution Roadmap to End New HIV Infections by 2030, which seeks to bring down HIV infections below the 4.9 per cent rate. Alongside this is the Kenya AIDS Strategic

Framework (KASF) 2014/15-2018/19, which outlines how the first phase of the roadmap would be implemented. The roadmap seeks to reduce new infections by 75 per cent through biomedical, behavioural and structural interventions (Avert, 2018).

Avert 2018 report showed that over half (53 percent of the 1.6 million living with HIV in Kenya are unaware of their status. Efforts have thus been intensified to increase testing among Kenyan men, with the country adopting a community-based testing initiative that has proved to be successful. In May 2017, the Kenya government added self-testing kits, as part of the 'Be Self-Sure' campaign to increase testing. The kits were available for purchase from specific pharmacies across the country for approximately Kshs.800 each. The demand for self-testing, according to (Avert 2018), has not changed among adults more than youth. The cost of the kits too, remains a barrier for Kenyan youth, majority who school are going adults who are not financially empowered.

HIV knowledge and awareness among youth is a vital component of HIV prevention in Kenya. Avert Report, 2018 shows that Kenya has the joint third largest HIV epidemic in the world (alongside Tanzania) with 1.6 million people living positively in 2018. In the same year, 25,000 people died from AIDS-related illnesses. While this is still high, the death rate has declined steadily from 64,000 in 2010.

According to NACC 2018 report, some 300,000 young people aged below 24 years were living with HIV/Aids in Kenya. Of this, 184,000 are aged 10-24 years and another 100,000 are below 14.

The spread of HIV in Kenya is mainly driven by sexual transmission and it affects all levels of populations, from children to youths and adults; men and women (NACC, 2018).

In Kenya, several behavioural and media campaigns have been launched in the fight against HIV pandemic. MTV Shuga campaign was launched in 2009 in Kenya with subsequent launches in South Africa and Nigeria. According to the findings, the

campaign hugely impacted positively in spreading HIV prevention messages to young people (PEPFAR report, 2013).

The campaign aired in both Kenya and Nigeria, each for two seasons, and South Africa too for its fifth season. The Campaign relied on positive sexual health messaging for young people ages between 16 and 25.

Another campaign identified as the *Mpango wa Kando* campaign also implemented by the Population Service International (PSI) carried out in form of television adverts in 2009 did not yield much impact in changing people's sexual behaviour and knowledge on extramarital affairs based on the findings done by previous studies. Majority of the respondents and informants felt that the campaign should have shifted focus on strategies such as offering counselling sessions to married couples to enhance behaviour change. The Voluntary Medical Male Circumcision (VMMC) launched in 2008 achieved its goal surpassing the targeted population. Despite exceeding the target of men undergoing the medical cut, the number of people getting infected was still on the rise, according to studies undertaken after the launch of VMMC.

Launched in March 2019, *Chukua Selfie* campaign is the recent among the several behavioural change and media campaigns that have been undertaken in Kenya with an aim of ending the HIV/AIDS infections by 2030. The phrase '*Chukua selfie*' was about picking up the selfie kit and testing. The campaign was also aimed at driving purchase of selfie kits (self-testing kits)

"*Chukua selfie*" was perceived to be an innovative campaign encouraging young men, specifically those between 18-24 years and 25-35 years sought to get people understand the importance of knowing once HIV status using self-test kits.

The Behaviour Change strategy was founded on two pillars. (I) The Selfie kit that allows individuals to test themselves to know their status at their own comfort. The test kit has been medically approved and has shown accuracy and reliable. (ii) Use of the test kit-

How to Chukua Selfie- There are two options - Blood testing and oral testing. (Video showing usage of both was shared on various digital platforms to guide individuals.

According to NACC 2018 report, youths aged 15 - 24 reported the highest new HIV/AIDS infections - over 40 per cent of these new infections occurred among this age group, an indication that Kenya's youth are engaging in unprotected sex with people whose status they do not know.

1.1.2 Voluntary Medical Male Circumcision (VMMC)

Researchers found that medical male circumcision significantly decreases female-to-male HIV sexual transmission by up to 60 per cent. Therefore, male circumcision remains the best intervention that cuts the risk of HIV infection.

In the last few years, the World Health Organization (WHO) and UNAIDS have rooted for VMMC to be one of the components of HIV prevention in nations with a high HIV prevalence rate like Kenya but have low levels of circumcising their males. In Africa, 14 countries were identified as priorities, and these are, Botswana, South Africa, Tanzania, Uganda, Zimbabwe, Ethiopia, Kenya, Namibia, Rwanda, Lesotho, Malawi, Mozambique and Zambia. Further, South Sudan in 2016/17 was also identified as the other country that should prioritise VMMC programmes.

Kenya was the first country in Southern and Eastern Africa to record success with its VMMC programme. Between October 2008 formal launch and June 2011, the Kenyan program had recorded 318,000 VMMCs, most of them in Nyanza, a lake region. Two key innovations contributed to this high volume of VMMCs.

The task force at the national and regional level initially set a target of 860,000 men to undergo circumcision nationally by 2013, and half of the national target of 426,500 men to be circumcised in the Nyanza region which did not consider circumcision which was not part of their culture. The taskforce also established targets at the district level. Second, shifting the task to nurses was done to increase the number of VMMC providers. When the VMMC programme was initially launched, it had challenges in the number of

people who were executing the medical male circumcision. The reason for this is that the nursing scope of practice in Kenya did not cover VMMC leaving only medical doctors and clinical officers to provide VMMC surgery.

While a facility readiness assessment was conducted in 2008, it was revealed that shortage of health workers to perform VMMC on men was hindered by the dire shortage given that the doctors and clinical officers were in short supply at most health facilities. To address this concerns, the Ministry of Health in June 2009 announced a new policy enabling nurses to provide VMMC surgical services, and VMMC implementing partners such as the Nyanza Reproductive Health Society embarked on training nurses to provide the entire surgery. To date, there is no Data showing adverse effects on patients who got circumcised by Nurses instead of Doctors.

In 2009, Kenya successfully conducted two successful Rapid Results Initiatives from initial 36,000 in 2009 to 50,000 in 2010. For this campaign, the policy makers realized early in advance that if they continued to rely on the few doctors available to conduct the medical male circumcision then they would have not achieved their target. The training of nurses and subsequently deploying them to the newly established centres made the campaign successful.

