

# **The Design and Use of AIDS- Posters in Kenya**

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**A thesis submitted in fulfillment of the requirement for the  
Degree of Doctor of Philosophy of the University of Nairobi**

## Declaration by Candidate

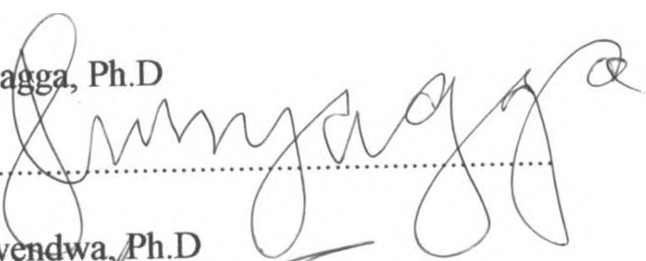
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## Declaration by Supervisors

This thesis has been submitted for examination with my approval as the University of Nairobi supervisor

1. Prof. PM Syagga, Ph.D

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2. Dr. SKK Mwendwa, Ph.D

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## Abstract

The hypothesis of this study is that differences in aesthetic and communication systems confound the efficacy of posters used in efforts to control HIV-AIDS in Kenya. The study is based on empirical observation of the apparent failure of AIDS education campaigns to influence risk-taking behavior. Applying the theories and principles of design education as a filter and an analytical tool, the study takes into account the models and practice of several disciplines including communication, health education and health care delivery.

The lack of substantial success of the health education approach, in general, and posters, in particular in curbing AIDS in Kenya invites questions on the efficacy of *posters* as a medium of communication. The study focuses on the poster, and in so doing takes into account various parameters including perception of disease, sexuality, and design for health education as well as aesthetics and communication systems. Using archival data, relevant literature in several disciplines, participant observation as well as qualitative and quantitative analysis of data gathered in the field, the study established that conflicts among various models impact negatively on the efficacy of *posters* rendering them more or less ineffective in the campaign against AIDS.

The field sample consisted of seventy eight users of posters and eleven health workers in Kisumu who were interviewed to find out their opinions on the effectiveness of posters in the fight against AIDS. In general, the concerned users think that *posters* are not effective in controlling HIV-infection and the spread of AIDS in Kenya. A few selected *posters* were analyzed with views to advancing recommendations for improving on the design of AIDS-posters and health education in general.

The conclusion of the archival, experiential and observational components of this study coupled with the data gathered by report from a survey sample is that *posters* are an inappropriate and ineffective medium for communication about HIV/AIDS if the objective of that communication is to slow down, or halt the spread of the virus.

## Chapter One

# Introduction

### Statement of the problem

Efforts to find bio-medical cures have not yet succeeded fully; this is one reason why safe sex practice is seen as the best option in controlling the AIDS<sup>1</sup>. Health educators have been using posters<sup>2</sup> to educate Kenyans on how to avoid HIV<sup>3</sup> infection. In the field of Health, Design has been used to generate IEC materials. These materials are often coded with messages to effect behavior change, enhance safe sex practice and check the spread of AIDS. Despite the information, education and communication efforts, the rate of HIV-infection remains high signifying that AIDS is on the increase. The fast rate of HIV-infection and the epidemic level of AIDS suggest that Kenyans know about safe sex but do not practice it. It also indicates that IEC materials are inadequate tools of effecting behavior change (Lawlor: 1997, p.4)). The high rate of HIV-infection may also be an indication that health education programs and their posters are more or less ineffective (Kavai: 1997, p.2).

Stopping the spread of HIV/AIDS may require a big change in social and sexual behavior. In spite of massive communication and sustained campaigns, a significant number of Kenyans have not changed their sexual behavior (Mwangi and Mogonyi: 2001:p.1). On the other hand, however, some argue that the campaigns have been successful since Kenyans now practice safe sex (Sekoh: 1996, p. 21). However this argument is not supported by figures on the continuing high infections rate; consequently, the threat of AIDS can be said to remain largely unchallenged. This study focuses on posters. This study also attempts to advance reasons why posters have not been very effective in persuading significant number of Kenyans to respond to the threat of AIDS. It is also about the challenges of designing IEC-materials for health education on a highly sensitive topic. To address the design challenges, the study focuses on factors inhibiting the transmission of AIDS messages via posters.

### Hypotheses

The design and use of posters to transmit AIDS-messages has not significantly reduced HIV-infection and AIDS-cases in Kenya. The rate of HIV-infection does not reduce despite posters because there are interferences in the design and use of posters to transmit AIDS-messages; it is the interferences that reduce the efficacy of posters.

Without the interferences, HIV- infection and AIDS-cases would have reduced greatly signifying some control over the epidemic. Instead, there is an increase in the rate HIV-infection and AIDS-cases. The increase suggests that IEC materials, in general, and posters, in particular, are not fully effective in controlling the AIDS-epidemic in Kenya. Until a cure is found, it is clear that health education and posters are not the magic bullet' that health-care communities are looking for. Apparent failure to address the noise' points to differences in aesthetics and communication systems as the main sources.

As chapter three attempts to show, posters seek to announce events, advertise products and promote hygiene. Designers seem to see the announcement, advertising or hygiene-promoting posters as successful and seek to use them as a basis for designing AIDS-posters in Kenya. Using success-stories, from posters announcing events, advertising products and services as well as promoting hygiene, to develop AIDS-posters is to find a part of the answer. The remaining part of the answer requires considering demands peculiar to AIDS. Aesthetics, communication system and media repertoire of the target audience are important factors in developing and using posters to help control AIDS in Kenya.

Designers appear to be unclear on factors that negatively impinge on the AIDS-posters. Rather unconscious of the limitations facing posters, designers seem to depend on their views of design as an act of faith, creative skills and techniques of visualizing concepts. Designers' dependence on their views may be going on at the expense of designing posters that effectively communicate AIDS-messages. It is even probable that AIDS in rural Kenya presents challenges requiring new education models, design processes, creative skills and techniques of image making. With existing models and design processes, rural Kenyans learn little and respond less wholeheartedly to AIDS-messages transmitted by posters that are designed and produced in Nairobi and other urban centers. This may happen because posters are designed with urban communities in mind rather than for rural Kenyans, who find posters culturally insensitive, unclear and an unreliable communication channel.

Design education in Kenya tends to lean towards Western-style design, industrial economy, the printed word and the visual communication system (Kalsi: 1993, p.2). Consequently, Kenya's design education tends to be more or less alien since it is a step in as much as it ignores African traditions (Odoch Pido: 1993, p.5). The more alien nature of design education is the underpinning reason why designers often neglect African design

paradigms (Donna Pido: 2002, p.30). By neglecting African design paradigms, designers give inadequate consideration to differences in aesthetic systems and media repertoire. The same neglect may also explain why there has been an apparent lack of a relationship among design concept, education and practice and how the three could combine to serve information, education and communication to control AIDS or to address any other health issue.

Non-designers, who may be consultants on public relations, law, medicine, general education and communication, have been influencing the development of AIDS communication, and particularly posters, without adequate knowledge of design. The consultants tend to think design is merely adding colorful visuals to their messages; this way of seeing design has probably inhibited the use of design to its full potential, especially creativity in realizing different and diverse ways of communicating AIDS-messages. In addition, the majority of donors and health professionals have little formal training in aesthetics, visual communication, image production and reproduction; all of which are fundamental to developing designing and producing the poster suitable for the transmission of messages. Overall, it seems people, who involve themselves with AIDS education do so without fully appreciating the interplay among skills, attitudes, knowledge and action (Oluoch: 1970, p.2)

### **Objectives and Significance**

There are three principal objectives in this study. They are: -

1. To investigate and explain why posters are not very effective in the control of AIDS.
2. Two, to illustrate the importance of aesthetics and media repertoire in design and how they may confound the efficacy AIDS-posters.
3. To recommend ways of developing posters and other devices that may be more effective in the control of AIDS.

