

**A SURVEY OF ATTITUDES OF KENYAN ADOLESCENTS TOWARDS  
POPULATION SERVICES INTERNATIONAL HIV/AIDS SOCIAL  
MARKETING CAMPAIGNS: THE CASE OF STUDENTS OF THE COLLEGE  
OF HEALTH SCIENCES**

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## DECLARATION

This management research project is my original work and has not been presented for a degree in any other university.

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28 October 2006

Edith Adhiambo Otieno

This management research project has been submitted with my approval as a University Supervisor.

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## DEDICATION

This project is dedicated to my husband, Dick for his patience, understanding, support, advice, encouragement and love, and to my loving parents and parents-in-law for their prayers and thoughts.

## ACKNOWLEDGEMENTS

This work would not have been possible without the continuous encouragement and firm yet gentle prodding of my supervisor, Margaret Ombok, who never lost her confidence in my abilities. Her invaluable advice, friendship, professional supervision and steadfast dedication during the process gave me renewed strength to accomplish this challenge. I have truly learnt a great deal from her.

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I am grateful to God for the victory.

## ABSTRACT

This research study sought to determine the cognitive, affective and behavioural components of the attitudes of students drawn from the College of Health Sciences, University of Nairobi toward Population Services International's social marketing campaigns against HIV/Aids.

The population of interest was all first year students of the College of Health Sciences, University of Nairobi. The students' class registers for the 2005/2006 academic year were obtained from the University's School of Dental Medicine, School of Medicine, School of Nursing and School of Pharmacy. A total of 546 students, from the four class registers, made the sampling frame.

This was a descriptive survey. A sample of 190 students was taken. Although random sampling techniques would have been more appropriate for this research study, convenience sampling techniques were applied. During the field work stage, the researcher encountered significant delays in obtaining first year students' class registers from the School of Dental Surgery and School of Pharmacy. Thus, it was impossible to conduct random sampling techniques which would require following specific students.

The alternative was to employ convenience sampling techniques so as to obtain responses from individuals that were easiest to reach. However, measures were taken to ensure that this sample is an accurate representation of the larger population using screening questions before the actual interview process. Primary data was collected using a structured questionnaire with both open ended and closed questions. Trained research assistants administered the instrument through personal interviews.

Generally, all the four HIV/Aids campaigns were well received by the respondents, and each campaign led to some degree of change in behaviour associated with the message. These findings demonstrates that there is a relationship between awareness and knowledge of Population Services International's social marketing campaigns against HIV/Aids on one hand, and change in knowledge, perceptions and behaviour relating to sex.

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# CHAPTER ONE

## INTRODUCTION

### 1.1 Background

Kenya's population is estimated to be 31.5 million people and is heavily concentrated in the rich agricultural zones in central and western regions (UNDP Human Development Report, 2004). Poverty is also rampant; 52 per cent of the population lives below the poverty line. There is also a wide income disparity with only 20 per cent of the population controlling 55 per cent of the income while the poorest in the rural areas receive only 3.5 per cent of the rural income base. At present 57 per cent of the population have access to safe water.

Despite a high government spending on education (8 per cent of Gross Domestic Product) most indicators show a declining trend in educational standards, with wide regional and gender disparities. As late as 2001, per capita expenditure on health was only USD 114 and there were only 14 physicians to a 100,000 people. The Government of Kenya has formulated a number of policies aimed at addressing these imbalances. Through its Sessional Paper No. 1 of 1986, its policies were re-oriented towards a more market-oriented economy and the promotion of private sector initiatives.

The 7th National Development Plan of 1999 specifically endorsed sustainable human development as the major concern and focus for the country's development policy and planning. It contains renewed commitment to education, training and human resources capacity building programmes and ensuring that benefits of development are distributed widely and fairly. The government committed itself to enhancing the participation of communities in development planning and implementation, and promotion of the private sector in order to stimulate investment and savings, increase household incomes and create job opportunities (National Poverty Eradication Plan, 1999).

The Social Dimensions of Development concept and approach was formulated as a package of short and long-term projects targeting the poor and vulnerable groups of the population, in response to the negative impact of the Structural Adjustment Programmes, which has been the worsening of poverty conditions for the majority of the population (Bahemuka et al, 1998).

The approach covers 6 major themes, namely, welfare and basic services, skills development, employment and job creation, rural development, security and public administration. Targeted interventions in these areas include health, education, food, employment, infrastructure and protection of the environment. More recently, the Poverty Reduction Strategy Paper (2001) is an all inclusive participatory approach to planning whose primary aim is to put in place a people-centred set of policies and priorities to achieve growth and reduce poverty.

The Paper outlines the priorities and measures necessary for poverty reduction and economic growth. It is founded on policy measures set out in the interim Poverty Reduction Strategy Paper such as the restoration of economic growth, maintaining macroeconomic stability, improving governance, raising income opportunities of the poor, improving the quality of life, and improving equity and participation.

### **1.1.1 Social Marketing Campaigns**

Social marketing is one of the strategies currently used in addressing these social issues as well as many others. Kotler et al. (2002) define it as the use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify, or abandon a behaviour for the benefit of individuals, groups, or society as a whole. Most often, social marketing is used to influence an audience to change their behaviour for the sake of improving health, preventing injuries, protecting the environment, or contributing to the community.

The four major tools in the marketer's toolbox are the "4Ps" of product, price, place, and promotion also referred to as the marketing mix. Marketing communications refers to all the promotional elements of the marketing mix which involve the communications between an organization and its target audiences on all matters that affect marketing performance (Broderick & Pickton, 2001).

A marketing communications campaign refers to the performance and integration of all promotional marketing communications activities into a programme designed to achieve interrelated goals (Jones, 2001). For this research project, a working definition of social

marketing campaigns has been derived from the foregoing as follows: 'A social marketing campaign refers to communications which uses the promotional elements, between an organization and its target audience to influence it to voluntarily accept, reject, modify or abandon a behaviour for the benefit of individuals, groups or society as a whole.'

### **1.1.2 The Concept Of Attitudes**

Attitudes refer to learned orientations for or against a topic or object and also become stored in memory for use in evaluating external stimuli. Attitude was originally defined as a predisposition to act – such as buying intentions (Crane, 1972). In practice, however, most attitude studies have concerned emotions and feelings – what psychologists often call affects – and belief and ideas - what psychologists call cognitions.

Crane further argues that the word 'attitude' emphasizes the response to a message. A positive attitude is therefore taken as signaling an inclination to act in a favourable way towards the attitude object and the converse also holds (Engel and Light, 1968).

Growing evidence suggests that cognitive responses are indicators of the degree to which acceptance and yielding actually happen, especially when involvement is high and the consumer is actively engaging in brand evaluation (Engel et al., 1991). Affective responses refer to emotions and feelings induced by the stimulus, which in their most intense form have a strong visceral and sympathetic-nervous system component. Attitudes are an important influence of behaviour.

### **1.1.3 HIV/Aids In Kenya**

It was not until September 1984, that the medical community was to officially learn of the first reported case of Aids in Kenya, through an article published in the East African Medical Journal (1984). Kenya is one of the 15 countries in sub-Saharan Africa with the highest HIV prevalence worldwide (Johnston, 2000). According to a report by UNAIDS, the country's HIV/Aids prevalence rate stood at 7 per cent in 2003 (AIDS Epidemic Update, 2005).

The 2003 Kenya Demographic and Health Survey found that prevalence among women of 15 to 49 years is almost 9 per cent of those infected, compared to men's 4.6 per cent for the same

age group. The peak prevalence among women is found in the 25 to 29 years age group, which is almost 14 per cent. In addition, women residing in urban areas have a significantly higher risk of HIV infection – 10 per cent – than their rural counterparts – 6 per cent – with Nyanza and Nairobi having the highest figures.

HIV/Aids among Kenyan adolescents is almost entirely a sexually transmitted infection with data showing that 98 per cent have been infected by sexual contact. The percentage of new HIV infections among under 20 year old males in Kenya in 2000 was 20 per cent, while that among under 20 year old females was 30 per cent, with predictions that these figures would double in 2005 to 40 per cent and 60 per cent respectively (Johnston, 2000). A Knowledge, Attitude and Practice survey conducted by Population Services International (PSI) in 2003 revealed that 80 per cent of women between 15 and 19 years, and 88 per cent of men of the same age group consider themselves to be at little or no risk of contracting HIV, and are therefore not worried about the risks associated with unprotected sex.

Interestingly, the statistics stood at 80 per cent and 84 per cent respectively for the same demographics, according to the 1998 Kenya Demographic and Health Survey. The spread of HIV/Aids in Kenya poses a great threat to the health of the nation, putting an already stretched healthcare system under severe strain, and with very significant effects on the demographic, social and economic aspects of the population (East Africa Sub-regional Programmes Annual Appeal, 2005). HIV/Aids also enhances poverty because of its negative impact on all aspects of development (Bahemuka et al, 1998).

The cost of Aids care and the loss of earnings for the patient's family reduce their ability to cover basic needs such as health care and education. It causes reduction in the size and experience of the labour force, increases health care expenditure, raises the costs of labour and reduces savings and investment (Tanui, 1999; Daily Nation, 2000). But it is the African women who are bearing the brunt of the Aids crisis (Kiprotich, 2005). They also bear a disproportionate share of the burden of Aids care (Piot & Thompson, 2005).

The Government declared Aids a national disaster on 25 November 1999 (East African Standard, 2000) and consequently, established the National Aids Control Council (NACC)

under the Ministry of State, on 3 February 2000, to coordinate a multi sectoral response and oversee an expanded programme with the participation of all sectors including government, non governmental organizations, private sector, religious groups, churches, professional organizations and community groups (Were, 2004).

These responses have included the scaling up of voluntary counseling and testing (VCT) centres, improvement of access to anti retroviral treatment, and the expansion of HIV information campaigns including messages promoting behaviour change (Arunga, 2005). Trials for another Aids vaccine are also underway (Okwemba, 2006).