The other factor that led to the success of the VMMC programme was the issuance of stipend to target audience who underwent the medical male circumcision so that they do not lose on their source of livelihood during the healing process.

1.1.3 MTV *Shuga* HIV/AIDS campaign

The MTV *Shuga* campaign was launched in Kenya in 2009 as a Television Show seeking to create awareness on HIV prevention through exploring the sexual relations among young people aged between 16 and 25 years. The campaign utilised the power of entertainment in its drama series aired on television through fusing sexual health messaging to combat the spread and avert increase in new HIV infection among young

people. According to the study findings, the campaign hugely impacted positively in spreading HIV prevention messages to young people based on various research findings.

The findings revealed that risky sexual behaviour and its consequences were communicated. However, the study found that messages about multiple concurrent partnerships were not evident.

1.1.4 *Nimechill* campaign

The behavioural Change campaign identified as *Nimechill* (abstinence) successfully reached the desired target population of 10-14 year-olds in urban areas according to the study findings. The findings further revealed that target audience with higher knowledge and levels of exposure to the *Nimechill* campaign were more likely to have stronger intentions to abstain and believe in their own ability to abstain.

The campaign was implemented by the Population Service International (PSI) (2008) whose findings indicated the following: of the 100% youth targeted for the campaign, 85 per cent watched the series and were able to relate well with it. The percentage of youth who reported to have never engaged in sex after listening to the campaigns increased from 88 to 92 per cent.

Even though the findings attributed increase in the number of youth abstaining from sex to the exposure of the campaign.

PSI/Kenya's *Nimechill* campaign reached 85 per cent of the urban youth it targeted, an evaluation report showed. The proportion of youth reporting 'never having sex' increased from 88 to 92 per cent during the seven months of the campaign. While it is easy to attribute the increase to the campaign, the 2008 PSI study did not show that those who received the campaign's messages believed in their own ability to abstain than those who did not. The study also found that 45 per cent of those surveyed were exposed to the campaign through three or more channels namely television, newspapers and radio.

Other findings indicated that after the campaign, a significant number of youth were inspired to use condoms for safer sexual behaviour.

1.1.5 *Mpango wa Kando /Weka Condom mpangoni* campaign

This campaign by Population Service International (PSI) was carried out in form of television adverts in 2009. According to various research studies previously conducted, the findings of *Weka Condom Mpangoni* campaign did not have much impact in changing people's sexual behaviour and knowledge on extramarital affairs. Majority of the respondents and informants felt that the campaign engaged in strategies such as offering counselling sessions to married couples to enhance behaviour change.

1.1.6 *Chukua Selfie* campaign

Chukua Selfie campaign is Kenya's most recent HIV/AIDS campaign messaging sponsored by the British musician Elton John Aids Foundation. The campaign sought to encourage men who research have established to be reluctant to undergo HIV testing. Therefore, the new and innovative of knowing individual HIV status at their own convenience makes the campaign unique and different from the rest of the campaigns previously conducted in Kenya.

Every week, 7000 young women in Kenya are infected with HIV and typically based on the National Aids Control Council statistics. The report further states that despite willingness by young women to get tested often as part of ante-natal services, and embarking on treatment quite quickly, their male partners do not get tested because of fear and stigma thus continue to spread HIV to multiple partners. To protect young women, there was need to reach young men to know their HIV status. HIV testing needs to become safe, confidential and on their own terms (PEPFAR 2019 Annual report, Elton John AIDS Foundation annual report 2019).

Launched in Kenya on 8th March 2019, *Chukua Selfie* campaign aired in local television channels, radio stations and online platforms. The campaign came to an end in March

2020. The campaign was aimed at making self-testing safe, normal and easy for the young men and break the stigma and worry associated with finding out one's status.

The campaign was advertised through billboards, online ads, Kenyan influencers and musical artists, WhatsApp messages and in-store activations in pharmacies. The campaign's initial, online music video was watched over 2million times in the fortnight after it appeared on YouTube and spawned multiple imitations (Elton John AIDS Foundation annual report 2019).

The phrase *selfie* has been used to refer to a kit that makes it possible for individuals to know their status at their own convenience with timely results. The procedure of procuring the *selfie* kit has been posted on the *Chukua Selfie* website. It entails: buying the kit, *soma* (read) guidelines and *chapa* (take) *selfie*. HIV self-testing is a procedure that involves an individual collecting his or her own sample and conducting on HIV test. The website also has in place a resident counsellor to offer counselling services to individuals pursuing self-testing before they proceed with checking their status.

Between July and December 2019, the Elton John AIDS Foundation (EJAF) had distributed 1,500-2,000 kits which were available in over 500 pharmacies in Nairobi and Kisumu counties and distributed to young men in community centres, high-risk social spaces and workplaces at a cost of KShs. 500 (EJAF Annual report, 2019).

The campaign embraced the power of entertainment to change the attitudes and behaviour of young people who are likely to know their status through self-testing. In the video, Kenyan celebrities are seen dancing to the tunes of the *Chukua selfie* song. The musicians are JuaCali, Nyashinski, Fena, DJ Redbone, Mixmaster ZJ Heno and DJ Kalonje. According to Brand Ambassador and key informant interviewee for this study, Mr. Erick Achola, the one year ran campaign targeted young people especially men between the aged of 15-24(primary) and 25-35 years (secondary) urging them to know their status using the self-test kits which are readily available in specific online shops and chemists. According to Mr. Achola, the campaign was a continuation process of the

government and other stakeholders to ensure a healthy society by ending the AIDS epidemic in 2030. The responsible safe sex campaign also advocated for the use of condoms and being faithful to one partner. According to the Brand Ambassador, the HIV self-test kits are found in selected pharmacies within the country and in government health facilities. The test kits cost 500 Kenyan Shillings and may be offered for free in government hospitals.

Findings of these studies have indicated that despite the recent increase in availability of the self-test kits, the HIV self-testing remains an emotive issue coupled with risks including significant disparity in price between professional use tests and self-tests. Other compounding issues entails limited growth in the public and private sector markets and regulatory barriers to market entry for manufacturers of quality assured products. These risks are further compounded by limited intelligence on global demand forecasts.