There is an opinion that that health education programs developed in urban centers are unsuitable for developing countries (The Panos Institute: 1989, p.65). Though general, this opinion is relevant to Kenya health education programs since posters, which are developed in Nairobi and used in health education programs, appear unsuitable for Kenyans, especially those who live in rural areas. This observation set the main agenda for this study and its thesis. In order to address the agenda, the aims are, first, to

investigate and to explain why health education programs and posters are not very effective in the control of AIDS in Kenya.

It would seem health workers and their designers hold an opinion that their programs and posters have been, are or will be effective in controlling AIDS in Kenya. Or, they [health workers] feel health education and the related devices are not working very well but do not know why. To investigate and explain factors confounding the efficacy of programs and posters may eventually save on technical, intellectual, financial and human resources. Besides, the investigation, explanation and recommendation may help realize models and designs that may prove more effective in controlling the pandemic, save lives and avoid heartache. This thesis is also a critique of the intercultural design process and a qualitative analysis of selected posters focusing on problems created by unconscious attempts at cross-cultural communication. Using posters as examples, the thesis is an attempt to shed some light on problems and challenges faced by designers in efforts to control AIDS and avoid related disasters. As technology brings peoples and cultures closer, to shed lights on the challenges may help to prepare designers who perform well in the twenty-first century and in developing countries.

In a less obvious way, the thesis is an attempt to re-state the place of Graphic Design in health care and health education at the national level. Primary health care and the whole panorama of preventive medicine has been an important aspect of national health care delivery since pre-colonial Kenya. The increase of sexually transmitted diseases from the nineteen sixties and upsurge of AIDS during the nineteen nineties greatly heightens the significance of preventive medicine. The significance of posters, as an output of design, and this thesis derives from the national importance of primary health care.

In order to achieve the above three principal objectives, it is important to examine the history of design in Kenya in order to elucidate on the interaction between foreign and local design paradigms, education and practice. Examining the history of design is also expected to show how design has been a key player in the interaction between African and non-African aesthetics and cultural systems. Considering there has been little written literature on design including the history of design education and practice, this exercise paves the way for future research and scholarly work in this field.

To realize the process of designing posters is an important aim since one of the challenges in this thesis is to illustrate how the different factors may impinge on the design process and negatively affect its outcome. It is hoped that the attainment of this objective enhances the roles of design in primary health care and help to develop posters that are more user-friendly, efficient and culturally more meaningful. The challenges and eventual realization of this and all the objectives are expected to end in a statement of informed opinions and recommendations on the role of design in the development of posters and make some contribution to the ongoing efforts to control the spread of AIDS in Kenya. More specifically, the recommendations are considered to be useful planning tools to health workers in Ministry of Health (Government of Kenya); KANCO and associate Non-Government Organizations; and other private organizations.

In addition, an attempt is made to illustrate the importance of aesthetics and media repertoire in design and how they may confound<sup>6</sup> the transmission of AIDS-messages via posters. To do this, it is necessary to analyze, compare and contrast the semiotic and aesthetic systems of designers and those of a rural Kenya target audience (the audience's view of life, especially its social and cultural biases on sexuality). The thesis intends to dwell on these social and cultural biases since they are seen as coloring the opinions of the audience on the posters that we in Kenya use in attempts to control the AIDS pandemic.

### **Limitations**

To explain the extent to which posters have or have not been successful in controlling the AIDS epidemic in Kenya lies outside the scope of this study; so, no attempt is made to establish a cause-effect relationship.

For the design and design education component of this study, Nairobi and its environs are the chosen geographical location because Nairobi Province houses a wide cross-section of institutions where designers are trained. It is also home to the majority of professionally trained designers. In addition to being the capital and largest urban area, it is the main industrial, commercial and civic center of Kenya. Nairobi has a wealth of references on sexually transmitted diseases including AIDS. Most important, Nairobi is the center for the production of the country's IEC materials, health workers who are active in the field of AIDS and a diverse population that is representative the country's social and cultural picture.

Within Nairobi, the study draws from the Ministry of Health (MOH) and Nairobi City Council (NCC) clinics that directly concern themselves with AIDS and other sexually transmitted diseases. MOH and NCC clinics house AIDS-experts in this field [AIDS], they are responsible for developing and are depositories for AIDS-posters. It is from these sources that posters were studied *in situ* or collected for further analysis and experts interviewed. Apart from the Ministry of Health and Nairobi City Council clinics, the study also targets members of the Kenya AIDS NGOs Consortium, which exerts some influence on the development of posters.

The Department of Design, University of Nairobi, provides a major source of information on design education; the university's graduates and their practices were the primary source of data on designers and professional practice. Professional design education in Kenya began in the Department of Design. Through the department and its graduates it was possible to realize the lack of close relationships among formal design education, practice and primary health care in Kenya. It is also from this source that it possible to discuss the lack of relevance of design education and practice to primary health care, in general, and the design of posters to control the spread of AIDS, in particular.

There is already a wide range of AIDS-related posters in the field. Three categories of posters form the basis of this thesis: - one, those which require intermediaries (health workers, educators and program managers); two, posters which communicate directly with the target audience; and three, those which can be used either with or without intermediaries.

Although emphasis is on AIDS-related posters, the history of posters is covered to illustrate: - first, how posters, the primary subject of this thesis, developed to serve needs in social-political organization and commerce; second, to reveal some of the criteria for well-designed posters. Posters used in civic education and the development of syphilis-IEC materials informs on the local [Kenyan] process of developing IEC materials. To show the context in which posters operate, national health policies and health delivery system are also briefly discussed.

A critical analysis of the inter-cultural design process with special emphasis on "noise" created by unselfconscious attempts at intercultural communication is a cardinal and already stated objective of this thesis. This rightfully presupposes the existence of many peoples in Kenya, each with a set of aesthetics, sexuality and ethno-medicine. A

part of this thesis concerns existing literature and informal interviews to obtain an overview of the different sense of aesthetics, sex and ethno-medicine as well as views of sexuality and how they affect the transmission of AIDS messages through posters.

### Methodology

Information for this thesis was gathered through participant observation, archival research and informal and semi-structured interviews. To begin with, archival research conducted mainly in the following institutions: - University of Nairobi, Ministry of Health and Kenya NGOs AIDS Consortium. The analyses of this body of information shed light on AIDS- its history, rate of infection, impact (social and economic) and efforts to control the epidemic. Archival research was also conducted on the history of the poster as a medium of expression and a channel of communication. Another body of information came from the University of Nairobi libraries and personal library. From the British Institute of Eastern Africa's library and personal collection it was possible to gather information related to traditional, if not African, sexuality.

Secondly, this researcher has participated in the development of AIDS-poster, and a consultant to non-African anthropologists and communication experts engaged in the control of AIDS in Kenya. Information regarding stakeholders in and methods of designing AIDS-posters came from participation in and observing the development of posters. As a design consultant it was possible to see that not many of the formally trained designers were active in the campaign against AIDS and were working under the dictates of their clients. Finally, participant observation made it possible for this scholar to learn of health education models that are commonly used in Kenya. The models form a part of the discussions in this thesis.