#### **1.1.4 Population Services International**

Social marketing as practiced by Population Services International, combines communication – to motivate a wide array of healthy behaviour – with the provision of needed health products and services primarily to lower-income and other vulnerable persons through the private sector (Odiko, 2003). Population Services International procures products, establishes an office and delivery system, and markets products and services through the existing private sector network.

Products and services are branded, attractively packaged, widely distributed, effectively promoted and sold at low prices (PSI Biennial Report, 2001-2002). Population Services International first got involved with voluntary counseling and testing in Zimbabwe in 1999. In seven years, the project has developed into a franchised network of 20 VCT centres branded and promoted under the unifying name “New Start,” where over 15,000 clients are tested per month. As of April 2006, Population Services International is implementing voluntary counseling and testing projects in 18 countries worldwide and has tested over 1.4 million clients (PSI, 2006).

The other countries are Benin, Cambodia, Côte d'Ivoire, Haiti, India, Kenya, Lesotho, Mali, Mozambique, Myanmar, Namibia, Rwanda, South Africa, Swaziland, Togo, Vietnam and Zambia. In 2006, Population Services International launched youth-friendly VCT services in the “Top Réseau” franchise in Madagascar (Ashford & Neukom, 2006). Population Services International has been promoting abstinence to young people for avoiding pregnancy and HIV

infection since 1988 in countries such as Cameroon and Kenya. In Kenya, Population Services International's social marketing campaigns against HIV/Aids targeting adolescents have gained prominence as a result of its sustained social marketing campaigns for adolescents in both print and electronic media. These campaigns include "Je, Una Yako?", "Chanukeni Pamoja", "A Real Lady/Man Waits" and "Kunywa Zaidi, Teleza Zaidi". Adolescent sexual and reproductive health refers to the physical and emotional well-being of adolescents – defined as people between ages 10 and 19 – and includes their ability to remain free from unwanted pregnancy, unsafe abortion, sexually transmitted diseases including HIV/Aids, and all forms of sexual violence and coercion (Senderowitz, 1995; WHO, 1998).

In Zambia, Population Services International jointly implemented a mass media project targeting youth with John Hopkins University-Change Communications Project. Population Services International also promotes mutual fidelity to stable couples as their first line of defense against HIV infection. In Nigeria, condoms are promoted to high-risk groups and members of the general population exhibiting high risk behaviour (PSI, 2006).

## **1.2 Statement Of The Problem**

The spread of HIV/Aids in Kenya has significant effects on the demographic, social and economic aspects of the population. HIV/Aids also enhances poverty because of its negative impact on all aspects of development (Bahemuka et al, 1998). In recognition of the huge ramifications of the disease on the economic progress made thus far, in an effort to contain the epidemic the Government declared Aids a national disaster on 25 November 1999 (East African Standard, 2000). Kenya has a high percentage of young people – four out of ten Kenyans are below 15 years of age – which translates into a high dependency ratio (Institute of Economic Affairs, 2002).

The HIV/Aids pandemic continues to pose a threat to the survival of this vulnerable generation. Only 10 per cent of women aged 15 to 19 years, and 37 per cent of corresponding men reported condom use during their latest sexual encounter (PSI, 2003) despite the high visibility of Population Services International's social marketing campaigns against HIV/Aids. The same survey revealed that 80 per cent of women between 15 and 19 years, and 88 per cent of men of the same age group consider themselves to be at little or no risk of

contracting HIV, and are therefore not worried about the risks associated with unprotected sex. In Kenya, Population Services International's social marketing campaigns against HIV/Aids change behavioural norms among adolescents in four areas (PSI Biennial Report, 2001-2002): increasing condom use, particularly among those who practice the riskiest behaviour (for example, the Trust condom's "Je, Una Yako?" campaign); motivating couples to get tested and know their status (for example, the "Chanukeni Pamoja" campaign); delaying the onset of sexual activity among adolescents (for example, the "A Real Lady/Man Waits" campaign) and reducing teenage indulgence in alcohol (for example, the "Kunywa Zaidi, Teleza Zaidi" campaign). The campaigns were delivered through television, radio, print, billboards, posters, T-shirts and event sponsorships.

Research studies have focused on different aspects of the sexual behaviour of Kenyan adolescents, including in relation to HIV/Aids awareness (Kamau, 1996; Makau, 2002; PSI & USAID, 2006). Other research results have yielded data on the use of condoms and other forms of contraceptives by Kenyan adolescents (1998 KDHS, 1999; Muita, 1998 in Johnston, 2000; Okoth, 2002; PSI, 2003). However, these studies do not focus on the adolescents' attitudes in relation to specific, identifiable social marketing interventions.

Consequently, it was important to investigate the attitudinal shifts of the adolescents toward Population Services International's social marketing campaigns against HIV/Aids campaigns so as to determine whether they have been effective – as opposed to simply exciting them – or whether there is need to modify them. Similarly, there is an urgent need to ensure that these campaigns are effective in bringing about the desired behaviour (Were, 2005), in addition to stepping up youth based campaigns. Furthermore, it is costly to undertake such campaigns – The "Nimechill" campaign was worth KShs 41.5 million – and if their level of effectiveness is known, Population Services International may take corrective measures as appropriate (PSI & USAID, 2006).

The proposed research study sought to answer the following question: "What are the attitudes of Kenyan adolescents toward the social marketing campaigns against HIV/Aids by Population Services International?"



### **1.3 Research Objectives**

The general objective of this study was to determine the attitudes of students of the College of Health Sciences, University of Nairobi towards Population Services International's social marketing campaigns against HIV/Aids.

The study's specific objectives were to determine:

- (i) Whether the students are aware of Population Services International's social marketing campaigns against HIV/Aids (cognitive component),
- (ii) Their feelings towards Population Services International's social marketing campaigns against HIV/Aids (affective component) and
- (iii) Whether they have taken action as a result of these campaigns (behavioural component).

### **1.4 Importance Of The Study**

It is envisaged that the findings of this study may contribute towards the following:

- (i) Identifying what needs to be changed in current Population Services International HIV/Aids social marketing campaigns for adolescents in order to be more efficient and effective.
- (ii) Providing insights into how best to transform sexual and reproductive health information, communication and education messages into materials for social marketing campaigns so that they are acceptable to and popular with the audience.
- (iii) Demonstrating to the Government of Kenya the significance of social marketing campaigns in addressing HIV/Aids prevention, care and support issues.
- (iv) Demonstrating to funding agencies and other stakeholders the significance of social marketing campaigns in addressing emerging public health issues in Africa.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter explores the concepts of social marketing and attitudes in detail, looking at their origin and roles. The four well known communications models which formed the basis of this research study are also discussed.

#### **2.2 Social Marketing**

Social marketing is the planning and implementation of programmes designed to bring about social changes using concepts from commercial marketing. These social changes may relate to raising awareness, or changing attitudes and social behaviour in order to sell a product or promote a practice. It therefore makes needed products available and affordable to healthy behaviour (PSI Biennial Report, 2001-2002).

Similar to commercial sector marketers who sell goods and services, social marketing change agents typically want target audiences to do one of four things, accept a new behaviour, reject a potential behaviour, modify a current behaviour, or abandon an old behaviour. The fundamental benchmark of social marketing in the reproductive health sector is behaviour change (Odiko, 2003). Benchmarks may also be established for knowledge (education or information) and belief (attitude or feelings) change. They are not ends in themselves but are the means of preparing the way for the behaviour change.

Kotler et al (2002) contend that the primary principle underlying marketing is to apply a customer orientation to understand what target audiences currently know, believe and do. The process begins with marketing research to understand marketing segments and each segment's potential needs, wants, beliefs, problems, concerns, and behaviours. In the context of the HIV/Aids epidemic, before individuals and communities can reduce their risk to HIV and Aids or change their behaviour, they must first understand the basic facts about HIV and Aids, develop favourable attitudes toward prevention, learn a set of skills, and have access to appropriate products and services (FHI, Path, 2002). Marketers then select target markets they can best affect and satisfy. They establish clear objectives and goals. They then use four

major tools in the marketer's toolbox, the "4Ps" to influence target markets: product, price, place, and promotion, also referred to as the marketing mix. They carefully select product benefits, features, prices, distribution channels, messages, and media channels (Weinrich, 1999; Kotler et al, 2002). Perhaps the most challenging aspect of social marketing is that it relies on voluntary compliance rather than legal, economic, or coercive forms of influence. In many cases, social marketers cannot promise a direct benefit or immediate payback in return for a proposed behaviour change.

From its early introduction in the field of family planning in the early 1970s, social marketing first slowly migrated into related fields of public health in international and national settings. Examples include efforts in promoting child survival and high blood pressure education programmes (Kotler & Levy, 1971). By the late 1980s and early 1990s, there was a marked acceleration in the adoption of social marketing approaches by a growing array of international and domestic agencies and creation of organizations and institutions to support this growth. Andreasen and Kotler (1996) contend that work on family planning led to work on the HIV/Aids epidemic.

In Kenya, PSI is the only non-governmental organization practicing social marketing in the reproductive health sector (Odiko, 2003). In the public sector, an initiative between the Government and the German Technical Cooperation in 2000 instituted a condom social marketing programme through the Reproductive Health Advisory Board. The project markets 'Sure' branded condoms at the community based distributors' level, kiosks and retail stores.

To complement efforts by the public sector, the Kenyan private sector has developed many successful social marketing campaigns aimed at reducing the spread of HIV/Aids. Pharmaceutical companies such as Bayer East Africa, Megascope Health Stores and Condomi Kenya and the advertising industry - including Lowe Scanad – have condom promotion campaigns (Daily HIV/Aids Report, 2006).

### **2.3 Social Marketing Communications**

Delozier (1976) in Fill (2002) defines marketing communications as a management process through which an organization enters into a dialogue with its various audiences. Based upon

an understanding of the audiences' communications environment, an organization develops and presents messages for its identified stakeholder groups, and evaluates and acts upon the responses received. The objective of the process is to (re)position the organization and/or its products and services, in the minds of members of the target market, by influencing their perception and understanding. The goal is to generate attitudinal and behavioural responses or have an impact on individual decision-making (Garton, 2001).