With the *Chukua Selfie* test kit, individuals get to test themselves for HIV in private and at their own convenience. Furthermore, self-test kits offer someone a chance to know their HIV status at their own convenience, what is critical for people who have not been reached by existing HIV testing and counselling services (UNAIDS, 2013). This is what informed the *Chukua Selfie* campaign strategy.

Previous studies have shown that HIV self-testing record high levels of acceptability (74–96%), especially among men who have sex with men, young people, health workers and couples. A study conducted in Malawi showed that HIV self-testing combined with home-based antiretroviral therapy (ART) improved link to services, retention of ART and care at a population level as compared to testing at walk-in centres (UNAIDS,2013).

1.1.7 The communication process and HIV/AIDS campaign messaging

Studies show that successful mass media campaigns can promote ways to bring social behaviour transformation in the whole population (Fishbin & Ajzen, 1975) consequently, these behaviour change campaigns seek to impact individual recipients directly by

invoking cognitive and emotional responses (Fishbein & Ajzen, 1975). The programmes as a result, play a key role in decision making at distinct level.

Given their appealing and cost cutting needs, public health mass media campaigns have been critical in health promotion and disease prevention but since they face competition for recognition and attention in a crowded media environment the impact of the campaign may fail to manifest. It is against this backdrop that these campaigns are in essence ambassadors in information control and for it to be successful in this context, must both detail the amount of information available on an issue as well as frame or redefine the issue as a public health problem, ultimately leading to qualitative and quantitative change within the information environment on the topic of interest (Randolph, 2004).

Additionally, campaigns must promote the information environment, which can effectively be executed through simple, direct messages framed in a way that successfully redefines the issue for the target audience. On the other hand, campaign planners need to help reinforce conducive environments and systems that offer target audience chances to act on recommended messages.

On sustainability of campaign effects, this can be realized through reinforcing strategies such as legislation and regulation. For instance, campaigns that support community coalitions or influence policy may lead to more positive, long-lasting health effects (Randolph, 2004).

Therefore, public health media campaigns should incorporate social change perspectives that take into account immediate and long-term effects.

1.2 Statement of the problem

A media campaign can directly or indirectly influence the actions of human beings, be it for perceived good or bad requires that a researcher interrogate its communicative capabilities. Therefore, a media campaign must be formulated to divulge those fundamentals of the campaign on which the influence rests. Additionally, for a campaign infusing entertainment for behaviour change purposes, a methodological framework must

be found to uncover its diction, involving textual (both lyrics and music), intertextuality and contextual parameters.

Furthermore, media campaigns tend to be misunderstood by individual target audience and in many instances, therefore, interpreted differently. This therefore calls for the need for policy makers, brand ambassadors and campaign designers to redesign behaviour change programmes to enhance clarity of messages that can be easily understood within first few seconds by target audience.

To this end, this study was been informed by the fact that despite many media campaigns on behaviour change undertaken in the past persuading youth to get to know their HIV status, despite the low uptake of HIV testing among Kenyan youth and in particular young men.

This study also was informed by the possible existence of little scholarly undertakings on how self-testing as a HIV prevention method is presented in the media campaigns. According to NACC report, 2018, the national HIV prevalence among males and females aged 15-24 years was estimated at 1.34% and 2.61% in 2017 respectively and overall HIV prevalence was 1.98%, which means 184,718 young adults were living with HIV in 2017. While there was a decline in HIV infections among youth, NACC reported that infection rates remained high because majority of Kenyan youth are unaware of their HIV status.

Consequently, *Chukua Selfie* campaign whose overall objective sought to address the gap in testing by encouraging young people especially men to know their status by using a HIV self-test kit at their own convenience may have not possibly yielded much success due to misinterpretation of the campaign messages by target audience, unavailability and high cost of test kits for target audience found in rural settings. Against this backdrop, this study made comparison on behavioural change campaigns previously conducted on HIV testing and investigate why the uptake of testing was still low among Kenyan youth.

1.3 Study objectives

- a) To assess the knowledge levels of HIV self-testing among Kenyan youth in Nairobi County;
- b) To analyse the *Chukua Selfie* messages communicated during HIV self-testing campaigns awareness in Nairobi County;
- c) To evaluate the effectiveness of *Chukua Selfie* campaign on HIV self-testing awareness conducted in Nairobi County;
- d) To analyse the demographic factors that influenced HIV self-testing among Kenyan youth.

1.4 Research Questions

- a) What are the knowledge levels of HIV self-testing among Kenyan youth in Nairobi County?
- b) What kinds of messages were being communicated during the *Chukua Selfie* HIV self-testing campaign?
- c) How effective was the *Chukua Selfie* campaign on promotion of HIV self-testing among youths in Nairobi County in influencing sexual behaviour change?
- d) Which demographic factors influence behaviour change among youths in Nairobi County?

1.5 Assumptions of the study

Comprehension of *Chukua Selfie* messages by Kenyan youth does not translate to individuals self-drive to undertake HIV testing; the campaign may not have much impact on the uptake of HIV testing among target audience despite the much attention given on various media platforms.

1.6 Rationale and justification of the study

To achieve the overall goal of any campaign that seeks to influence complex and persistent behaviour of the target audience, the campaign must be able to perform three

functions: inform audiences about these behaviours and their consequences; persuade audiences to cease or avoid those behaviours and finally, train audiences in skills necessary to translate intention into action (McAlister 1981).

This specific study has neither been conducted by any university, research institution nor organization. Even though there have been studies conducted on media campaigns, there is no specific study conducted on youth and HIV self-testing and particularly on *Chukua Selfie* campaign. The study also sought to address the gaps appearing in many previous campaigns conducted on behavioural change.

1.7 Significance of the study

This study is significant given the fact that it seeks to highlight the research gaps in the campaign and gives recommendation on how upcoming campaigns can be innovative to influence behaviour change on target population. The study is also important as it might help in shaping policy making by the organizations in charge of HIV prevention. Kenya, just like the rest of the world is committed to ending AIDS prevalence by 2030. Thus, some of these strategies developed by stakeholders in the disease control play a key role in ending epidemic.

1.8 Scope and limitation

This campaign was conducted nationally. However, it will be limited to Nairobi County because it offers a representative of youth in the whole Country. The study will focus only on this particular campaign and not any other. This study will also work with an assumption that all the targeted population will remember this campaign vividly and its impacts on their lives.