This researcher is also an academic in the Department of Design, University of Nairobi. From this position it was possible observe and gain considerable insight into the relevance of formal design education to health education in Kenya. This scholar grew up both as an indigenous and contemporary East African, possessing experiences in both Kenya and Uganda. With one foot in Uganda traditional African culture and the other in Kenya contemporary African culture, this scholar gathered information on indigenous aesthetics, communication systems, and sexuality. Discussions on aesthetic systems, communication systems and media repertoire were informed by experiences in traditional African culture. The researcher also draws on his experiences in teaching, professional



practice and rural life to analyze inter-cultural and inter-professional IEC.

Semi-structured and informal interviews were the other methods of collecting data from designers, health workers and users of posters. Description of the sample is undertaken in Chapter Four, on Findings and Analysis. From the interviews it was possible to realize the process of designing posters, the views of health workers and users on the posters; the analyses of the users' views revealed the level of success of posters. The same formal and informal interviews generated data on sex and possibly explain the hidden reason for risky sex practice.

### **Outline of chapters**

Chapter One is an introduction to the dissertation and a definition of the facets of the problem and their interactions. The first components of the problem concerns giving information, educating and communicating with the target audience; it is out of these that one hopes to influence behavior and attain safe sex practice. The second component of the problem concerns the Information, Education and Communication process. The IEC process is a complex minefield for the designer who has to use graphic design techniques to inform a wide and diverse audience at the lowest possible cost. The third component of the problem is the design challenges, especially working with models and media that appeal to the target audience.

Both Chapter Two and Chapter Three are concerned with contradictions facing AIDS-posters. Chapter two centers on design contradictions while Chapter Three is concerned with use contradictions. Chapter Two covers the history of posters, criteria for good design, education of design professionals and discussions on African-European aesthetics. The principal arguments in this chapter are: posters developed more as a device for selling manufactured goods and services rather than education to save life, and posters need to be designed to closely address needs in AIDS- related communication. A third argument is that until this is done, posters will continue to be less effective in health education.

Whereas Chapter Two is concerned with design, Chapter Three is about factors confounding the use of posters as a medium of communication. It includes the social-cultural settings in which posters operate. The IEC process of designing posters has been less sensitive to sexuality, in general, and unwillingness to overtly indulge in discussing topics related to sex, in particular. Sexuality challenges the designer to be culturally

sensitive while getting messages across; the apparently inadequate sensitivity to sexuality is one reason why it is argued that aspects of indigenous Kenya culture confound the efficacy of posters. To validate this argument, it is necessary to discuss indigenous sexuality.

Findings, analyses and critiques of posters are contained in Chapter Four. The first part of this chapter undertakes to view the population sample, which was involved in the survey. The second and third parts are about findings and analysis to determine whether or not posters are effective channel of communicating AIDS-messages. The chapter ends in an overall critique of posters to reveal the interplay among all the actors' cultural and professional symbiosis in dealing with sex and education leading to safe sex practice. In the same final section of the chapter, there is a critique of posters including the process by which AIDS-posters are designed, that is, the IEC process.

Summary and Conclusions constitute Chapter Five, the final chapter of this study. After analysis and discussions, the thesis of this study is that differences in aesthetics systems and media repertoire confound the communication of AIDS-messages via posters. Without these differences, posters could help reduce the rate of HIV infection and change the course AIDS has taken in Kenya. To make posters more effective in the campaign against AIDS, the following are essential: - one, a clear understanding of and a fundamental consideration of target audience's aesthetics and communication; two, a design education which puts health education and user in its center; and three, a health education which does not ignore the roles of other expertise in public health.

### Endnotes

- <sup>1</sup> AIDS is a short form of Acquired Immune Deficiency Syndrome
- <sup>2</sup> Posters are A3 or larger printed sheets of material (paper, metal or plastic) displayed in open places
- <sup>3</sup> HIV is a short form of Human Immuno-Deficiency Virus
- <sup>4</sup> Magic bullet is what causes behavior change and check the spread of AIDS
- <sup>5</sup> Noise is that which interferes with communication
- <sup>6</sup> Confound means confuse, inhibit and make less effective

Chapter Two

## Factors Confounding The Design of AIDS-Posters

### Overview

To discuss factors confounding transmission of AIDS-messages through posters is already a major object and an important undertaking in this thesis. In addition, it is believed that design is a factors inhibiting the transmission of AIDS-messages. The major objective of this thesis and the opinion of design constitute the agenda in this chapter; which are to review and discuss contradictions facing the design of AIDS-posters. The contradictions facing the design of AIDS-posters may be found in definitions of design, design education, the history of Western-style posters, and methods of developing AIDS-posters.

### Definitions of Design

As may be seen in the next section, a part of formal design education seeks to entrench non-African definitions of design. The non-African definitions tend to confound the development of AIDS-posters that are more relevant and effective in controlling AIDS in Kenya. From the succeeding discussions, it seems none of the existing design definitions can generate AIDS-posters that will work in Kenya. However, any definition that seeks to borrow clarity, visual power and immediacy from existing posters is likely to begin well. This beginning promises to develop successful AIDS-posters if it proceeds on the basis of critical consideration of target audience's aesthetics, communication systems and media repertoire.

Despite likely failure to a suitable design definition, let us view some of the definitions and see how they seem unsuitable in developing effective AIDS-posters. First, to define design as a general act may be the reason why non-designers feel a sense of entitlement to participate in the field and help develop posters that are more or less ineffective. Victor Papanek says, 'everybody is a designer' (Papanek: 1971, p.3). His saying tends to make the designer a jack of all trade and a master of none; yet a designer ought to be the master of a trade and a professional. In Kenya, where design is a relatively new profession, to think of design as a general activity encourages non-designers to design

posters without the concern required to make them relevant to target audiences and controlling AIDS. Some people see design as complex technology production (Lott: 1982, p.25). In Kenya, where the computer is still viewed as a complex technology, non-designers sometimes assume its outcome to be good design. As a practitioner in field, this scholar has witnessed the computer encourage non-designers to practice design at the expense of effective design. Perhaps competence in computer handling has encouraged non-designers to develop AIDS-posters at the expense of efforts to control the spread of AIDS in Kenya. Some scholars see design as high technology; Bayley and Bertram are such scholars (Bayley: 1979, p.10 and Bertram: 1979, p.58). To see design, as high technology, seems to hide and inhibit clear focus on goals in developing AIDS-posters. Endearing design to high technology production is one explanation why AIDS-poster design goes on at the expense of informing, educating and communicating with target audiences.