The marketing communications mix consists of a set of tools, which can be used in different combinations and different degrees of intensity in order to communicate with a target audience. This 'bag of tools' is also referred to as the promotional mix. There are five principal marketing communications tools: these are advertising, sales promotion, public relations, direct marketing and personal selling (Broderick & Pickton, 2001).

Advertising is a non-personal form of mass communication placed in a definable medium. It offers a high degree of control for those responsible for the design and delivery of the advertising message (Crosier, 1999 in Broderick & Pickton, 2001). It can be used to communicate with a national audience or a particular specialized segment. Sales promotion comprises various marketing techniques, which are often used tactically to provide added value to an offering, with the aim of accelerating sales and gathering marketing information.

Like advertising, sales promotion is a non-personal form of communication but has a greater capability to be targeted at smaller audiences (Fill, 2002). Personal selling is traditionally perceived as an interpersonal communication tool which involves face-to-face activities undertaken by individuals, often representing an organization, in order to inform, persuade or remind an individual or group to take appropriate action, as required by the sponsor's representative.

Public relations is the 'art and social science of analyzing trends, predicting their consequences, counseling organizations' top leadership, and implementing planned programmes of action which will serve both the organization's and the public interest'. There is a wide range of tools used by public relations such as publicity, event management, sponsorship and lobbying (Shimp, 1997). This non-personal form of communication offers

organizations a different way to communicate, not only with consumers but also with many other stakeholders. Direct marketing seeks to target individual customers with the intention of delivering personalized messages and building a relationship with them based upon their responses to the direct communications. Direct marketing attempts to build a one-to-one relationship, a partnership with each customer, by communicating with the customers on a direct and personal basis (Kumar, 2001).

#### **2.4 The Role Of Social Marketing Campaigns**

A contraceptive social marketing campaign by DKT in the Phillipines, the 'Trust' condom, was originally positioned in 1990-1991 as a safe and economical means for birth spacing, targeting lower income married couples. The campaign focused on condom use as the means to a healthier, happier life, also emphasizing financial security (Harvey, 1997). Research results of the campaign revealed some confusion in the marketplace.

The general perception that condoms are prone to frequent breakage was one of the main barriers to use among nonusers. The entire campaign was subsequently rethought and the new campaign promised the product to be "Strong and Reliable Protection", which is a much more tangible (and believable) benefit. The campaign tackled the condom "embarrassment" barrier by producing two radio advertisements. The project also produced a commercial for cinema. The background music was bold and strong as were the visuals.

Pechmann (1997) undertook a study to determine if antismoking advertising in Canada combats underage smoking. Field and laboratory experiments indicated that antismoking advertisements can reduce underage smoking. However, youth must see the advertisements when 11-15 years old. New advertisements must be created each year. The advertisements must be coordinated with intensive antismoking school programmes.

Finally, the advertisements must depict the short-term costs of smoking (e.g. bad breath), show youth how to refuse cigarette offers and show that smoking is not the norm. Use of short messages that youth will find credible and informative is advised. Desrosiers et al. (1997) describes how research is used in the design, implementation and evaluation of antitobacco advertising. In particular, advertisement concept focus testing, awareness

monitoring, impact assessment, as well as two segmentation frameworks have been examined. These frameworks have helped to define the target audience for new messages and evaluate the impact of advertising in changing the attitudes and behaviours of the population. A monitoring study has shown that new advertisements are highly memorable, while a tracking study indicated that the advertisements were having an effect on attitudes and behaviours of the population. For example, a tracking study in 1994-1995 showed that 67 per cent strongly agreed with the idea that the advertisements successfully brought out the issue of the harmfulness of tobacco.

61 per cent strongly agreed that the advertisements clearly got across the need to respect the health of nonsmokers; 85 per cent agreed strongly that the advertisements made them stop and think about the harmful effects of smoking cigarettes around children and infants; 47 per cent felt the advertisements had changed their own smoking behaviour, and 59 per cent felt that the advertisements had some influence on other people's smoking behaviour; and 35 per cent had a discussion about smoking because of the advertisements (Desrosiers et al., 1997; Mwangi, 2005; Maore, 2005).

In Vietnam, DKT began with a television campaign designed simply to create awareness on condom use (Harvey, 1997). Early feedback from this campaign suggested a further issue relating to shyness for which increased brand awareness might also be particularly helpful. Having a brand name and recognizable logo allowed condoms to be promoted more openly and comfortably.

Population Services International's affiliate in Cameroon, 'Programme Marketing Sociale au Cameroun' implemented a multichannel communication programme to motivate and enable sexually active, urban youth to use condoms consistently or not have sex (Ashford & Neukom, 2006). The programme targeted approximately 600,000 youth ages 15 to 24 in the country's two largest cities, Douala and Yaounde. Linked by the 100% Jeune brand, all communication activities were designed to promote images of youth who challenge social norms to protect their health. Television and radio spots were produced by local advertising agencies and pretested to ensure they were understandable and culturally acceptable. The 60-second spots, aired repeatedly for periods of four to six weeks, modeled positive behaviours



such as young women buying condoms without embarrassment. Nimechill is an abstinence promotion mass media campaign which was implemented by Population Services International (PSI & USAID, 2006). Nimechill's aim was to change three perceptions correlated with abstinence: social norms, self-efficacy and behavioural intentions to remain abstinent. In the context of the HIV/Aids epidemic, women and girls are less able to control decisions about sexual activity, including condom use. The inequality of power between men and women, and the economic aspects of transactional sex in resource-poor settings, such as older men using money or gifts to solicit sex from young girls deserve the same attention (FHI & Path, 2002).

Nimechill's persuasion strategy was based on positive affect (messages were optimistic and encouraging rather than risk based) and positive deviance (messages featured older youth, aged 14-16, defying early teenage sex norms). The campaign was delivered through television, radio, print, billboards, posters, T-shirts and event sponsorships (Musembi, 2005; Athieno, 2005). After the campaign, approximately 85 per cent of urban youth recalled Nimechill, and 45 per cent were exposed to the campaign through three or more channels. The proportion of youth reporting "never having sex" increased from 88 to 92 per cent over seven months; this effect was secular, however. Self-efficacy and intentions significantly increased over the seven months; this effect was a direct of exposure to Nimechill, but limited to those who reported high exposure to Nimechill.

'Centre Dushishoze' was the first centre in Rwanda to provide youth with quality, affordable reproductive health services in an integrated and youth-friendly setting. Located in Butare, it was also one of the first clinics to use rapid HIV-test technology. The multipurpose centre is a popular place for youth to spend free time and seek reproductive health information and services in a safe, discreet setting. The programme also includes a range of creative media campaigns and interpersonal communication activities to motivate youth to practice safe behaviours (Ashford & Neukom, 2006).

This site presented an opportunity to test the effectiveness of social marketing techniques for reaching out-of-school and rural youth. The programme does not use mass media because of young people's limited access to television and radio in Butare. Instead, peer educators, print



materials, and mobile video-unit shows motivate youth to visit the centre, seek HIV counseling and testing and sexually transmitted infections treatment services, and practice safe behaviours. The use of advertising in a programme for Aids prevention took place in the Democratic Republic of Congo in 1988-1990 (Harvey, 1997). The DKT project combined a classic social marketing effort for condoms with a multimedia educational and motivational campaign. First a series of television spots, designed to undermine some destructive myths about Aids were produced and aired in Kinshasa. The project also enlisted eloquent and persuasive musicians.

For the 1990 World Aids Day, the project sponsored a nationally broadcast concert featuring live renditions of six Aids songs by the original artists. Excerpts of the performance were edited into five music videos, with cuts of musicians and other popular figures giving advice on Aids prevention. The clips were later broadcast on a rotating schedule on TV and cassette tapes were distributed to Aids prevention groups throughout the country. In one song, one in three said it discouraged them from having multiple partners. One in four said it encouraged abstinence, and one in six said it motivated them to be faithful to a single partner.

## **2.5 The Role Of Attitude In Behaviour**

The theory underpinning hierarchy of effects communication models is borrowed from the psychology of attitudes (Belch & Belch, 1990). Attitudes refer to learned orientations for or against a topic or object and also become stored in memory for use in evaluating external stimuli. Attitude was originally defined as a predisposition to act – such as buying intentions (Crane, 1972). Classically, attitudes are thought to have three components: the cognitive, affective and conative (action) components.

The cognitive position emphasizes the role of mediation in learning, or the cognitive and symbolic processes that influence behaviour (Harre & Secord, 1972). The processes include perception and interpretation of environmental events, belief systems, verbal and imaginary coding systems, thinking, planning, problem solving, and others. The importance of an individual's interpretation and cognitive organization of environmental events often accounts for behaviour (Craighead et al, 1976). If cognitions are dissonant with each other, the result is an uncomfortable state that serves as a motivational force. The attitude, belief or action to

which the individual has become committed thus is stored in memory and tends to resist change (Festinger, 1957 in Engel & Light, 1968). Affective attitudes are simple statements of feeling and emotion. Attitude also finds expression in action and in evaluation (or avowed attitudes) subsequent to or dependent upon the other two components.

In the context of social marketing campaigns, the communicator has three ways of studying the target audiences. He can observe the target audiences in action. He can observe the results of such action. Or he can ask questions about what they know, feel and do (Crane, 1972). Answers to questions about buying intentions and what has been bought in the past include most of the purchases that concern a seller (Andreasen & Kotler, 1996).

Attitude concepts are typically assessed by one of three procedures. A Thurstone – or Likert – type questionnaire consisting of a set of statements which the person endorses, a semantic differential scale, or in many specific experimental studies, simply a few statements which the person endorses (Harre & Secord, 1972). Evaluation is not a simple act, but involves several distinct logical moves; (a) Identification of the qualities associated with the attitude object, (b) Placing the object on an ordered scale according to the qualities it possesses, and (c) expressing a liking or preference for the object.

Krugman (1968) explores this perspective further by acknowledging that consumers' decisions are based on learning behaviour, and that learning can really be demonstrated. The second perspective is a concern for what is learned. Learning often implies time and repeated trials or exposures. One aspect concerns what is called cognitive or perceptual learning; for example, how often do we recognize it as "familiar"? The second aspect concerns what is called affective learning; for example, how often do we have to look or hear before we "like".