1.9 Operational definition of key terms

Chukua Selfie- The phrase *Chukua* is a Kiswahili word meaning take. *Selfie* as used in this study refer to a kit that makes it possible for individuals to know their status at their own convenience with timely results.

Mpango wa Kando- It is a Kiswahili phrase meaning concurrent sexual partners in an intimate relationship. It is a term used to refer to extra marital affairs in marriage.

Nimechill - It's a Kiswahili phrase used in this context to mean abstinence.

VMMC - Means Voluntary Medical Male Circumcision (VMMC).

Youth - Is defined as person aged between 15-24years (primary) 25-35years (secondary) according to this study.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Overview

This chapter reviews literature with specific reference to behaviour change campaigns evaluation. Further in this chapter the researcher is concerned with the period during which '*Chukua Selfie*' campaign was conducted and its impact on behaviour change among Kenyan youth. The review includes academic, policy and legal opinions on behaviour change campaigns and its impact on target population. The study also looks at

global cases where media campaigns undertaken in the fight against HIV/AIDS pandemic.

2.1.1. Knowledge levels

This campaign targeted young people particularly men ages (primary 15-24years) .The campaign sought to establish the knowledge levels of HIV testing awareness among Kenyan youth. Based on this study, the levels of knowledge of a target audience are likely to influence their choices and actions towards in behaving in a specific way. The target audience in the *Chukua Selfie* are knowledgeable about HIV/AIDS, causes, preventions and exposure to the virus. As a result, there are university students whose levels of knowledge of a health issue are high, and are therefore likely to promote positive health behaviour. However, if the levels of knowledge are low, then majority of the members of the target audience are likely to have negative health behaviour and will therefore not respond positively to the campaign (Mupepi et al., 2011; Logan et al., 2015). However, this is not the case for this study. The findings revealed that high or low knowledge level, what matters is the attitude of individual audience.

The influencers of this campaign (Eric Achola and Scanad advertising agency team) assessed the Kenyan youth particularly young men through discussions in organized focus group studies which led to findings of the secret sex lives of Kenyan youth. It was also revealed that a radical campaign was the way into the audiences' lives and conversations were thus driven around self-testing. The selfie as used in this context became an internal self-examination of the audiences' best self.

The findings revealed that despite the availability of self-test kits in the initial stages of the campaign, the kits were not purchased by the respondents who cited costs implications. A kit went for Kshs.500. Unavailability of the kits in nearby shops also affected hindered the campaign from achieving is target in terms of promoting HIV self-testing.

Despite this, majority of the respondents had not heard about self-test kits and were worried about their next step should they realize they are HIV positive after conducting self-test. The respondents were of the view that they would rather not know their HIV status than risk to test and later commit suicide.

This, therefore, does not inevitably lead to positive behaviour if the levels of knowledge of HIV self-testing are high. HIV positive prevention behaviour involves avoiding what leads to possible transmission such as engaging in unprotected sex with more than one partner.

Besides, if the levels of HIV knowledge are low, prevention behaviour will be negative. On the other hand, HIV negative prevention health behaviour includes things like stigmatising people living with the virus, exposing yourself to factors that could lead to transmission, failing to embrace antiretroviral therapy as soon as one knows their status and fear of being condemned by the society.

Therefore, designers of behaviour change media campaigns must explore the knowledge levels of the target audiences to predict their sexual behaviour and come up with messages that will be effective in promoting change of behaviour.

2.1.2 Components of *Chukua Selfie* messages

HIV prevention messages have the capability of promoting sexual behaviour change and must therefore have certain components. Based on the health belief model, these components are: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action and self-efficacy (Corcoran, 2007). Thus, messages based on these components will increase knowledge of HIV self-testing awareness and HIV prevention messages about what HIV/AIDS is, what causes it, who is vulnerable, what are their symptoms and effects, availability of treatment, the importance of preventing HIV disease and seeking treatment, factors that might prevent one from preventing HIV infection or seeking treatment and the ease with which prevention and

treatment can be sought. If the 30 target audience is given messages which have these components, it will be influenced to adopt positive and responsible sexual behaviour.

2.1.3 Effectiveness of communication campaigns

The effectiveness of health communication campaigns depends on the following attributes namely: accuracy, availability, balance, consistency, cultural competence, evidence base, reach, reliability, repetition, timeliness and understandability (US Office of Disease Prevention and Health Promotion, 2000).

Additionally, health communication campaigns are more likely to do the following: utilise the use mass communication and behaviour change theory as a basis for campaign design, use formative research to develop messages and inform campaign strategy, and link media strategies with community programs to support the media message by availing local support for desired behaviour changes (Wallack & Dorfman, 2001).

Lastly, the messages communicated and the communication strategies used should be based on target audience characteristics and needs. Communication campaigns for responsible sexual behaviour change are likely lead to positive behaviour change if they have the above attributes.

2.2 Demographic factors

The health belief model attest to some of the modifying factors that can influence health behaviour change and this entails age, gender, socioeconomic status and peer pressure (Corcoran, 2007). This study sought to investigate whether the age of the members of the target audience, their gender and socioeconomic status influence their level of knowledge of HIV self-testing and their sexual behaviour.

Other demographic factors that influence health behaviour change are race, geographical location and level of education among others.

2.3. Theoretical Framework

This study will rely on two theoretical frameworks; the Use and Gratification theory as well as the Social Cognitive theory.

2.3.1. Introduction

This study will apply two relevant theories to evaluate the campaign. The theories are Diffusion of Innovation theory and Social Cognitive theory.

2.3.2 Diffusion of Innovation Theory

Diffusion of Innovation Theory is one of the ancient social sciences theories developed by E.M. Rogers in 1962. The theory stipulates that over time, an idea or product gains momentum and diffuses (or spreads) to a specific population or social system. Thus, people, as part of a social system, embrace the new idea, behaviour, or product. By adopting the new behaviour, this means someone does something differently, for instance, purchases or uses a new product or acquires new behaviour.

Launched in March 2019, the *Chukua Selfie* campaign was a hit with a group of well-known musicians coming together to sing a song to achieve one cause - encourage youth to do HIV self-test at their own convenience.