Design can be defined as "fitness to function" (Black: 1979, p.29). The main problem with design as "fitness to purpose" was an intellectual discourse in Europe and may be a European affair. Kenyans, do not easily make a connection between form and function because African design is practical instead of academic exposition on relationships between form and function. Design as fitness to function and its "form follows function" were also a part of the intellectual process which sought to reject beauty and tradition and replace them with function as something "modern". Confusion leading to poor poster design is likely to ensue whenever functionalist drives the design of posters. Confusion may thrive because designers themselves are uncertain whether there is any object without a purpose. It was equally difficult to comprehend form fully and how the form of a product should arise from its function. Perhaps, "function" is merely utopian, mythical (Peter: 1984, p.38); it is the raw force of invention, technology, industrialization and urbanization- (Wild: 1989, p.154); it cannot make an object look right (Black: 1959, p.48); and good appearance does not always grow naturally from function (L: 1979, p.72). Intellectuals have also been defining and pushing poster design towards rational reasons and autonomous existence (Metcalf: 1993, p.40-47). To think that design is not ad hoc, is not craft, and is not about community existence contradicts indigenous Kenya aesthetics and negates efforts to communicate using posters. Africans, in general, are conserving (Robert: 1975, p.51); they treasure the old and are generally suspicious of new things; *megi ni pat'* does not encourage new and strange things, it attests conserving. Africa aesthetics is one reason why the strong current, to delineate design from tradition and endear it to function,

may have failed the development of AIDS-posters that are effective in Kenya. In any case the current faded in Europe, where it was first developed and applied. As the current faded, new opinions for good design emerged including sales curve shooting upwards, reputation and price (Mills: 1959, p.46). Some of the new opinions are:- new distinctive and compelling styles (White: 1959, p.19), well made from appropriate materials, and is practical (Lux: 1979, p.26), skillful working of materials to satisfy consumers (Heskett: 1990, p.70) and shaping products to suit people (Farr: 1966, p.3). User considerations also got to the center of design (Mark: 1979, p.84-87). All these considerations for good design may be affecting the development of AIDS-posters at the expense of controlling AIDS in Kenya.

Design is sometimes defined as creation. In defining design as creation, the principal problem lies with the adjectives new, original, different and unique; these adjectives suggest a divorce from history. Yet design has a history on which it depends. "Creation" focuses on that which has never existed before and raises debates on whether or not any design is truly new. Designers who subscribe to design as creation often imagine but never obtain a thing truly original; consequently, they prefer to think of design as improving, changing or manipulating existing ideas, systems or objects to satisfy relatively new needs. A glance at AIDS in Kenya, one cannot help thinking that design in Kenya is also 'taking what exists and applying it to new the new need'. Applying existing health education models and posters to AIDS can be taken to be evidence of this view of design. Yet one may want to argue that AIDS is new, enough to deserve new approaches. This argument gains credibility when one sees that applying existing posters to AIDS is not delivering safe sex practice and controlling AIDS.

Whenever designers describe a poster as creative they probably mean it appears different from existing posters. The problems defining design, as a creative activity is that many designers strive to become creative at the expense of communication; they aspire to develop creative rather than message-conveying posters. In addition and though to be creative is popular with designers (Roston: 1958, p.112), creativity is often ill understood and commonly mistaken for anything exciting and glamorous. Creativity hinges on subjectivity (Brutton: 1979, p.84-87) because there is no reliable scale for creative ideas and things (Lawson: 1988, p.106-107 and Plata: 1974, pp.79). Creativity depends on talent and style of the day (Ienica: 1960, p.137). As professionals and scholars may agree, creativity, talent and style are elusive; it is difficult to rely on them to design AIDS-posters. In any case, designers seem to pay close attention to "creative process (Weidemann: 1976, p.144) and lose

sight of communication with target audiences, which may be the reason why AIDS-posters do are not very successful in transmitting AIDS-messages.

Design may also be defined as a methodical and decision making process (Garant: 1990, p.64 and Reswick: 1965 p.4). This definition may explain why problem recognition; preparation to solve it, incubation, illumination and verification are common to every method (Rosner: 1957, p.109). Bridge and Crossland's method is the one which closely resembles the IEC process; it entails stating the problem, collecting relevant information, studying and sieving the information, decisions on materials and methods fabricating, experimentation and testing, production of prototype and testing to confirm suitability (Bridge and Crossland: 1969, p.7). Design can be defined as a purposeful plan and a clear understanding of the material and technology in which one is working to satisfy needs (Millet: 1974, p.34-35). In this case design is seen as converting the knowledge and efforts of technologists, cost accountants and marketing experts, assisting in defining production (White: 1958, p.19). When human need has a moderating effect on technology, design is defined as an alternative decision-making activity to produce the plans by which resources are converted, preferably optimally, into systems or devices to meet human needs (Woodson: 1966, p.3). However, where there is more emphasis on form, design is seen as a plan to make something we can see or hold or walk into; meaning, something two dimensional, three dimensional or in the time dimension (Gorb: 1978, p.7).

Design as a plan would work for health education if only the target audience were in the center of the plan; but it seems the existing poster design places technology, not the target, at the center. Placing technology in the center of design removes the poster from and makes it less relevant to its target audience. When converting the knowledge of technologists develops a poster, cost accountants and marketing experts alone, it is likely ignore the knowledge and feelings of its target audience. Ignoring the target audience may take place at the expense of effective communication.

Graphic design, including poster design, may also seen as an arrangement, putting into proper, correct and suitable order, sequence, relationship or adjustment (Feldman: 1971, p.293-318). This arrangement of visual elements follows given guidelines; these guidelines are the principles of organization such as unity, balance, rhythm and proportion (Feldman: 1971, p.327-334). To arrange visual elements according to the said principles implies design is based on some preconceived notions yet one is never sure that the target audience also views posters according to the same guidelines used in

designing them. It would seem many target audiences see and translate posters according to their own social and cultural experiences. These translations and responses may be different from and contradictory to the intended ones.

From the above one may think that Western-style posters were developed to meet needs in marketing goods and services more than needs in health education. AIDS-posters are developed with artistic aesthetics, especially definitions and criteria for well-designed posters; this goes on at the expense of realizing posters that are effective in the struggle against AIDS. The methods for developing AIDS-posters are often borrowed from existing methods. Though such methods may have succeeded elsewhere, they seem to be less useful in generating posters that work against the spread of HIV. Finally, education has not yet generated professional designers that meet design challenges in the design of AIDS-posters.

#### **Criteria for well-designed posters**

In everyday walk of life, one may say something is good or bad. To say that is good or bad is a judgment based on a scale by which people may judge and say a thing is good or bad. However, they say, 'one man's meat is another man's position'; meaning, what is good for one person may not be good for the another one. As it happens in everyday situation, in design there are measures by which one may judge a poster good or bad; these measures are commonly referred to as criteria for well or not well designed posters. This dissertation concerns criteria for well-designed posters because two basic reasons. First, the set of criteria is how designers judge and agree that their posters are good enough to be printed and circulated. Second, what the posters designers see as a well-designed may not necessarily be well-designed for the target audience because the designers set of criteria for well-designed posters are often different from that of the target audience in Kenya. Differences may occur because some of the criteria for well-designed posters came to Kenya through non-African definitions of design, history of posters and formal design education. More specifically, the criteria are European in origin. Though some of the criteria stem from European-style aesthetics and design definitions they often influence the development of AIDS-posters in Kenya, where aesthetics, design, and criteria for good design are more African and different. Differences between European-style and African design criteria are a possible contribution to the lack of success of AIDS posters in Kenya. Following are some of

the criteria for well-designed posters.

**A well-designed poster is well conceived.** This criterion depends on defining design as a concept fitting the parameters of the exercise. In the example appearing in fig. 2.16, well conceived implies suitability to folding-out, the way readers receive and view the poster. Secondly, well conceived in this case means suitability of the poster to the perceived target audience.



Fig. 2.1. A well-conceived poster, based on the author, from Milton Glasier Graphic Design.

In the field of health education, the designer often receives a brief, including messages of the poster, from his<sup>2</sup> client. Problems presented by the design process will be discussed later, let us first focus on the criteria as a potential inhibition is realizing posters that can be more effective in the control on AIDS in Kenya. The view in this work is that the definition of design and the related criteria for a well-design poster, are likely to interfere with realizing the poster<sup>3</sup>.