## **2.6 Measuring Social Marketing Communications Effectiveness**

Each element of the promotions mix has different capacities to communicate and to achieve different objectives. Evaluating the campaign translates into evaluating different elements of the marketing communications plan. Jones (2001) contends that a comprehensive marketing communications plan will include an analysis, target audience profile, objectives, communications mix strategy, message strategy or creative theme, media strategy, budget,

and monitoring and control. It also includes an eventual, retrospective stock taking of the way in which the marketing communications planning process was managed. It is important to note that the marketing communications campaign should always be evaluated against the set of objectives for it (Robinson et al., 1968 in Broderick & Pickton, 2001). Typically, such objectives will require measures in three broad areas: media evaluation, communications effect, and sales effect. Measuring communications effect will require examining issues such as attitudes, purchase intention, claimed purchase behaviour and related issues.

Furthermore, interests and attitudes relate to many separate stages of believing the advertisement message (Ahmed, 1992). Fill (2002) argues that the effectiveness of each tool can be tracked against the purchase decision process, where consumers can be assumed to move from a state of unawareness through product comprehension to purchase. The marketer can be seeking a cognitive, affective or behavioural response. That is, the marketer might want to put something into the consumer's mind, change an attitude, or get the consumer to act (Kotler, 2005).

The apparent connection between communications effect and sales effect is often portrayed in the marketing communications literature as a number of linear, sequential models. As illustrated in Figure 1, the Attention-Interest-Desire-Action (AIDA) model depicts the buyer as passing through successive stages of attention, interest, desire and action (Engel et al., 1991). The salesperson must first get the attention of the customer and then arouse some level of interest in the company's product or service.

Belch and Belch (1990) suggest this may be done by understanding the needs of the customer and showing the attributes or features of the product or service and emphasizing how they translate into benefits for the individual. Strong levels of interest will hopefully create desire by the customer to own or use the product. The action stage in the AIDA model involves getting the customer to make a purchase commitment and closing the sale.

The hierarchy-of-effects model developed by Robert Lavidge and Gary Steiner represents the process by which advertising works. It assumes that there is a series of steps a consumer must pass through in sequential order from initial awareness of a product or service to actual

purchase (Kotler, 2005). The receiver must first become aware of the brand of product or service. Once awareness has occurred, the receiver must be provided with knowledge or information about the features, attributes, and so on, of the product. The information and knowledge the consumer acquires may lead to liking, a positive feeling or attitude toward the brand.

These positive feelings may subsequently lead to preference whereby the brand is preferred over alternative brands. Conviction occurs when the consumer becomes convinced that he or she should buy the brand and forms a purchase intention. The final step that translates these feelings and convictions into behaviour is purchase (Kumar, 2001).

Arbor (1959) in Boyd and Britt (1968) asserts that the decision to adopt a new product is accompanied by five stages. Awareness comes first: at this point, the person learns about the new product. He knows it exists, but he has only general information about it. The interest or information stage follows. If interested, the new the person begins to collect more specific information about the new product.

The final stage before adoption is the trial stage. At this point the person tries the product out on a small scale if this is possible. The last stage is the adoption stage. At this point the person decides to adopt the new product and begins using it on a full scale (Otterson et al, 1964). The final of the four response hierarchy models is the communications model of advertising effects developed by various scholars.

The appropriate view of a receiver in a persuasive communication situation like advertising is as an information processor or problem solver (Belch & Belch, 1990). The series of steps a receiver goes through in being persuaded include message presentation or exposure. Once the receiver becomes aware of the object of the communication, a cognitive response or mental reaction as information is processed (Engel et al., 1991) occurs, and subsequently an attitude is formed. What follows is the behaviour intention, which gives way to actual behaviour.

These models all begin with inputs, which are received by any or all of the five senses (Engel & Light, 1968). The series of stages are then similar, as shown in Figure 1. For instance, the

AIDA model's stage of attention well as the hierarchy-of-effects and Innovation-Adoption models' awareness stages are similar to that of reception in the Communications model. Knowledge is synonymous with cognitive response, whereas attitude is related to interest and liking. The Communications Model's intention stage is similar to that of evaluation, conviction and desire in the Innovation-Adoption, Hierarchy-of-Effects and AIDA models respectively. The final stage involves the purchase decision or the decision to act or behave in a certain way. The Innovation-Adoption model distinguishes between the trial behaviour and the adoption of the behaviour.

**Figure 1. Communications Effects Models**

	Models			
Stages	AIDA Model	Hierarchy-Of-Effects Model	Innovation-Adoption Model	Communications Model
Cognitive stage	Attention ↓	Awareness ↓ Knowledge ↓	Awareness ↓	Exposure ↓ Reception ↓ Cognitive Response ↓
Affective stage	Interest ↓ Desire ↓	Liking ↓ Preference ↓ Conviction ↓	Interest ↓ Evaluation ↓	Attitude ↓ Intention ↓
Behaviour stage	Action	Purchase	Trial ↓ Adoption	Behaviour

Source: Kotler, P., (2005), Marketing Management, Delhi, Pearson Education, p. 568

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter describes the population of interest and discusses the research design, sampling design, data collection methods and data analysis techniques which were employed in this study.

#### **3.2 Research Design**

This was a descriptive survey and involved the collection of both quantitative and qualitative information as recommended for this kind of research (Rifkin & Pridmore, 2001; Adam & Harford, 1998).

#### **3.3 The Population**

The population of interest was first year students of the College of Health Sciences, University of Nairobi, which is comprised of four constituent schools. The study targeted this group of students – both male and female – because they are aged between 18-19 years and thus, fall within the frame of a structural period of vulnerability as defined by PSI and USAID (2006), Senderowitz (1995) and WHO (1998). Moreover, it is recognized that this stage of human growth and development marks the transition from adolescence into adulthood, and the beginning of the individual's ability to conceptualize issues.

The field work stage of the research project coincided with the second semester of the first year students from the College of Health Sciences, who were in session, unlike the College of Humanities and Social Sciences where other groups of first year students had already concluded their academic calendar. As such, the first year students from the College of Health Sciences were targeted for this research project. Class registers for both the regular and parallel programmes for the 2005/2006 academic year were obtained from the College of Health Sciences' schools of Dental Medicine, Medicine, Nursing and Pharmacy, totaling 546 students.

### **3.4 Sample and Sampling Design**

A sample of 190 students was taken. Although random sampling techniques would have been more appropriate for this research study, convenience sampling techniques were applied. During the field work stage, the researcher encountered significant delays in obtaining first year students' class registers from the School of Dental Surgery and School of Pharmacy. Thus, it was impossible to conduct random sampling techniques which would require following specific students. The alternative was to employ convenience sampling techniques so as to obtain responses from individuals that were easiest to reach. However, measures were taken to ensure that this sample is an accurate representation of the larger population using screening questions before the actual interview process. Deliberately chosen points defined on the basis of location/halls of residence and study/lecture halls acted as sampling points.

### **3.5 Data Collection Methods**

Primary data was collected using a structured questionnaire with both open ended and closed questions. Trained research assistants administered the instrument through personal interviews. This increased both the quality and rate of response by ensuring that each question was well understood before being responded to.

The questionnaire was divided into four sections. Section A served to collect demographic data, including variables such as age, sex and marital status. Section B focused on the cognitive component of attitude. Of interest was knowledge in relation to specific campaign messages, counter arguments, support arguments and source derogations.

Section C captured questions on the affective component of attitude, that is, appeal, relevance, comprehension, believability and attractiveness of the message (PATH & FHI, 2002). Message execution style and source of message was also examined. Measurement was effected by use of the Likert scale. Section D addressed the behavioural component of attitude and measured, among others, behavioural intentions including pre-contemplation and contemplation (Kotler et al., 2002) and actual behaviour (action).

### 3.6 Operationalization Of Variables

In this section, the operational dimensions of attitude as well as their measurement in relation to the effect of social marketing campaigns, is presented. The cognitive component of attitude was measured using dichotomous questions for awareness of Population Services International's social marketing campaigns against HIV/Aids and multiple response questions for source(s) of information. Knowledge in relation to specific campaign messages was captured using both multiple response and open-ended questions.

A five point Likert scale was utilized for operationalizing the affective component of attitude, where 5 represented "very large extent" and 1 "very small extent". Both positive and negative message attributes were considered. Finally, the stage of change model (Kotler et al., 2002) was applied to measuring the behavioural component of attitude. In this regard, the five stages of pre-contemplation, contemplation, preparation, trial/action and maintenance/adoption were adopted appropriately.

**Table 1. Operationalization Table**

Stages Of Change Variables	Expanded Definitions	Relevant Issues And Questions
Cognitive stage	Awareness of campaigns	Recognition of A Real Lady/Man Waits - (Q4i); Chanukeni Pamoja - (Q4ii); Kunywa Zaidi Teleza Zaidi - (Q4iii); Je Una Yako - (Q4iv)
		Source of PSI's HIV/Aids campaigns - (Q5)
	Knowledge of specific messages	Abstinence until marriage is the best way to prevent HIV – (Q6i), (Q6ii), (Q6iii)
		Motivating couples to get tested and know their HIV status – (Q7i), (Q7ii), (Q7iii)
		Reducing alcohol consumption to prevent risky behaviour – (Q8i), (Q8ii), (Q8iii)
Condom use is the best way to prevent HIV – (Q9i), (Q9ii), (Q9iii)		
Affective stage	Emotions and feelings toward messages and message execution style	Believability, appropriateness, relevance, consistence, appeal, attractiveness, action – (Q10) Embarrassment, threat, fear, disgust - (Q11)



<b>Stages Of Change Variables</b>	<b>Expanded Definitions</b>	<b>Relevant Issues And Questions</b>
Behavioural stage	Pre-contemplation	Prompting for opinion on abstinence - (Q12)
		Prompting for opinion on voluntary counseling and testing – (Q14)
		Prompting for opinion on alcohol consumption – (Q16)
		Prompting for opinion on condom use - (Q18)
	Contemplation/Intention to accept, reject, modify or abandon a behaviour	Considering abstaining until marriage -(Q13i)
		Considering visiting a VCT centre - (Q15i)
		Considering quitting drinking alcohol - (Q17i)
		Considering using a condom - (Q19i)
	Preparation	Decided to abstain - (Q13ii)
		Decided to visit a VCT centre - (Q15ii)
		Decided to quit drinking alcohol - (Q17ii)
		Decided to use a condom - (Q19ii)
	Action/Trial	Recently discussed abstinence - (Q13iii)
		Recently discussed taking HIV test - (Q15iii)
		Recently stopped taking alcohol - (Q17iii)
		Recently discussed using condom - (Q19iii)
	Maintenance/Adoption	Highly motivated to abstain - (Q13iv)
		Taken HIV test - (Q15iv)
		No longer take alcohol - (Q17iv)
		Always carry condom - (Q19iv)

### 3.7 Data Analysis Techniques

Descriptive statistics was used in analyzing data. Frequencies and percentages were used to analyze data and represent response rates from sections A, B and D. Section C was analyzed using mean scores and standard deviation. Tables and charts were used for presentation of the analyzed data.