Through the theory, the researcher understood the extent to which the musicians influenced the targeted audience where they undertook the self-test and rolled down the information to young people who look up to them.

This theory thus helped in understanding the relationship between the behaviour change campaign and the diffusion of innovation in the case of *Chukua Selfie* campaign.

Initially, people had to visit voluntary counselling testing centres to be able to be tested for HIV. With the innovation, individuals can perform HIV self-test at their own comfort.

When *Chukua Selfie* campaign was being launched, many thought it was a collabo music produced by a group of Kenyan celebrities. Many thought it was a song like any other. As the campaign intensified, the larger population of Kenyan youth started identifying

with the meaning of the song whose main objective was to encourage individuals to know their HIV status by doing self-testing at their own convenience. As the song played daily on TV, radio and social media platforms, it became part of the youth most loved and widely talked about music.

For diffusion to take place, one must perceive the idea, behaviour, or product as new or innovative. It is through this that diffusion is possible. According to the SCANAD Advertising Agency (2020) findings of the campaign, over 20,000 self-test kits sold in the first three months (mid-term review of the campaign). There was 90% campaign awareness on the usage of kits and 93% understanding on self-testing.

However, adoption of a new idea, behaviour, or innovation does not happen concurrently in a social system. Rather, it is a process whereby some are quick to adopt the innovation while others embrace it later. Researchers have found that early adopters have different behaviour than late adopters. When promoting an innovation to a particular population, one must understand its characteristics that will help or hinder adoption of the innovation. Five established adopter categories exist, with majority of the population falling in the middle.

Diffusion of Innovation Theory helped the researcher understand how the *Chukua Selfie* messages can diffuse into the society, in particular the targeted population. In this case, how the self-testing kits have been adopted by the youths aged 15-24 after it was promoted through the *Chukua Selfie* campaign.

2.3.2 Social Cognitive Theory

This theory states that people are driven not by inner forces, but by external factors. These are environmental factors that represent situational influences and in which a behaviour is performed. Personal factors, on the other hand, include instincts, drives, traits, and other individual motivational forces. Several constructs underlie the process of human learning and behaviour change. These variables may also intervene in the process of behaviour change (Bandura, 1997).

This theory stipulates that behaviour change of people is influenced by the consequences they expect their actions to produce. These can take several forms. To begin with, the physical outcomes include pleasurable or aversive effects of the behaviour and the resultant material losses and benefits. Further, a particular behaviour is regulated by the social reactions it evokes. The second outcome is social approval or disapproval of a certain behaviour produced in one's social relationships. The third set of outcomes concerns the positive and negative reactions to one's health behaviour. Therefore, people adopt personal standards and regulate their behaviour by doing things that give them self-satisfaction and self-worth.

The *Chukua Selfie* campaign was driven by a group of local musicians seeking to encourage young people to take HIV test at their own convenience. This theory, therefore, helped the research to understand how the musicians and celebrities influenced the targeted population to embrace self-testing. By the celebrities/musicians going public about their HIV status, they became role model to the youths who look up to them.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter presents the study research design, including the sources of the data and the relevant data collection techniques that were used. The chapter further explains how the study dealt with issues of reliability and validity of the data collected as well as the sampling techniques that were used.

Data analysis and interpretation, ethical considerations such as confidentiality, and informed consent have also been discussed. This chapter further discusses how the data collection instruments and tools were pretested before being employed in the field.

3.1. Research design

This enables the researcher to ensure that the evidence obtained effectively addresses the study problem clearly. Kumar (2011) defines research design as an investigation to help the study obtain answers to research questions. A good research design must have purpose and show consistency between research questions and methods (Mugenda & Mugenda, 2003).

To achieve the overall study objective of understanding how the Kenyan youth perceived, interpreted and related to the *Chukua Selfie* messages, the study used a cross-sectional design because of two reasons. First, it aids in eliciting most complete responses from a sample of respondents assumed to have experienced the topic under research and second, it depends on individuals self-reporting of their experiences and knowledge. Audience views and interpretations of media messages of the *Chukua Selfie* campaign were documented and analysed. Raftopoulou (2007) notes that qualitative methods of research help in in-depth understanding of beliefs, attitudes, perceptions, motivations, views and behaviours of people.

3.2 Study area

Even though this was a national campaign, the study focused on youths in Nairobi County. The region offers a representative sample of youths from diverse parts of the country, a good number who are university and college students. Additionally, majority of the young people own smartphones and can easily access internet and are likely to order items from online shops. They can also readily access chemists where the self-testing kits were sold.

3.3 Target population

The population for this study was drawn from people between the ages of 15 and 24 living in Nairobi County. This group covers majority of the youths (male and female) who are in university or are college going and they were the target of the *Chukua Selfie* campaign. Most of the youth in this category have access to smartphones, internet, TV and radio. The study used non-probability sampling methods, in particular, purposive sampling to pick the youths from selected institutions like churches, non-governmental organizations, colleges and universities.

3.4 Data collection instruments and procedures

The study used focus group discussions and in-depth interviews to gather information. In-depth interviews were used to collect information from key informants because they have the ability to produce detailed information as compared to other data collection methods (Boyce & Neale 2006). On the other hand, two focus group discussions were done to collect information from young men and women, who gave insights on the *Chukua Selfie* campaign. Through the discussions, the researcher was able to get full responses from respondents as compared to individual interviews. Wimmer & Dominick (2006) assert that focus group discussions answer from one interviewee can help stimulate others to offer information that might otherwise not have been shared. Besides, the interviewer was able to consider non-verbal expressions exhibited by respondents.

3.4.1 Pretesting

To ensure accuracy as well as relevancy and validity of the information that will be collected, the research instruments were pre-tested among selected respondents, and reviewed by the supervisor. The instruments were amended accordingly to serve the purpose, which captured the relevant information needed for analysing and achieving the study objectives.

3.5 Data analysis and presentation

Qualitative data analysis procedures were used. The data from the focus group discussion was coded and classified into themes that included HIV testing, celebrities and awareness. Each theme was coded, for instance, celebrities was coded 1 and then analysed.

These themes and sub-themes were eventually reconstructed into narratives. The results from the individual in-depth interviews and the focus group discussion were interpreted simultaneously. For purposes of emphasis, direct quotations from the interviewees were used during the presentations and discussion of the findings.