This is likely to happen when a designer, out of professional inclination, pays more attention to conception of ideas rather than the business of transmitting AIDS-messages. In any case, a designer's freedom is a pre-requisite in generating ideas that work, yet he is hardly free to conceive ideas of the poster, much less explore other media or ways of communicating AIDS-messages. A sense of inhibition precipitates after considering that the poster is the given medium and that the brief comes to the designer complete with messages

**A well-designed poster is creative.** Defining design as a creative process is the under-pinning reason why designers are pre-occupied with being creative, witty or clever as important criteria for well-designed posters (Roston: 1958, p.112). After defining design as a creative process, designers often assume that clever and witty posters are also appropriate in combating the AIDS-epidemic. However, it seems the criteria for posters that are effective in controlling the epidemic is more than creativity; consequently,



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merely strikingly new and cute posters are inadequate in meeting challenges in controlling AIDS.

Creativity likens design to science, the frontier of knowledge by which people, who think they know, feel more superior to those, who are said not to know. The sense of being "in the know" is, perhaps, a reason why designers appear to feel superior to non-designers [in matters related to design]. Designers often feel a sense of entitlement to a free hand in developing posters even when such feelings lead to posters that are less-relevant to their target audience. Design for design's sake can all too easily ignore the purpose for which the design was commissioned.

Design as a "creative something" is popular with designers and their clients; this is why to be creative often forms the primary aim in professional design activities (Lawson: 1988, p.106-7). The word creative is commonly taken to mean new (Rake: 1990, p.104). In pursuit of creativity, designers have concentrated more on finding posters that are not routine, different, exciting, glamorous, original, innovative but sometime not closely associated with the long term and positive effects on the campaign against the pandemic. Creativity may also be seen as bringing into being something that has not existed before; this view of creativity raises the old debate on whether or not it is possible to get anything truly new. More importantly, the view of creativity as "not existed before" has, to some extent, been responsible for attitudes, which place designers above everyone else. At this position, designers freely dictate their views on posters and at the expense of posters that help to control AIDS. This may happen because to say that a poster is "creative" represents a value judgment (Brutton: 1979, p.84-87) that may not matter in communicating with target audiences.

The urge to be creative, inventive or innovative may have come to Kenya via colonial Art Education; the practice has no deep roots in traditional Kenya, everyday life. Creativity seems to be restricted to formal education and professional practice, what non-professionals make of it is not yet entirely clear. Consequently, clients tend to encourage copying of existing posters. Whereas copying the styles of posters from abroad may be attractive, the factors which produced the posters and the circumstances in which enhance the success of the posters are different Kenya ones. Overall, creativity has, for the most part, been misinterpreted to the detriment of posters as a medium of transmitting AIDS-messages. Though designers emphasize creativity, it is fluid, unreliable and difficult-to-apply in developing posters that deter the spread of AIDS.

Designers are often pre-occupied with being creative and behave as if all that matters in designing posters is to be clever or witty and generate a new a different poster. Cleverness leads to amusing and sophisticated posters at the expense of sensible ideas and established rules by which posters may be designed (Manley: 1980, p.85). Yet, it believed that the essential quality of every good poster is the translation of an idea into a graphically clear form since the idea is in the center of the poster; it gives the poster life, makes it gay or tragic, witty or inept. The idea in the poster is what appeals to and captures the audience of the poster (Savignac: 1963, p.377). It is also believed that the best idea materializes out a probing dialogue between the user and the designer and influences the form- the realization of the idea through a sense of design and color, of proportion and harmony in pictorial matter, lettering and spacing, and above all the courage needed to try something new or different (Luthy: 1962, p.8).

*A well-designed poster is well planned.* Designing a poster may mean planning it in relation to communication, form and technology. In this case, a well- designed poster conveys information quickly and accurately; it is sufficiently bold and lively to attract attention and sustain interest (Mills: 1967, p.50, figs, 2.2-2.4). Planning a poster emphasizes a scientific thought process: stating the problem; collecting, studying and sieving relevant information; generating, choosing and testing potential solutions to the problem; and production of prototype (Bridge Paul and Crossland Austin: 1969). Planning a poster entails preparation, incubation, illumination and verification (Rosner Charles: 1957); designers think that a well-planned poster is fit for its purpose, simple, clear and shocking (Purvis: ud, p.11). It would appear that both planning and conceiving a poster aim at using visual attributes to catch viewers' attention; little attention is given to viewers' interpretation of and reaction to messages.



Fig.2.2



Fig. 2.3



Fig. 2.4

Simplicity, clarity and newness of ideas could lead one to say that the above posters well planned

Seeing poster design as planning, instead uncontrolled course of action provides one reason for the widening gap between the idea and act of making the poster. Planning separate the idea from the process by which it may be realized; the designer's role is to plan, not make, the poster. Yet practice shows that separating the idea of a thing from doing it is difficult; to do so is inappropriate, artificial and not necessary. To think of design as logical contradicts experience; some professionals say that design comes from the gut, not logic.

*A well-designed poster is functional* Creativity dominates poster design, but designers are not fully free of the dictum "form follows function"; to be functional is often understood to mean visually powerful. A well-designed poster should be fit for use by health workers and communication with the Kenyan target audience. In a rather remote relationship with function, some scholars say 'cheap to reproduce' is a frequent litmus test of every poster for its design must be conceived technically (Jessen: 1926, p.32).

Whatever the practical advantage function presents, putting it in the center of design creates questions on cultural relevance because function, as a criterion for design, appears to be a European preoccupation and utopian. In Africa and indeed Kenya, design seems to be in the service of use (perform a task), aesthetics (be right, true and beautiful), religion (connect with spiritual beings) and an outcome of indigenous technology (tools and materials). Given this position, one may see that using European-defined function as a fulcrum of designing posters to combat AIDS in Kenya may be plausible but a culturally irrelevant criterion for a well-designed poster. Function as a criterion would be valid if AIDS-messages generated a positive reaction from targeted individuals and communities. But the designers' idea of function seems to concern advertising and is widely different from that of the target audience.

Designers are inclined to perceive posters as an advertising device because advertising drives commerce, an important section of national economic activities. Consequently, a poster may be seen as a device that ought to persuade consumers, for that is its job, its purpose or what it is intended to do (Billster: 1966, p.44). In other words, posters are designed to persuade or to prevail on people by advice, urging, reason or inducement to do something (Karo: 1975 p.8). They are also designed to persuade, arrest attention and impress the name of a commodity on the public mind (SB: 1925, p.190). By arresting attention it is meant that the poster is designed to be attractive or have a shock effect in order to greatly impact on the audience and gain a high memory value. Some

posters are planned to have only a few and direct graphic essentials (Lupton: 1989, p.71). Designers tend to avoid realistic posters since they are said to offer little engagement in following hints, discovery and interpretation (McDonald: 1962, p.64).

One problem with a poster, as an advertising device, is that even non-designers think they can design it because it looks so simple. What is more, everyone thinks he can advertise well, which means that, he can also design a poster that will advertise (Booth-Clibborn: 1981-1982, p.280). Everyone's thought of ability to design a poster well may explain why everyone, who is concerned with the control of the AIDS-epidemic in Kenya, undertakes to design posters without consulting designers. If they consult designers at all, it is often to help with only a small part concerning technical details rather than the over-all development of the poster. In this instance the designer often only complains after fulfilling the dictates of his commissioner (Mason: 1965, p.142).