## CHAPTER FOUR

### DATA ANALYSIS

#### 4.1 Introduction

This chapter summarizes the data obtained from 190 first year students from the College of Health Sciences. All the students interviewed were 19 year olds, and thus met the criteria for the desired age group – 18 to 19 years - for this study. The students were asked their age and marital status. They were asked about awareness of Population Services International's social marketing campaigns against HIV/Aids (cognitive component), their knowledge of specific campaign messages, their feelings toward these campaigns' messages (affective component) and their action as a result of these campaigns (behavioural component).

#### 4.2 Profile Of Respondents

This section captures the age, gender and marital status of the respondents. The data on age and marital status was obtained using open and closed questions respectively, and analyzed using frequencies and percentages.

##### 4.2.1 Gender Of Respondents

The respondents were classified into two groups, male or female, as appropriate.

**Table 2. Gender Of Respondents**

Gender	Frequency	Percentage
Male	96	50.5
Female	94	49.5
<b>Total</b>	<b>190</b>	<b>100.0</b>

Source: Survey Data

As shown in Table 2, the proportion of male and female students interviewed was 96 and 94 respectively, accounting for 50.5 per cent and 49.5 per cent of the total.

#### 4.2.2 Age Of Respondents

All the students interviewed were asked their age. They stated - all 190 of them - that they were 19 years old.

#### 4.2.3 Marital Status Of Respondents

The respondents were asked to state whether they are married or single.

**Table 3. Marital Status Of Respondents**

Marital Status	Frequency	Percentage
Married	15	7.4
Single	175	92.6
<b>Total</b>	<b>190</b>	<b>100.0</b>

Source: Survey Data

An analysis of the 190 respondents of marital status revealed that 15 of them, or 7.4 per cent, were married.

### 4.3 The Cognitive Component Of Attitude

This section summarizes data on awareness of Population Services International's social marketing campaigns against HIV/Aids obtained using dichotomous questions. On the other hand, multiple response questions were used to determine the respondents' source (s) of information for these campaigns and knowledge of specific campaign messages. The data was then analyzed using frequencies and percentages.

#### 4.3.1 Awareness Of Population Services International HIV/Aids Campaigns

The respondents were asked to answer "Yes" or "No" to having heard of Population Services International's social marketing campaigns against HIV/Aids.

**Table 4. Awareness Of PSI HIV/Aids Campaigns**

PSI Campaign	Frequency		Percentage		Non Response
	Yes	No	Yes	No	
A Real Lady/Man Waits	184	4	97.9	2.1	2
Chanukeni Pamoja	185	2	98.9	1.1	3
Kunywa Zaidi Teleza Zaidi	182	7	96.3	3.7	1
Je Una Yako	187	3	98.4	1.6	-

Source: Survey Data

When asked if they had heard of PSI's HIV/Aids campaigns, nearly 99 per cent of those interviewed responded in the affirmative to Chanukeni Pamoja (Table 4). An equally large percentage – over 96 per cent - had heard of Je Una Yako, A Real Lady/Man Waits and Kunywa Zaidi Teleza Zaidi.

#### 4.3.2 Source Of Information For Population Services International HIV/Aids Campaigns

The respondents were asked to select their source(s) of information for Population Services International's HIV/Aids campaigns from a pre-determined list of communications tools.

**Table 5. Source Of Information For PSI HIV/Aids Campaigns**

Source	Frequency
Radio	146
Newspaper	133
Posters	101
Event	53
TV	186
Billboard	146
T-shirt	99
Other	2

Source: Survey Data

An analysis of the frequency of responses for sources of information is shown in Table 5. The most widely used communications tool is the television which drew 186 responses. The radio and billboard both drew 146 responses as the next most used, followed closely by newspapers, with 133 responses.

### 4.3.3 Messages Learnt From Population Services International HIV/Aids Campaigns

Knowledge in relation to specific campaign messages was measured using multiple response questions. The respondents were also allowed to give their own responses.

#### 4.3.3.1 Messages Learnt From A Real Lady Waits

The respondents were asked to select the message(s) they had learnt from A Real Lady Waits, as appropriate, from a pre-determined set of statements.

**Table 6. Lessons Learnt From A Real Lady/Man Waits**

Message	Frequency
All teenagers should abstain from sex until they are married	96
Abstaining from sex is the best way for teenagers to prevent themselves from getting HIV	110
To practise safe behaviour	46
Sexual behaviour	1
Kunywa kiasi	1
Condoms	1
Faithfulness	3
Self respect/control	3

Source: Survey Data

The message “Abstaining from sex is the best way for teenagers to prevent themselves from getting HIV” in A Real Lady/Man Waits received the highest count of responses - at a count of 110 – relative to other messages.

#### 4.3.3.2 Messages Learnt From Chanukeni Pamoja

The respondents were asked to select the message(s) they had learnt from Chanukeni Pamoja, as appropriate, from a pre-determined set of statements.

**Table 7. Lessons Learnt From Chanukeni Pamoja**

Message	Frequency
I should respect the health of my partner	58
I should be faithful to my partner	80
I should take a HIV test before starting a new relationship	107
Self respect/control	2
Abstinence	1
Condoms	2

Source: Survey Data

107 responses pointed towards the lesson that one should take a HIV test before starting a new relationship in Chanukeni Pamoja (Table 7).

#### 4.3.3.3 Messages Learnt From Kunywa Zaidi Teleza Zaidi

The respondents were asked to select the message(s) they had learnt from Kunywa Zaidi Teleza Zaidi, as appropriate, from a pre-determined set of statements.

**Table 8. Lessons Learnt From Kunywa Zaidi Teleza Zaidi**

Message	Frequency
Taking alcohol is harmful to me	105
How to refuse offers of alcohol	18
Taking alcohol is not the norm	31
Sexual behaviour	17
Kunywa kiasi	50
Condoms	2

Message	Frequency
HIV/Aids status	5

Source: Survey Data

Of the respondents interviewed, 105 understood that taking alcohol is harmful to them, as shown in Table 8.

#### 4.3.3.4 Messages Learnt From Je Una Yako

The respondents were asked to select the message(s) they had learnt from Je Una Yako, as appropriate, from a pre-determined set of statements.

Table 9. Lessons Learnt From Je Una Yako

Message	Frequency
I believe condoms effectively prevent HIV/Aids	63
Buying condoms is not embarrassing	87
I believe my friends support condom use	69
Sexual behaviour	2

Source: Survey Data

Of the responses analysed for Je Una Yako, the highest number of responses were linked to a message that buying condoms is not embarrassing, at a count of 87 (Table 9).

#### 4.4 The Affective Component Of Attitude

The respondents were asked to rate the extent to which all the four PSI HIV/Aids campaign messages possess certain positive and negative attributes. The rating was effected using a five point Likert scale where 5 represents “Very large extent” and 1 represents “Very small extent”. The data obtained was analysed using mean scores and standard deviation.

A mean score of  $>4.50$  implies that the respondents perceive the campaign message as possessing the stated attribute to a very large extent, between 3.50 and 4.49 implies to a large extent, between 2.50 and 3.49 implies to some extent, between 1.50 and 2.49 means to a small

extent, while a score of between 0 and 1.49 means to a very small extent. A standard deviation of >1 indicates a significant difference in responses obtained.

#### 4.4.1 Ratings Of Positive Attributes In Population Services International HIV/Aids Campaign Messages

The respondents were presented with statements on believability, appropriateness, relevance, consistence, appeal, attractiveness and inducement to action. They were then asked to rate the statements, on a scale of 1 to 5, with respect to the four Population Services International's HIV/Aids campaigns.

**Table 10. Ratings Of Positive Attributes In Campaign Messages**

Message Attribute	A Real Lady/Man Waits		Chanukeni Pamoja		Kunywa Zaidi Teleza Zaidi		Je Una Yako	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Believability	3.59	1.39	3.98	1.09	3.80	1.29	3.73	1.32
Appropriateness	4.03	1.18	4.07	1.05	3.78	1.25	3.82	1.23
Relevance	3.91	1.12	3.98	1.18	3.56	1.24	3.61	1.24
Consistency	3.42	1.31	3.73	1.15	3.53	1.78	3.46	1.24
Appeal	3.43	1.41	3.81	1.22	3.52	1.32	3.44	1.35
Attractiveness	3.47	1.44	3.81	3.91	3.85	4.49	3.26	1.49
Inducement to action	3.75	1.39	3.81	1.38	3.63	1.48	3.45	1.47

Source: Survey Data

As shown in Table 10, in general, the four HIV/AIDS campaigns scored "to a very small" extent on nearly all the positive message attributes. Chanukeni Pamoja and Kunywa Zaidi Teleza Zaidi managed to register "to a large extent" on the attribute of attractiveness, the only positive attribute which yielded a significant standard deviation measure.



#### 4.4.2 Ratings Of Negative Attributes In Population Services International HIV/Aids Campaign Messages

The respondents were then asked to rate - on a scale of 1 to 5 – the extent to which A Real Lady/Man Waits, Chanukeni Pamoja, Kunywa Zaidi Teleza Zaidi and Je Una Yako were embarrassing, threatening, fearful or disgusting.