3.6 Ethics considerations

To uphold the ethical considerations of confidentiality and informed consent, all the participants were briefed of the intended purpose and objective of the study. Their participation was thus voluntary and they could choose to withdraw at any time. Permission was also sought from guardians and parents of the respondents who were underage. Verbal consent was sought before commencing the interview itself and assurance that all the answers were confidential. Again, only the initials of the participants' names were used in the presentations to reserve the true identities of respondents.

3.7 Limitation and challenges of study

Due to the Covid-19 pandemic, it became a little harder to host face-to-face discussions with the respondents, which could have enabled the interviewer to observe non-verbal cues.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS OF FINDINGS

4.0 Introduction

This chapter presents the key findings of the study as well as the interpretations. The findings are presented based on three broad themes: Youth perception, interpretation and relation to the *Chukua Selfie* campaign messages; b) the factors influencing youth reception of the edutainment campaign messages c) Impact of the *Chukua Selfie* campaign messages on the youth.

In-depth interviews of key informants and focus group discussions were employed in coming up with the findings. For confidentiality purposes and with instructions from the interviewees, only initials of the participants have been used in the presentation of the findings.

4.1 Presentation and discussion of the findings

4.1.1 Demographic data of the respondents

The demographic data captured from the respondents included gender, age, education level and the religion. This helps one know if the respondents were also the target audience for the campaign. There were 30 respondents in total of ages 15-24 - 15 males and 15 females. This shows that the research equally considered the views of both genders.

4.1.2 Knowledge levels on HIV self-testing

The research sought to find out the respondents' knowledge in HIV testing, and in particular self-testing. The results showed that all of them were aware of HIV as a disease and why testing was important. But they knew it was being done at the voluntary, counselling and testing centres. However, they had not heard of the self-testing kits, their

benefits and how to use them. A majority of the participants in the focus group discussions, however, did not self-test.

“What if I test and find myself HIV positive, what do I do? What I don’t know cannot kill me,” said PO. (Research data, July, 2021)

“There is no need to know my status now because I have not committed to getting into marriage; I will only test myself once I decide to get married,” another participant, VB, said. (Research data, July, 2021)

4.1.3 Use of celebrities in behaviour change messaging

The study asked the youth if the use of music and musicians that they admire in the campaign resonated well with them. According to the findings, *Chukua Selfie* song reverberated well with the youth between ages 15-24. A majority of them said they enjoyed the song as it was catchy and they could sing along. However, this did not make majority of them take the test.

“The fact that the majority of the musicians in the Chukua Selfie song went publicly about their HIV status inspired me to take the HIV self-test. I eventually took the test inside my cube in the university. I encouraged my roommate to self-test but he refused,” said CN, one of the respondents who self-tested. (Research data, July, 2021)

This corresponds with E.M Rodgers (1962) assertion in his Diffusion of Innovation Theory, which says that over time, an idea or product gains momentum and diffuses (or spreads) through a specific population or social system. The end result is that people, as part of a social system, adopt a new idea, behaviour or product.

4.1.4 Youth perception and interpretation of the campaign messages

The study sought to find out how the target audience comprehended the *Chukua Selfie* campaign. A majority of the respondents misconstrued the messages of the campaign,

therefore, hurting the objective of the campaign, which was basically to motivate young men and women to stay informed and use HIV self-testing. Because it could be used at one's comfort, the self-testing kit guaranteed confidentiality.

“To me, the campaign emphasized the need for partying; going out to dance, wine and dine. It then assumed that if this happens, one would have sex. Thus, it was encouraging people to self-test. This was wrong,” said SO. (Research data, July, 2021)

4.2 Presentation and Discussion of the Findings: Key informants

The study conducted in-depth interviews with campaign implementers namely ambassador, celebrities and advertising agency. Such people are crucial in the success of any behavioural change campaign. This study sought to find out what informed the *Chukua Selfie* campaign, did it achieve its objectives, what role the musician played and what was the target audience.

The main reasons why the campaign was implemented were that there was an increase in the number of young people who did not know their HIV status and were not willing to go to voluntary counselling and testing centres. The campaign was to encourage them to self-test from the comfort of their homes and take charge of their lives. The informants believed that the campaign achieved its objectives and was successful.

“Over 20,000 self-test kits were sold in the first three months. There was 90 per cent campaign awareness, 93 per cent understanding on self-testing and 2.5 million web clicks,” observed JK. (Research data, July, 2021)

“This campaign was timely to our youths who have not had the experience of knowing their HIV status from their own comfort for fear of stigma and discrimination. With self-test kits you get to know your status and embark on antiretroviral therapy once you confirm your status. You also get to plan

well for your future once you know your status,” said EK. (Research data, July, 2021)

4.3 Summary of the discussion

From the results presented above, we can conclude that some of the messages in the *Chukua Selfie* campaign were misinterpreted by the targeted audience. One of them is that sex was to be done by the youth as long as they have self-tested – *chukua selfie*. Another thing is that success of a campaign can mean different things to different people. While the implementers of campaign noted that it was successful going by the web clicks and viewership online and number of people who became aware of the campaign, this may not have translated to the actual testing by the targeted audience as shown by the findings.

Third, use of celebrities in a behaviour change campaign can have several outcomes. On one hand, it may help create quick awareness and lead to success of the campaign, on the opposite, the past activities of the celebrities may cloud the present messages. In the case of *Chukua Selfie*, the respondents thought it was just another song to encourage clubbing by the popular musicians in Kenya.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents a summary of the study findings, conclusions drawn from the findings and suggests some of the ways to improve effectiveness of behaviour change communication. The study further makes recommendations for future research. The findings, conclusions and recommendations therein were achieved through content review of various behaviour change media campaigns, perspectives of policy makers, influencers of campaigns and responses sampled from the surveyed youth.