*A well-designed poster comes from a logical process.* Whereas design is seen as a logical process, a well-designed poster is not always the result of a logical process. Seeing design as a logical process may have also encouraged and eventually led designers into thinking that a step-by-step approach obtains effective posters and does so always. But, it seems, methodology alone has not been able to guarantee posters that transmit messages well enough to check the rapid spread of AIDS. Besides, defining design simply as a process has proved to be too general and has failed to distinguish design from methodical actions leading to desired results. To distinguish design from other activities, it has been suggested that design is the process of synthesis, configuration, manifestation and participation (Garant: 1990, p.64); a creative decision making process determining the qualities of products (Plata: 1974, p.79); and a creative activity that involves bringing into being something new and useful (Reswick: 1965 p.4).

*A well-designed poster is forceful.* A well-designed poster is said to be a forceful expression, harmonious layout, organic build-up of form and color (Zwarg: 1957, p.72). In order to achieve forceful posters, designers often strive to make posters simple, a leaning towards basic geometrical forms and typographical means (Baue: 1959, p.452). It is also why poster design aims at purity of form (Morand: 1959, p.244), plus a measure of artistic originality, if not freedom, newness or the fresh approach that helps make the poster stand out from the ordinary and be noticed. To make posters noticeable, designers emphasize visuals that flag down the passersby and make them stop, look and listen to the message in the poster (Roston: 1958, p.112). Finally, a forceful poster is said to conflict

with existing public tastes (Nzemberg: 1957, p.399), which is why it can be easily noticeable. From these scholarly opinions, it is getting clear that indulgence with forceful posters entails breaking rules governing popular taste. It is this very breaking rule that tends to makes posters noticeable yet disturbing enough to negatively affect their part in transmitting messages.

Posters may also be seen a cultural expression; consequently, they are not fully free of and may be seen as a reflection of culture. A designer appears to be relatively free of any social responsibility when his poster only reflects culture. However, when his posters also influences culture, change the behavior of society; he has a very serious responsibility indeed (Childers: 1990, pp.32-36). In the context of AIDS, it may be more important to develop posters that change behavior instead of merely express culture. In order to be an effective agent of behavior change, the designer needs to understand the culture he seeks to influence through his posters and the overall growth, in the quality of human life of the target audience (Becker: 1990, p.50). Posters as a cultural expression appear to set the designer free and encourage superficial understanding of culture at the expense of more successful posters. To see posters as a form of expression, organic construction of forms and colors, and a reflection of taste, may have arisen from viewing design as general activity. The same misconception may have also thrown the design gate wide open, permitting even those who are less competent to participate in designing some of the posters currently in use against AIDS. Without an adequate understanding of design and the cultural context in which the posters are expected to operate, organizations and individuals concerned with AIDS are unlikely to see that design precedes the printing of posters. As was said in the above section, design in the context of AIDS is about finding the best possible means of controlling the epidemic and saving lives. Design, in the context of AIDS, it unlikely to be a tool for profit generation, finding new posters that work the same way as the preceding ones, giving a face-lift to existing posters nor advertising a new idea.

Seeing posters as a form of expression may have driven posters into the field of Fine Art and, consequently, liberated it from clearly defined goals, utilitarian rationale and technology. Without clearly defined goals, posters need not be influenced by the need to accurately and efficiently communicate with given target audience. This is likely to be the case because fine art is often less concerned with communication to bring about behavior change. In fine art, goals are not always clear and stated while posters have to

cause behavior change, promote safe sex and help contain AIDS. Fine art is also often said to be an expression of the artist's emotion while the poster ought to express the idea of the team rather than of the individual.

Overall, designers in Kenya appear to have different views of design; these views tend to determine design criteria leading to a variety of qualities in posters. One group of designers sees poster design as graphic design for its own sake while there those designers who see poster design as graphic art. This group, which sees poster design as graphic art, sees excellence and other more qualitative and difficult to measure criteria for poster design. Looking at excellence alone, it considered to be a good idea, exceptional execution, the organic emergence of form from content, creativity, a show of talent and a layout based on the basic rules of artistic organization (Carlisle: 1984 and Wild: 1989, p.175).

Another group believe that it is a servant to the communication of information (Lavin: 1989, p.151); in this case, a well-designed poster is about simplicity, honesty, legibility and abbreviation (Lavin: 1989, p.133). This view of the poster is supported by the twentieth view of functional design (abstract, often geometric and devoid of decoration, but emphasizing utility). The school of thought draws a sharp line between twentieth and nineteenth century designs. It considers the nineteenth century design as a confusing and deplorable interregnum after a past in which a succession of harmoniously ornamented styles were created and used by a leisure aristocratic society, and of the twentieth century as one in which a democratic industrial society developed a rational design of pure form based on function, quality of material, and workmanship (Shaefer: 1970, p.1). The functional school of thought appears to oppose vitality achieved through playful typography and dynamic juxtapositions of nineteenth century design tradition.

It is possible that posters used to communicate messages on AIDS are ignored because they are seen as product advertisements since many people have begun to see advertising merely arousing wants beyond means, inviting extreme consumption, it conjuring up a material paradise as life's goal (Lois: 1977-78, p.470). In other instances, where people feel advertising messages have become too much on their senses, there is a general tendency of rejecting the messages. Without intention, people often reject messages in posters because they suspect it is advertising and has something bad hidden in it (Billeter: 1966, p.44).

### **Design Methods for AIDS-Posters**

A key argument in this section is that the methods, currently used in designing posters, and is itself a significant reason why AIDS-posters are not very effective in controlling the spread of AIDS in Kenya. It would appear that AIDS in Kenya presents challenges requiring design methods that promise more effective posters.

AIDS-posters can be designed by using in-house designers, freelance designers, consultants, and medical advisers in the Ministry of Health or NGOs who concern themselves with preventing AIDS. Many of the institutions and individuals concerned believe that education is most instrumental in combating AIDS since no medical or any other form of curative treatment exists. Therefore, the principal aim in designing the posters has been to educate the population on the disease. The more specific aims in designing AIDS-related posters are to inform, prevent transmission of the virus, discourage the development of complications and control the rapid spread of the disease.

The above specific aims may be achieved through changing risky behaviors'. According to the AIDS Control and Prevention (AIDSCAP) Project, individual, biological and societal risk factors influence behavior that leads to HIV infection. Individual risk factors include having multiple partners, drug abuse, poor STD symptom recognition and poor STD treatment-seeking behavior. Biological risk factors include having sex with infected partners, lack of circumcision in men and female circumcision. Meanwhile, some of the societal risk factors are: - migration, refuge, traveling or working away from home, sexual expectations, poverty, illiteracy, lack of employment opportunities, gender discrimination and sexual abuse. Aspects of AIDS-education programs include promoting the use of condoms, encouraging healthy behavior, limiting complications and further transmission (Piot and Hira: 199, p.84).

**Brainstorming** This researcher attended a PATH<sup>5</sup> workshop and got the chance to observe the use of brainstorming to generate ideas for information education and communication materials. It was also possible to verify that a successful brainstorming exercise requires the right atmosphere- in this case, the brainstorming session took place in a seminar room of a Nairobi hotel where space was ample and tidy, furniture sturdy and comfortable, drinks and food provided. There was little noise and other forms of interference from outside. Besides, it is important participants know the problem for which they are required to suggest answers. Path provided the desired information when it said that prevention is the best means of combating AIDS since there is no cure for it.



In addition, an HIV positive individual was at hand to give a realistic atmosphere and charge the meeting with the determination to help.