**Table 11. Ratings Of Negative Attributes In Campaign Messages**

Message Attribute	A Real Lady/Man Waits		Chanukeni Pamoja		Kunywa Zaidi Teleza Zaidi		Je Una Yako	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Embarrassment	1.68	1.09	1.88	1.24	2.35	4.05	2.19	1.37
Threatening	1.74	1.17	1.77	1.12	1.88	1.35	1.97	1.32
Fearfulness	1.67	1.07	1.78	1.16	2.32	4.00	1.96	1.27
Disgust	1.51	1.04	1.58	0.99	2.07	1.43	1.86	1.25

Source: Survey Data

On the other hand, Kunywa Zaidi Teleza Zaidi was found to be both embarrassing and fearful to a large extent. The four negative attributes were, however, considered to be present in A Real Lady/Man Waits, Chanukeni Pamoja and Je Una Yako messages to a very small extent, as shown in Table 11.

#### 4.5 Behavioural Component Of Attitude

The stages of change model was adopted to draw inferences on the effect of the knowledge of the four Population Services International's HIV/Aids campaigns on the behaviour of the respondents. The five stages of the model, namely, pre-contemplation, contemplation, preparation, action/trial and maintenance/adoption, were tested in this study.

To test for pre-contemplation, the respondents were asked if knowledge of the four Population Services International's HIV/Aids campaigns message had changed their behaviour. The respondents who answered in the affirmative, subsequently, chose one statement from four to

describe how their behaviour had changed. Each statement represented a specific stage of change, ranging from contemplation to preparation, action/trial and maintenance/adoption.

#### 4.5.1 Stages of Change In A Real Lady/Man Waits Message

The respondents were asked if knowledge of A Real Lady/Man Waits message had changed their view of the behaviour being tested, following which those who responded in the affirmative were asked to select one response that might best describe their behaviour in relation to abstinence.

**Table 12. Stages Of Change-A Real Lady/Man Waits**

Stage Of Change	Frequency	Percentage
I am considering abstaining until marriage	40	23.1
I have decided to abstain until marriage	34	19.7
I recently discussed abstaining with my boy/girl friend	18	10.4
I am highly motivated to abstain	69	39.9
Non-responses	12	6.9
<b>Total</b>	<b>173</b>	<b>100.0</b>

Source: Survey Data

173 respondents said that the message had changed their view of abstinence, while 17 respondents said no. Those who said yes were then subjected to further analysis to determine their stage of change in the adoption of A Real Lady/Man Waits message. However, 12 of them chose not to respond at all. About 40 per cent stated that they are highly motivated to abstain from sexual behaviour, whereas about a quarter of them are considering abstaining.

#### 4.5.2 Stages of Change In Chanukeni Pamoja Message

The respondents were asked if knowledge of Chanukeni Pamoja message had changed their opinion of voluntary counseling and testing. Those who said yes were then asked to select the statement that best describes their behaviour in relation to voluntary counseling and testing.

**Table 13. Stages Of Change-Chanukeni Pamoja**

Stage Of Change	Frequency	Percentage
I am considering visiting a VCT centre	41	25
I have decided to visit a VCT centre	21	13.3
I recently discussed taking a HIV test with my boy/girlfriend	23	14.6
I have taken a HIV test	70	44.3
Non-responses	3	1.9
<b>Total</b>	<b>158</b>	<b>100.0</b>

Source: Survey Data

158 – of the 190 - respondents agreed that knowledge of Chanukeni Pamoja changed their opinion of voluntary counseling and testing, while 32 respondents disagreed. Only 3 respondents, among those who said yes, did not answer. As shown in Table 13, 44.3 per cent are at the final stage of change, as they have taken a HIV test.

#### 4.5.3 Stages of Change In Kunywa Zaidi Teleza Zaidi Message

The respondents were asked if knowledge of Kunywa Zaidi Teleza Zaidi message had changed their view of alcohol drinking, following which those who responded in the affirmative were asked to select one response that might best describe their behaviour in relation to alcohol drinking.

**Table 14. Stages Of Change-Kunywa Zaidi Teleza Zaidi**

Stage of Change	Frequency	Percentage
I am considering quitting taking alcohol	23	21.5
I have decided to stop taking alcohol	10	9.4
I recently stopped taking alcohol	14	13.1
I do not take alcohol	56	52.3
Non-responses	4	3.7
<b>Total</b>	<b>107</b>	<b>100.0</b>

Source: Survey Data

Out of 190 students interviewed, 107 agreed that knowledge of Kunywa Zaidi Teleza Zaidi had changed their alcohol drinking habit with only 83 disagreeing. Generally, over half of the 107 respondents, at 52.3 per cent, confirmed that they no longer take alcohol.

#### 4.5.4 Stages of Change In Je Una Yako Message

The respondents were asked if knowledge of Je Una Yako message had changed their opinion of condom use. Those who said yes were then asked to select the statement that best describes their behaviour in relation to condom use.

**Table 15. Stages Of Change-Je Una Yako**

Stage of Change	Frequency	Percentage
I am considering using a condom	23	17.7
I have decided to use a condom	33	25.4
I recently discussed using a condom with my boy/girl friend	16	12.3
I always carry a condom	31	23.8
Non-responses	27	20.8
<b>Total</b>	<b>130</b>	<b>100.0</b>

Source: Survey Data

Knowledge of Je Una Yako campaign positively changed the opinion of 130 respondents on condom use, but did not affect the opinion of 60 others. Out of these 130 respondents, 27 non-responses were obtained. About a quarter of the 130 respondents (25.4 per cent) revealed that they had decided to use a condom, with nearly the same proportion of respondents (23.8 per cent) stating that they always carry a condom.

## CHAPTER FIVE

### CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Introduction

This research study sought to determine shifts in the cognitive, affective and behavioural components of the attitudes of students drawn from the College of Health Sciences, University of Nairobi against the background of Population Services International's social marketing campaigns against HIV/Aids. This chapter discusses the major findings from this research and draws conclusions from them. Recommendations are given on how Population Services International could further improve its social marketing communications programming. In addition, suggestions for further research are made.

#### 5.2 Discussions

A large majority of the respondents reported awareness of Population Services International's social marketing campaigns against HIV/Aids. When asked if they had ever heard of Chanukeni Pamoja, nearly 99 per cent of those interviewed responded in the affirmative. An equally large percentage – over 96 per cent - had heard of Je Una Yako, A Real Lady/Man Waits and Kunywa Zaidi Teleza Zaidi. Studies by Makau (2002) and Kamau (1996) similarly yielded a high response rate for HIV/Aids awareness campaigns.

The message “abstaining from sex is the best way for teenagers to prevent themselves from getting HIV” in A Real Lady/Man Waits received the highest response rate - at a count of 110 - relative to other messages for the same campaign. 107 responses pointed toward the lesson that one should take a HIV test before starting a new relationship in Chanukeni Pamoja. Of the respondents interviewed, 105 understood that taking alcohol is harmful to them.

In fact, these three particular messages represent the key messages which Population Services International's respective social marketing campaigns intended to communicate to the adolescents (PSI & USAID, 2006; Ashford & Neukom, 2003). On the contrary, for Je Una Yako, the highest number of responses were not linked to the key message campaign - that condoms effectively prevent HIV/Aids with 63 responses - but rather that buying condoms is not embarrassing, at a count of 87.

An analysis of the respondents' feelings toward Population Services International's social marketing campaigns against HIV/Aids suggest that, in general, the four HIV/AIDS campaigns scored "to a very small" extent on nearly all the positive message attributes. Chanukeni Pamoja and Kunywa Zaidi Teleza Zaidi managed to register "to a large extent" on the attribute of attractiveness, the only positive attribute which yielded a significant standard deviation measure.

On the other hand, Kunywa Zaidi Teleza Zaidi was perceived to be both embarrassing and fearful to a large extent. This finding suggests that the use of fear in HIV/Aids campaigns has the potential for stimulating behaviour change, as proffered by Makau (2002). The four negative attributes were found to be present in A Real Lady/Man Waits, Chanukeni Pamoja and Je Una Yako messages to a very small extent.

A Real Lady/Man Waits generated the highest number of responses – 173 - from students who stated that knowledge of the message had changed their behaviour. These findings corroborate those by Population Services International (PSI & USAID, 2006). The results from the first major evaluation of the Nimechill abstinence campaign targeting 10-14 year olds show that individuals with higher levels of exposure to the Nimechill campaign were more likely to have stronger intentions to abstain and believe in their own ability to abstain. These findings contradict Kamau (1996). In her study on sexual behaviour in relation to awareness of HIV/Aids among secondary school girls in Nairobi, Kamau argues that while the majority among this group of adolescents are aware about HIV/Aids, their sexual behaviour remains irresponsible.

About 43 per cent stated that they are highly motivated to abstain from sexual behaviour, whereas about a quarter of them are considering abstaining. 45.2 per cent are at the final stage of adoption, as each of them has taken a HIV test. Over half of those who agreed – 54.4 per cent - confirmed that they no longer take alcohol. Nearly one-third of the respondents (32 per cent) stated that they had decided to use a condom, with 30 per cent stating that they always carry a condom.

### **5.3 Conclusions**

Generally, all the four HIV/Aids campaigns were well received by the respondents, and each campaign led to some degree of change in behaviour associated with the message. These findings demonstrates that there is a relationship between awareness and knowledge of Population Services International's social marketing campaigns against HIV/Aids on one hand, and change in knowledge, perceptions and behaviour relating to sex.

### **Recommendations**

On the basis of the rates of response to each of the four Population Services International's social marketing campaigns against HIV/Aids, abstinence is perhaps the most important issue for adolescents, followed by voluntary counseling and testing. Thus, this approach could be the main focus for Population Services International's HIV/Aids social marketing programming targeting Kenyan adolescents.

Generally, there is a need to re-examine message and message execution styles in each of the four campaigns. In addition, Population Services International should look into further design and development of its HIV/Aids campaign on condom use so as to ensure that the key message is more effectively and clearly communicated to the Kenyan adolescents.