5.1 Summary of findings

This research evaluated media campaigns on behaviour change with a specific analysis on *Chukua Selfie* campaign that was aimed at encouraging young men and women of between ages 18-24 to know their HIV status by self-testing. The one year (26th March, 2019 to 27th March, 2020) campaign strived to raise awareness on the use of self-kits to test HIV, the gadgets that were accessed at retail and online pharmacies and community and public health facility distribution points. The study was guided by the following research questions:

- a) *What are the knowledge levels of HIV self-testing among Kenyan youth in Nairobi County?*
- b) *What kinds of messages were being communicated during the Chukua Selfie HIV self-testing campaign?*
- c) *How effective was the Chukua Selfie campaign on promotion of HIV self-testing among youths in Nairobi County in influencing sexual behaviour change?*
- d) *Which demographic factors influence behaviour change among youths in Nairobi County?*

To answer these questions, data was collected from 30 respondents, distributed evenly - 15 women and 15 men and three key informants namely celebrities and implementers of the campaign. (See Appendix). The following are the findings of the study:

Most of the respondents knew the importance of HIV testing and ways they can protect themselves from the disease. However, when it came to self-testing using kits that one purchases mainly from online pharmacies, a majority of those surveyed had heard about the gadgets in the *Chukua Selfie* campaign for the first time. The campaign thus raised awareness about self-testing.

The *Chukua Selfie* campaign propagated mainly the following key messages; knowing one's HIV status and taking charge of your life, the ease in use of self-kits, point of access of the kits and indulgence of the youth in sex and alcoholism.

The target audience surveyed experienced difficulty in understanding the Chukua Selfie messages of the campaign. Majority thought the song used in the campaign was just another secular piece done by a group of local musicians to promote the culture of sex, clubbing and alcohol drinking. This was one of the undoing of the campaign as some of the key messages ended up being misconstrued.

In the campaign, young people were encouraged to seek counselling online before and after taking the test. They were then to purchase the kits from online pharmacies. Most of the respondents, however, noted that this came with constraints as one needed to have money to buy data bundles to reach the counsellor, which was a hindrance to accessing the service. This means that the campaign did not adequately address the issue of accessing counselling, which is key in the fight against HIV.

Despite understanding the importance of knowing their HIV status, the study found out that majority of the target audience were reluctant to purchase the self-test kits to test themselves. The responses from some of them were: *"What I don't know cannot kill me"*; *"There is no need to know my status now because I have not committed to getting into marriage"*; *"I will only test myself once I decide to get married"*; *"Should I know*

my status, the next thing I will think of is to commit suicide or become a super spreader as a way of revenging”.

The findings further revealed that the existing voluntary counselling and testing centres located in a number of the places in Nairobi, including local universities, are not being utilized despite the free services. Majority of the respondents confirmed that they shunned the facilities due to fear of stigma.

The respondents lamented about the high cost the self-test kits and unavailability in many shops. For the *Chukua selfie* test-kits, the respondents aged 15-24 confirmed that the cost of the gadgets (Sh500) was too high and they were not readily available in remote areas. This finding underlines the importance of planning for the access of HIV testing kits in the health system to create demand for services among the targeted groups (Treger & Tank, 2019); (Cornell, Cox, & Wilkinson, 2015).

The study found out that some of the demographic factors that influence behaviour change among youths were age, social-economic status which influences level of awareness, knowledge and awareness and gender where of the respondents, most of those who had tested for HIV were women.

Overall, these findings correspond to those in previous researches (MacPhail, Pettifor, Moyo, & Rees, 2009; Meehan, Draper, Burger, & Beyers, 2018; Musheke et al., 2013; Okal et al., 2020), which include lack of facilities, lack of trust in the facilities, fear of community judgement and lack of time as reasons that hinder HIV testing.

5.2 Conclusion

One of the key finding of the study is that some of the respondents misinterpreted the messages in the *Chukua Selfie* song, which were seen as promoting promiscuity and alcohol drinking. This may have hindered the effectiveness of the campaign in spreading behaviour change messages. While the use of influencers and celebrities may have brought attention to the campaign, some respondents thought that the musicians had come together to do song to encourage the youth to go clubbing and indulge in other

immoralities. Access to the self-testing kits sold at Sh500 was also one of the major challenges of the campaigns since a majority of those targeted, young men and women, had no sources of incomes. Wakefield (2010) argues that mass media campaigns can produce positive outcomes when implemented in conjunction with policies that support and encourage behaviour change, access to community-based programmes, and availability of essential products and services.

5.3 Recommendations

This study recommends the following to enhance the work of behaviour change communicators in running campaigns that bring positive outcomes in the society.

5.3.1 For behaviour change campaign designers

In designing behaviour change media campaigns, there is need for care to be taken so that one uses the correct messages to avoid misinterpretation or resistance to messages. A campaign that had good intention may fail to achieve its targeted goal due to wrong interpretation of the overall message.

Cultural and religious institutions should be incorporated in behaviour change campaigns as they play a significant role in influencing the audiences' beliefs, values and perceptions and by extension, the audiences' reception of media messages.

Gender is a key factor in how audiences receive and engage with behaviour change campaign messages. It would, therefore, be important while conceptualizing and designing behaviour campaign media messages to reflect some of the realities and have gendered media campaign messages.

5.3.2 For scholars undertaking research

While the study has generated some interesting findings, regarding audience behaviour towards and reception of *Chukua Selfie* messages, there is still a lot of room for more research into the subject. The study solely focused on the target audiences for the campaign, it may be important that future research to include audiences of older ages.

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APPENDIX 1: INDIVIDUAL IN-DEPTH INTERVIEWS GUIDE

INTRODUCTION

Welcome and thank you for accepting to participate. My name is Evelyn Okewo, I am an MA Communication student at the University of Nairobi. I am conducting this interview for my research project to determine how audiences received and adopt to behaviour change media messages, specifically, the *Chukua Selfie* media campaign. Everything you say here is confidential and only your initials will be used in my report.

PRELIMINARY QUESTIONS

1. What is your name (Initials only)? _____

Occupation? _____

Religion/faith _____

2. Do you know your HIV status? _____

3. When was the last time you tested for HIV? _____

4. Are you in any relationship (married, single or dating)? _____

5. Do you know your partner's HIV status?

Yes/No: _____

5. If No, Are you willing to know? _____

BEHAVIOUR CHANGE MEDIA CAMPAIGNS

1. Do you remember any media campaign relating to HIV/AIDS? If yes, kindly provide a

Description of the campaign: _____

2. Why do you think you remember this/these media campaigns?

3. What is your opinion about these campaigns?

4. In your opinion, what was the purpose of these campaigns?

5. Do you think these campaigns are useful?

YOUTH RECEPTION OF CHUKUA SELFIE MEDIA MESSAGES:

Showing the ads: (see below Images I, II & III Audio clip

1. What do you think these images and clip are communicating in your own words?

2. What were your feelings and thoughts when you first saw it in the street, TV etc?

3. How did you react when you first saw/view the advertisement?

4. What was so striking about it?

5. How did it make you feel after watching/seeing it a couple of times?

6. Did you ever feel it was targeting you? Was there any message for you in the advertisement?

7. Given what you knew/know about HIV/AIDS, did you pick anything that you considered crucial to your personal health?

(And what was that?)