The workshop began with a briefing. After the client's briefing the participants formed themselves into small and diverse groups. Each group comprised at least one experienced social worker, AIDS consultant, medical practitioner, or patient manager and a designer. Meanwhile the NGO's personnel were at hand to answer questions, clarify doubts or participate in any way and at the request of any of the groups. Each group generated and chose ideas for educational materials which would either be a dramatized play, poster, brochure or sticker to be used by primary school children, post primary school goers, young graduates or adults. After work started it was clear that the role of the designer in the meeting was basically to illustrate and freeze ideas that came out of the brainstorming exercise. By encouraging or discouraging ideas, it seemed clear that PATH was helping drive ideas towards what it believed works best in the field.

Many valuable ideas came out of the one-day workshop; but not without shortcomings. If brainstorming helps to create unorthodox ideas then the composition of the participants needs to be questioned. Nearly all the participants had four and more years of experience in the field of AIDS; it is possible that their experiences may inhibit the generation of truly new ideas. Path had fairly fixed ideas of what works in terms media, costs and target audience and influenced the outcome of the workshop, especially the designs. Though premature evaluation of ideas is said to endanger the free-flow and rich generation of ideas during brainstorming session, it was clear that the workshop organizers did not discourage premature evaluation of the ideas as they were generated. It was also clear that each group somehow found its leader and bestowed on her or him the responsibilities of a think-tank, adjudicator of ideas, and one who validates and records their suggestions. While all these are a part of participating in a group, the leader does not always perform at his or her maximum.

One of the designers who was present in the meeting and runs a design office in downtown Nairobi prepared the proposals for testing. The prototypes were tested to verify whether or not they would work for the particular target group but no meeting was called to collect any other new ideas which they could not materialize during the first meeting because either time was too short or they were just not there. From my own experiences, I can say that more viable ideas sometimes materialize afterwards, after the project is finished and when it is too late to improve on anything.

*Using consultants* After three years of close association with developers of and helping to develop posters, it became clear that consultants influence the design of posters used in communicating messages on AIDS. The consultants who work in public offices are responsible for recognizing the problem: the educational materials do not work efficiently. They can either undertake to improve on the efficiency of the education materials themselves or engage the consultant who runs a private office (a freelance consultant) to find means and ways of making the educational material. Freelance consultants are often the links between health educators and designers, who are often seen as image-makers or pre-press experts. In this instance freelance consultants help health educators to define posters in terms of slogans and other texts, visuals, colors and target audience; sometimes consultants specify what designers do and their conditions of work (contracts). Where posters need improving, consultants are expected to determine why the existing ones did not perform as expected. Sometimes freelance consultant's work like a designer (to define the needs for posters, find posters that satisfy the needs, pretest the posters to verify them to be efficient).

*By competition* (figs. 2.5-2.7): Designing posters through competition enables the health educator to receive many ideas for little money; it is probably the cheapest way to get many alternative ideas for a poster. It is the most liberal way of to design posters in that it draws from a wide cross section of the designers in the country and is likely to generate diverse alternative ideas for a poster. All the health educator needs to do is advertise the competition in a local newspaper, radio or television station; the advertisement is essentially a description of what kind of poster is required and who can compete; when and where the entries should be submitted.



Fig. 2.5



Fig. 2.6



Fig. 2.7

The above were some entries for a competition (from National AIDS Consortium)

Once the entries are received, a team of judges comprising design, medical and health education professionals is required to judge the entries and obtain the best

entries. The entries can be tailored to more accurately fit the needs of health education before they are printed.

An outstanding problem with designing AIDS-posters through competition lies in health workers' knowledge of design. Health workers appear to merely assume the importance of graphic symbols in posters and either are not equipped to or hardly indulge in verifying visual and cultural effectiveness of the posters (Dorfles: 1965, p.136). Given this position and unless the concerned health workers invite professional designers to judge the entries, the chances are that less effective posters are likely to adjudicated suitable for use in the control of AIDS-epidemic in Kenya.

*Using professionals.* As was said before, Nairobi houses probably the largest number of professional designers in Kenya; some of the designers undertake the design of posters used in combating AIDS. The design process often begins with the client telling the designer he wants a poster to transmit a given message to a given audience whose physical address language and sexual behavior is known. Sometimes the client asks the designer to design a poster but is vague on the message audience and the communication purpose. Less often but ideally, the client discusses the poster with the designer; a part of the agenda for discussion includes who is likely to use the poster; how, why, where and when the poster is supposed to be used.

Following the discussion, the designer proposes a design brief and schedule of work to be approved by his client. Approval is often followed by a formal commissioning of the designer to undertake the poster design; which commences with a brief- a more detail description of the poster- size, colors, pre-press activities, printing process and printer; target audience- age group, income bracket, level of classroom education and social responsibility; design fees and mode of payment. The brief is followed by preliminary design proposal and test to verify the viability of the design; professional design often ends in preparation for printing and submission of final fees.

*Pre-testing* Notwithstanding the method of design, every poster is often pre-tested. The object of pre-testing is determining a target group's reaction to and understanding of health messages or behavior change information before draft posters are produced in final form. Pre-testing is intended to find out whether or not the poster is understandable, culturally appropriate, believable and realistic, acceptable to the audience, visually appealing, informative and motivational (AIDSCAP: ud, p. 5). There are several methods of pre-testing: - individual interviews, focus group discussion,

readability assessment and expert interview. To select any particular method depends on time and personnel to conduct interviews, people to meet for focus group discussions, which method would be most comfortable for the respondents. One of the observations is that developers often ignore pre-testing. Yet one cannot be sure about the success of posters without first pre-testing to ensure such a success.

### A brief history of Western-style posters

Western-style posters are already made and used in Kenya; following is a brief history that aims at showing how European-style posters developed and why they tend to meet needs in manufacturing and service industries (figs.2.8-2.10) more needs in AIDS-education. As a communication device, today's posters may have begun as cave art that developed into hieroglyphics impressed on papyrus in Egypt. Hieroglyphics preceded letters of the alphabet; composing letters of the alphabet into tablets is a process that lies at the roots of Western posters (Rossi: 1969, p.8). As early as 146 B.C., papyrus hieroglyphic



Fig. 2.8 A poster promoting pens



Fig. 2.9 A poster promoting juice



Fig. 2.10 A poster promoting tourism

tablets announced the escape of two slaves from the city of Alexandria, offering a reward to anybody who discovered their place of retreat (Hiatt: 1976, p.3). Information on the escape of the slaves, a reward to anybody who found them, can be seen as an early form of advertising poster, intended to persuade members of the public to help retrieve the slaves.

Using the hieroglyphic tablets and bronze as starting points; Romans developed albums and set them in public squares. By providing the rectangle set on walls, the Romans provided space for notices in opportune locations, regularized the image, legitimized the use and enhanced the development of notices into posters. Pompeii is known for such notices, which showed a considerable command of advertising language. Some were menacing in tone, mentioning evil omens, and were put up by angry private

citizens tired of seeing unsolicited and unwelcome writing appear on their walls outside the prescribed spaces (Rossi: 1969, p.8). Angry reactions, against albums, threatened the survival of posters forcing the Church to enact legal proceedings against anybody who destroyed an album.

Actors of the Roman period saw the album as a publicity opportunity and sought its use in advertising and attracting a larger audience to their plays. In order to suit his peculiar professional interest, the actor required his name to be written in big letters thus initiating the illustrated posters, used to advertise exhibition, theatre and other events (figs.2.11-2.13). From Rome, the idea of the album spread to other parts of Europe under different names. In England, for example, handbills were evident around 1299; the bills were hand-written until Caxton introduced printing (Hiatt: 1976, p.4-7). Handbills developed into criers.