### **Limitations Of The Study**

The initial target population for this research study was first year regular programme students from the School of Business, University of Nairobi. However, this was not feasible. When the researcher was ready to proceed to the field for data collection these students had already concluded their semester – and first year programme - and left the campus. Nevertheless, the researcher was able to identify an alternative group of first year students from the College of Health Sciences who were still in session.

She therefore decided to use this group as the new target population for the study. The researcher also encountered significant delays in obtaining the first year student – regular and parallel - class registers for the 2005/2006 academic year from two of the four constituent schools of the College of Health Sciences due to their lengthy bureaucratic processes. These two class registers were to form part of the sampling frame, thus allowing for random

sampling techniques to be used for this study. As such, she chose to apply convenience sampling techniques.

### **Suggestions For Further Research**

Because of the inadequacy of the sample size due to lack of resources (money and time), the study results are just indicative and not conclusive. There is need for a comprehensive survey with a statistically significant sample that would allow for forecasting and estimation of population characteristics given the significance of the findings and conclusions of this research. The researcher also recommends further studies into the design and development of campaigns on key sexual and reproductive health issues affecting Kenyan adolescents in the 21<sup>st</sup> century to ensure more targeted and precise communication.



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APPENDIX 1



**UNIVERSITY OF NAIROBI**  
**SCHOOL OF BUSINESS**  
**MBA PROGRAM – LOWER KABETE CAMPUS**

Telephone 4184160/5 Ext 208  
Telegrams Varsity Nairobi  
Telex 22095 Varsity

P O Box 30197  
Nairobi, Kenya

DATE 11 AUGUST 2006

**TO WHOM IT MAY CONCERN**

The bearer of this letter OTIENO EDITH ADHIAMBO

Registration No. DG/P/7815/99

is a Master of Business Administration (MBA) student of the University of Nairobi

He/she is required to submit as part of his/her coursework assessment a research project report on a management problem. We would like the students to do their projects on real problems affecting firms in Kenya. We would, therefore, appreciate if you assist him/her by allowing him/her to collect data in your organization for the research.

The results of the report will be used solely for academic purposes and a copy of the same will be availed to the interviewed organizations on request.

Thank you

**J.T. KARIUKI**  
**CO-ORDINATOR, MBA PROGRAM**

**UNIVERSITY OF NAIROBI**  
**SCHOOL OF BUSINESS**  
**MBA OFFICE**  
**P. O. Box 30197**  
**NAIROBI**



## APPENDIX 2

Edith Adhiambo Otieno,  
P. O. Box 10922, Nairobi,  
00100 GPO Kenya

The Dean,  
College of Health Sciences,  
University of Nairobi,  
P. O. Box 30197,  
Nairobi, Kenya.

14<sup>th</sup> August 2006

Dear Sir/Madam,

RE: A SURVEY OF THE ATTITUDES OF KENYAN ADOLESCENTS TOWARD  
POPULATION SERVICES INTERNATIONAL HIV/AIDS SOCIAL MARKETING  
CAMPAIGNS: THE CASE OF STUDENTS OF THE COLLEGE OF HEALTH SCIENCES

My name is Edith Adhiambo Otieno. I am a Master of Business Administration (MBA) student at the School of Business, University of Nairobi.

I recently obtained an approval from the School of Business (attached) to undertake my MBA management research project in partial fulfilment of the requirements of the Master of Business Administration degree programme.

My research study, whose topic is indicated above, is targeting first year students aged 18-19 years from the College of Health Sciences. I would be grateful if I could obtain your permission to enable me to conduct the survey among this target population during this week.

It is envisaged that the knowledge gained from this study will help to inform various categories of people about the problems, needs and opinions of this group of adolescents, and contribute towards assisting planners in many disciplines to provide more appropriate programmes for adolescents.

Your kind attention in this regard will be highly appreciated.

Sincerely,

*Edith*

Edith Adhiambo Otieno

Approved  
*[Signature]*  
7.5.8.06



Edith Adhiambo Otieno,  
P. O. Box 10922, Nairobi,  
00100 GPO Kenya

The Dean,  
School of Nursing  
College of Health Sciences,  
University of Nairobi,  
P. O. Box 30197,  
Nairobi, Kenya.

21<sup>st</sup> August 2006

Dear Sir/Madam,

RE: A SURVEY OF THE ATTITUDES OF KENYAN ADOLESCENTS TOWARD POPULATION SERVICES INTERNATIONAL HIV/AIDS SOCIAL MARKETING CAMPAIGNS: THE CASE OF STUDENTS OF THE COLLEGE OF HEALTH SCIENCES

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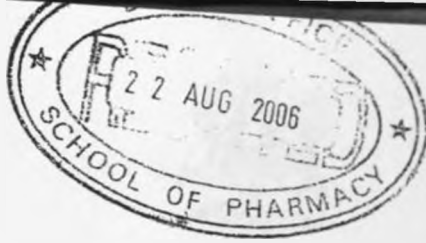
Your kind attention in this regard will be highly appreciated.

Sincerely,

*Edith Otieno*

Edith Adhiambo Otieno

48  
Permission granted, the researcher should obtain acceptance from individual students before administering the questionnaire. Please give the researcher the necessary support.  
*J. M. Mwangi*  
22/08/06



Edith Adhiambo Otieno,  
P. O. Box 10922, Nairobi,  
00100 GPO Kenya

The Dean,  
School of Pharmacy  
College of Health Sciences,  
University of Nairobi,  
P. O. Box 30197,  
Nairobi, Kenya.

21<sup>st</sup> August 2006

Dear Sir/Madam,

RE: A SURVEY OF THE ATTITUDES OF KENYAN ADOLESCENTS TOWARD  
POPULATION SERVICES INTERNATIONAL HIV/AIDS SOCIAL MARKETING  
CAMPAIGNS: THE CASE OF STUDENTS OF THE COLLEGE OF HEALTH SCIENCES

My name is Edith Adhiambo Otieno. I am a Master of Business Administration (MBA) student at the School of Business, University of Nairobi.

I recently obtained an approval from the School of Business (attached) to undertake my MBA management research project in partial fulfilment of the requirements of the Master of Business Administration degree programme.

My research study, whose topic is indicated above, is targeting first year students aged 18-19 years from the College of Health Sciences. I would be grateful if I could obtain your permission to enable me to conduct the survey among this target population during this week.

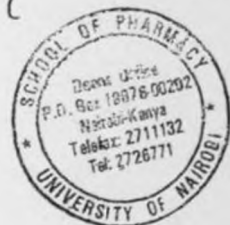
It is envisaged that the knowledge gained from this study will help to inform various categories of people about the problems, needs and opinions of this group of adolescents, and contribute towards assisting planners in many disciplines to provide more appropriate programmes for adolescents.

Your kind attention in this regard will be highly appreciated.

Sincerely,

Edith Adhiambo Otieno

Approved  
*[Signature]*  
24/8/06





**UNIVERSITY OF NAIROBI  
COLLEGE OF HEALTH SCIENCES**

Telephone: 725698/726300 Ext 43673  
Telegrams: "Medken" Nairobi  
Telex: Varsity 22095  
Email: chsprincipal@uonbi.ac.ke

OFFICE OF PRINCIPAL  
Kenyatta National Hospital  
P O Box 19676  
NAIROBI  
KENYA

Our Ref

Your Re

1<sup>st</sup> September, 2006

**Ms. Edith Adhiambo Otieno,  
P.O. Box 10922,  
NAIROBI, 00100 GPO Kenya.**

Dear Ms. Otieno,

**REF: PERMISSION TO CARRY OUT A SURVEY OF THE ATTITUDES OF KENYAN  
ADOLESCENTS TOWARD POPULATION SERVICES INTERNATIONAL HIV/AIDS  
SOCIAL MARKETING CAMPAIGNS; THE CASE OF STUDENTS OF THE COLLEGE OF  
HEALTH SCIENCES**

Your letter on the above subject dated 30<sup>th</sup> August, 2006 refers.

It is noted that you are a Master of Business Administration student at the School of Business, University of Nairobi and that you are undertaking MBA Management Research Project on the above subject, in partial fulfillment of the requirements of the Masters of Business Administration degree programme. You also state that your research study is targeting first year students aged 18 -19 years from the College of Health Sciences, hence you need college permission to do so.

This matter has been considered and I wish to inform you, that your request is approved. You may therefore go ahead with your project.

Yours sincerely,

**PROFESSOR JOSEPH M. KITONYI  
PRINCIPAL,  
COLLEGE OF HEALTH SCIENCES**

### APPENDIX 3

Dear Respondent,

My name is Edith Adhiambo Otieno. I am currently undertaking a research study in partial fulfilment of the requirements of the Master of Business Administration degree programme, University of Nairobi.

It is envisaged that the knowledge gained from this study will help to inform various categories of people about the problems, needs and opinions of this group of adolescents, and contribute towards assisting planners in many disciplines to provide more appropriate programmes for adolescents.

Your participation in this survey is crucial in building such an understanding.

I therefore request you to take a few minutes to answer all the questions as they relate to you.

**PLEASE NOTE THAT ALL INFORMATION GIVEN WILL BE TREATED AS STRICTLY CONFIDENTIAL. THUS DO NOT WRITE YOUR NAME.**

Thank you for being part of this study.

QUESTIONNAIRE NO.:

PLEASE TICK THE APPROPRIATE RESPONSE.

SECTION A:

- Q1 Sex  
Male  Female
- Q2 How old are you? \_\_\_\_\_ (years)
- Q3 What is your current marital status?  
Married  Single

SECTION B:

Q4 Have you heard of any of the HIV/Aids campaigns by Population Services International (PSI) listed below?

	Yes	No
(i) A Real Lady/Man Waits	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Chanukeni Pamoja	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Kunywa Zaidi Teleza Zaidi	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Je Una Yako	<input type="checkbox"/>	<input type="checkbox"/>

Q5 If Yes in Q4, what was your source(s) of information?