CONCLUDING:

Any further comments or anything you want to add/clarify that we have not covered in the interview?

THANK YOU VERY MUCH!

APPENDIX II: FOCUS GROUP (FOLLOW-UP) INTERVIEW GUIDE

1. Opening Remarks (2 Minutes)

I'm glad you accepted my request to be part of this study. A big thank for making time out of your busy schedule to attend this meeting today. My name is Evelyn Okewo, I am MA Communication student at the University of Nairobi. The Agenda of today's meeting is to discuss more about the 'Chukua Selfie' campaign, basically how you understand this campaign.

Before we start the discussions, we will have in place few basic rules to keep in mind while participating in the study.

- a) Everyone is expected to be an active participant.
- b) There are no 'right' or 'wrong' answers.
- c) Speak freely but remember not to interrupt others while they are talking.
- d) Note taking is for reporting purposes only and will be used for analysis. Names are not attached to the notes.
- e) All information gathered will be analysed to determine whether there was high uptake of HIV self-testing among the target population.
- f) Given that, the team will not get back to any individual participating in the sessions. f) All feedback today will remain anonymous. In order to maintain anonymity, I just ask that anything that is said during our session is not repeated outside of our session.

2. Introductions (2 Minutes)

Before we start, I'd like to go around the room and have everyone introduce themselves and tell us what your position is at school/university/ college you are coming from and your ages.

3. Interactive Exercise (10 minutes)

Think about the different ways you understood the Chukua Selfie campaign. Write down the first two or three words that come to mind when you think about this campaign. According to your own understanding, do you think this campaign resulted to behaviour change among the target population? Do you think this campaign pushed people to know their HIV status?

4. Chukua Selfie campaign objectives (20 Minutes)

We're going to take some time and review some specific objectives aligned to this campaign and whether in your opinion these objectives were achieved.

5. What are some of the barriers you experienced while seek self-testing services?

Questionnaire guide for Key Informants (SCANAD Advertising Agency)

Thank you for finding time out of your busy schedule to have an interview with me.

1. What informed this campaign? (5minutes)

2. Did the campaign achieved the set objectives? (10minutes)

3. What are some of the barriers you experienced while implementing this campaign? (10minutes)

4. What informed the use of celebrities for this campaign? (5 minutes)

APPENDIX III: SAMPLE OF CHUKUA SELFIE MESSAGES CAMPAIGN

Image





SCRIPT OF CHUKUA SELFIE SONG AUDIO CLIP

Chukua Selfie - Starring *Fena, Khaligraph Jones, Jua Cali, Nyashinski, Naiboi* - YouTube

Chukua Selfie lyrics

Naiboi

Ooh yeah Ah *chukua selfie Selfie* We all know you know yourself Catch your groove one time(yeah) Feel the vibe one time, ah Calculate one time, two time eeh Khaligraph Jones

Khaligraph Jones

Mbele iko sawa nimecheck(iyee) Na leo nadai moja ya power That I will never forget(ha)
Drop me a pin and a location Staki story za simu, Mimi sitaki ma-conversations
Utanipata kwenye date Kama ni appointment You know that I woun't be late(no) Hii
story najua we unarelate So katambe mtu mbili sote tu participate Take a selfie!

Fena Gitu

Leo nimekam kuget down Leo nimekam kuget busy You've been on my case for a while
But baby, I am not that easy Feeling some type of way Nishike kama siku za mwizi
Tupige kama gym tuko tizi Nipike ka matoke mandizi(yeah) Today is your lucky day
What you gonna do now That you want me on to yourself So come and get this, before
we get down Get down to business Piga selfie, mimi na ma lover *Chukua selfie*, number
one lover Piga selfie, mimi na ma lover *Chukua Selfie*, number one lover .

Jua Cali

Maisha ni moja, wacha nibambishwe Nasema uko sawa, wacha nihakikishe Young wild
and free kijana na bidii Usijinyime cha ufuo usijitie zii Leo ni leo Aaah ziachilie Jipigie
kifua jiaminie Chukua selfie mtu wangu wewe tesa kwanza angle ya juu inawezaaa.

Nyashinski

The best life, to want touch your waist My type and I, in my type of lady Fast life, we
vibe like we ready Act like you are mine, Act like we living a fast life Tunaenda kuwa
mtiti mtiti All along nimenotice Iyo form iko fiti, tumbond Sasa tunaingia zone,
hutushiki Isha go down kwa DM Leo perform, ndio huyo mimi yeah

Chorus: Fena Gitu

Piga selfie, mimi na ma lover Chukua selfie, number one lover Piga selfie, mimi na ma
lover Chukua selfie, number one lover Sweet like mango (aah) sweet

Nyashinski

Sioni sawa naona vision Macho zimefocus Si allowance tunasit on Si unajuanga roho pazia Si hadi niko na mission Au pengine ninayo Na si hapa ndio na belong(aha) Umenilike for long Style fresh sexy smell in my cologne Usha chukua selfie uko ready now its on You know you are the one have been looking for.

Naiboi

Aaah, you the one have been looking for Oooh come mahali nikufloss, nikustudy more and more (oooh yeah) And no doubt nakutaka taka Zile mafeelings za gizani zanipandapanda(eeh) Chukua selfie tutese sasa Aaah Naiboi on your case sitaki undercover (ni noma no) Ah vile umetesa move your bambam to me Leta niseti kitu kwani boss iko nini? Kaende juu juu, chini chini we na mi I make decision, change position.

Chorus: Fena Gitu

Alafu Piga selfie, mimi na ma lover Chukua selfie, number one lover Piga selfie, mimi na ma lover Chukua selfie, number one lover

Naiboi

Sweet heart mango, sweet heart mango I like her mango, sweet like mango Noma sana!(hahahahaha)