Radio	<input type="checkbox"/>	TV	<input type="checkbox"/>
Newspaper	<input type="checkbox"/>	Billboard	<input type="checkbox"/>
Posters	<input type="checkbox"/>	T-shirts	<input type="checkbox"/>
Event	<input type="checkbox"/>	Other	<input type="checkbox"/>

Q6 What message(s) have you learnt from the PSI HIV/Aids campaign whose picture is shown below? Please tick as appropriate.



- (i) All teenagers should abstain from sex until they are married.
- (ii) Abstaining from sex is the best way for teenagers to prevent themselves from getting HIV.
- (iii) To practise safe behaviour.
- (iv) Other \_\_\_\_\_

Q7 What message(s) have you learnt from the PSI HIV/Aids campaign whose picture is shown below? Please tick as appropriate.



- (i) I should respect the health of my partner. [ ]
- (ii) I should be faithful to my partner. [ ]
- (iii) I should take a HIV test before starting a new relationship. [ ]
- (iv) Other \_\_\_\_\_ [ ]

Q8 What message(s) have you learnt from the PSI HIV/Aids campaign whose picture is shown below? Please tick as appropriate.



- (i) Taking alcohol is harmful to me. [ ]
- (ii) How to refuse offers of alcohol. [ ]
- (iii) Taking alcohol is not the norm. [ ]
- (iv) Other \_\_\_\_\_ [ ]

Q9 What message(s) have you learnt from the PSI HIV/Aids campaign whose picture is shown below? Please tick as appropriate.



- (i) I believe condoms effectively prevent HIV/Aids. [ ]
- (ii) Buying condoms is not embarrassing. [ ]
- (iii) I believe my friends support condom use. [ ]
- (iv) Other \_\_\_\_\_ [ ]

**SECTION C:**

Q10 On a scale of 1-5, please indicate using the appropriate number i.e. [5], [4], [3], [2], [1], the extent to which each of the PSI HIV/Aids campaign messages listed below possess the following attributes:

ARL/MW = A Real Lady/Man Waits  
 CP = Chanukeni Pamoja  
 KZTZ = Kunywa Zaidi Teleza Zaidi  
 JUY = Je Una Yako

- [5] Very large extent
- [4] Large extent
- [3] Some extent
- [2] Small extent
- [1] Very small extent

	ARL/MW	CP	KZTZ	JUY
It is believable	[ ]	[ ]	[ ]	[ ]
It is appropriate	[ ]	[ ]	[ ]	[ ]
It is relevant	[ ]	[ ]	[ ]	[ ]
It is consistent	[ ]	[ ]	[ ]	[ ]
It is appealing	[ ]	[ ]	[ ]	[ ]
It is attractive	[ ]	[ ]	[ ]	[ ]
It induces one to act	[ ]	[ ]	[ ]	[ ]

Q11 On a scale of 1-5, please indicate using the appropriate number i.e. [5], [4], [3], [2], [1], the extent to which each of the PSI HIV/Aids campaign messages listed below possess the following attributes:

ARL/MW = A Real Lady/Man Waits  
 CP = Chanukeni Pamoja  
 KZTZ = Kunywa Zaidi Teleza Zaidi  
 JUY = Je Una Yako

- [1] Very small extent
- [2] Small extent
- [3] Some extent
- [4] Large extent
- [5] Very large extent



	ARL/MW	CP	KZTZ	JUY
It is embarrassing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is threatening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is disgusting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION D:**

Q12 Has your knowledge of "A Real Lady/Man Waits" message changed your opinion of abstinence?

Yes  No

Q13 If Yes in Q12, how? Please tick ONE response as appropriate.

- (i) I am considering abstaining until marriage.
- (ii) I have decided to abstain until marriage.
- (iii) I recently discussed abstaining with my girlfriend/boyfriend.
- (iv) I am highly motivated to abstain.

Q14 Has your knowledge of "Chanukeni Pamoja" message changed your opinion of voluntary counseling and testing (VCT)?

Yes  No

Q15 If Yes in Q14, how? Please tick ONE response as appropriate.

- (i) I am considering visiting a VCT centre.
- (ii) I have decided to visit a VCT centre.
- (iii) I recently discussed taking a HIV test with my girlfriend/boyfriend.
- (iv) I have taken a HIV test.

Q16 Has your knowledge of "Kunywa Zaidi Teleza Zaidi" message changed your opinion of alcohol drinking?

Yes  No

Q17 If Yes in Q16, how? Please tick ONE response as appropriate.

- (i) I am considering quitting taking alcohol.
- (ii) I have decided to stop taking alcohol.
- (iii) I recently stopped taking alcohol.
- (iv) I no longer take alcohol.

Q18 Has your knowledge of Je Una Yako message changed your opinion of condom use?

Yes  No

Q19 If Yes in Q18, how? Please tick ONE response as appropriate.

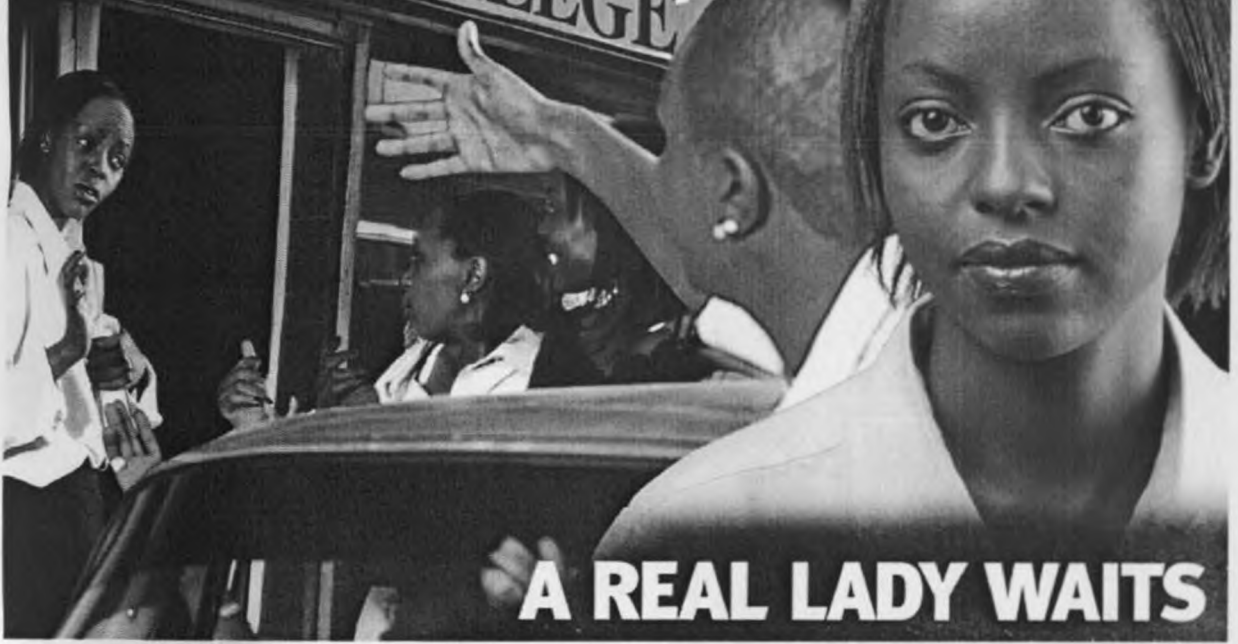
- (i) I am considering using a condom.
- (ii) I have decided to use a condom.
- (iii) I recently discussed using a condom with my girlfriend/boyfriend.
- (iv) I always carry a condom.

THANK YOU - END

APPENDIX 4

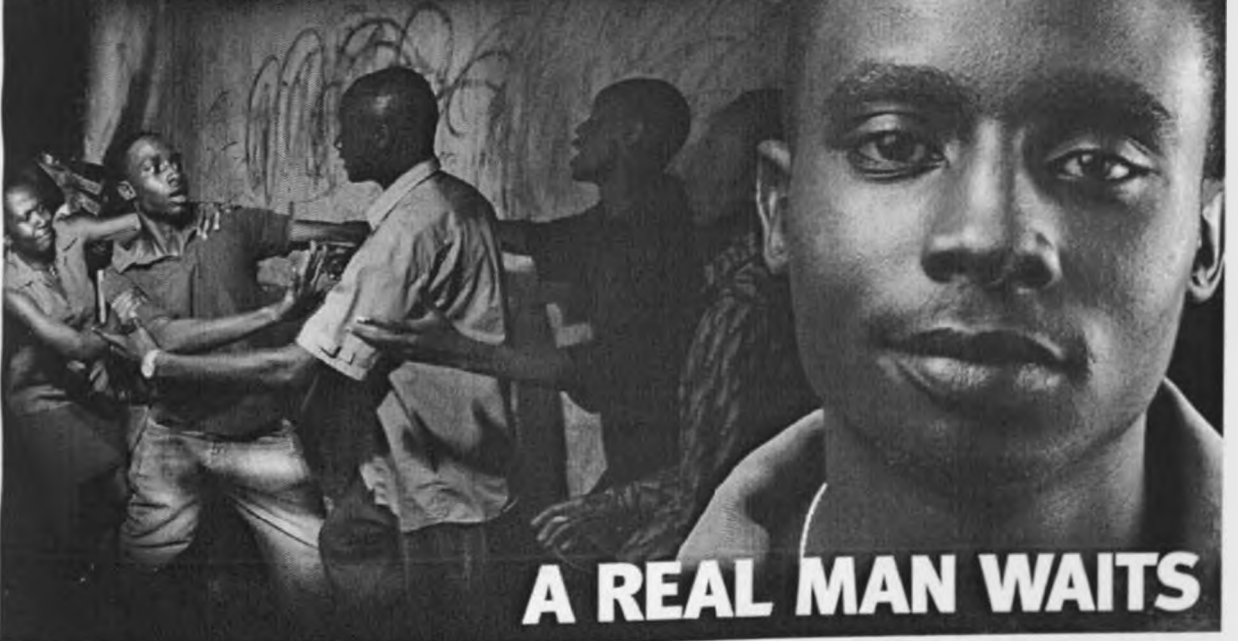


**A real lady puts her future ahead  
of sexual relationships**



**A REAL LADY WAITS**

**A real man will never force  
a woman to have sex**



**A REAL MAN WAITS**