Fig. 2.11



Fig. 2.12



Fig. 2.13

Poster in Fig. 2.4 is for announcing an exhibition while those in Fig. 2.5 and Fig. 2.6 are for announcing theatre events (from *A Concise History of Posters*)

Manual skill was required to produce criers; this delayed the development towards modern-day posters. But the advancement of printing hurried the development of criers into posters, especially ways of reproducing pictures. The introduction of cheap mechanical methods of reproducing pictures made it easy to add emphasis to the criers by means of pictorial illustration. During the sixteenth century printing technology became more advanced thus initiating the poster, as we know it today. Acrobats, other performing artists and stall-keepers at fairs were induced to adorn their advertisement with drawings, which were essentially posters. Meanwhile, Royal proclamations were usually decorated using heraldic symbols; these, too, were essentially posters. Early in the eighteenth century, bills announcing departures and arrivals of coaches included pictures (Hiatt: 1976, p. 8-9); the bills were a form of posters serving transportation needs.

Picture-posters developed during the eighteen nineties (figs.2.14-2.16); especially in Paris and from the crafting skills and technology applied in generating advertisements. Acrobats, stall-keepers and political activists used some of the advertisements. Prior to this, the public had been subjected to advertisements in the form of straight letterpress posters (Keay: 1975, p.7). An over-view of old posters indicates that the slow formation of informative style and the gradual evolution of the psychologically persuasive language of publicity came with picture posters. It also reveals the progressive diminution of textual content of the growth of the original vignette (in Italy) and criers (in England) into a highly colored design that dominated the entire composition. At which point the notice was entirely transformed into what we now know as modern poster (Rossi: 1969, p.17).



Fig. 2.14



Fig. 2.15



Fig. 2.16

Some of the early picture posters that were either social or political statements (from *A Concise History of Posters* are Fig. 2.14 and Fig. 2.15 while Fig. 2.16 is from *The Bolshevik Posters*

At the beginning of the twentieth century, poster development in Europe depended on artists, the first kind of poster designers. The artists saw expression as the primary purpose of art; consequently, they produced posters that expressed feelings instead of communicating messages. Cheret and Lautrec are well known for having devoted their creative talents, artistic skills and intellectual resources to the development of posters in Paris (Hiatt: 1976, p.23). The two used lithography mass produce posters; the technical perfection of their works led to their being known as the fathers of modern posters (Rossi: 1969, p.32). In the same period of time, Willette and Ibels were producing posters with artistic tendencies of Symbolism and Art Nouveau (Rossi: 1969, p.35). The Secession movement in Vienna and Jugendstil in Germany were significant influences on Kolo, Moser, E. Edel and Otto Fisher's poster art. Quite close to Germany, in Russia, posters of the same period were satirical statements on oppressive governance or political commentaries on threats from neighbors.

Family and cultural ties took the poster from Europe to North America during the eighteen-nineties. By this time, posters were already influenced by Japanese idioms of expressions: - bold, colorful, joyous woodcut prints (Keay: 1975, p.7). Besides, it was taken not as an affluent form of cultural expression but as an advertising device and a decorative thing for people, who could not afford art or were incapable of discriminating art according to European traditional taste. While in America, a section of Puritanical traditions attempted to prohibit the use and inhibit the growth of the poster because they saw it as an idle vanity. Though the poster was still seen as an inferior form of painting and opposition from Puritanical traditions, traveling jugglers, Indian herb-doctors, horse-dealers, theater managers and other citizens used and, consequently, encouraged the growth of posters in America (Bunner: 1975, p.9). The growth of posters in America followed simplicity<sup>6</sup>, a few flat colors, and effective and cheap advertisements.



Fig. 2.17



Fig. 2.18



Fig. 2.19

American posters democratized art-fig.2.10, was simple-fig. 2.11 and for a client (fig. 2.12 (from American Posters)

It is believed that America adopted the black Japanese blot<sup>7</sup> but added to it a sense of humor (figs. 2.17-2.19). America's simplification of the poster enabled many of her people to imitate the style of poster design and make a living without much skill or commitment to art as a profession (Clark: 1975, p.13). By removing skill and taste barriers, America helped to democratize art including poster art and emphasize creativity, a refusal to repeat the once found design formula and making of a poster different from its predecessors (Soissons: 1975, pp. 15-16). As was happening in Europe at that time, the development of posters in America was not without debates. While the poster raised tremendous popular enthusiasm for decorative qualities and support for its use in advertising, the poster also provoked endless debate on its artistic validity and position within the echelons of fine art.

While poster design was developing in America, in Europe, where it all began, the poster was receiving influences different from those in America. The dislike for the aristocratic or class-society of Europe drove some of the artists into a Cultural Revolution and search for a new order. Led by Theo van Doesburg of Holland, Mlaevitsch, Tatlin, Pevsner and many other "leftist" artists practiced constructivism, a style of art they saw as the promise for a better future. Kasimir Mlaevitsh invented the so-called Suprematism and paved the way for a machine art<sup>9</sup>. Further experiment in machine art led to photo-techniques and a relatively new style of typography in poster design (Nemine: 1967, p.29).

The Dada commitment to inventive style and anti-tradition added a set of graphic idioms to the language of propaganda synthesized during the nineteen twenties. Dadaist defiance of typographical conventions produced posters on which nearly every word was printed in a different typeface and size, with lines running in whichever direction the poster-artist felt suitable. Tonal contrast, wit, surprise, and eye-catching effects were among the principal goals of design; almost in complete contrast to the aesthetic traditions of Gutenberg, Dada gave freedom to single letters (Neumann: 1967, p.11). Random typography, explosive<sup>1</sup> composition and diversity were reflections of post-war chaos, which Dada exploited to free art from the strong hold of artistic taste (Gottlieb: 1976, pp.39-60). Through trying to free posters from the control of artists and connoisseurs, Dada encouraged imagination, objectivity as well as fresh and original expression.

Between the first and second World Wars artists found new ways of expressing themselves in Photo-montage, Cubism, Geometric Abstraction, Fauvism and other types of Expressionism. Close to the beginning of the Second World War, poster artists distinguished themselves from the other artists; however, they remained in the center of commercial advertising (Harris: 1989, p.76). After the Second World War, posters flowered because of chromo-lithography, which artist used to achieve image qualities they desired (Rossi: 1969, p.90). At the same time Moholy-Nagy asserted that typography gives precise information and is an instrument of clear communication. To achieve clarity in posters he recommended the use of precise instead of vague visuals and avant-garde script instead of the old amorphous one. So, unmistakable clarity and legibility became the first requirements for good posters (figs.2.20-2.22), shown on the next page. Experiments with the "new" criteria of design generated posters that quick to produce with a minimum of means. Similar experiments also generated posters that were rigid, diagonal and restraint, if not economical (Nemine: 1967: pp.39-40).



Poster design continued to change as old considerations were questioned and new ones began to take their places. Objective presentation, free of individuality and subjectivity, became an important criterion for design. The welfare of a wide cross-section of readers was the other goal; the highest aim in legibility and best type was the one, which everybody could decipher quickly. Though lower case letters were considered economical, conceiving a poster in lower case letters was inappropriate as long as it required special efforts on the part of average readers



Fig. 2.20



Fig. 2.21



Fig. 2.22

Design of posters attempted unmistakable clarity, drama and power (from *The Bolshevik Poster*)

Artistic ability and taste were considered of little interest to the public. Questioning old design considerations led to greater emphasis on the end result of the poster- clear objective and short messages with positive impact on the target audience. Floods of words and excessive use of art were likely to stifle effective communication; well-conceived typography was one, which transmitted a pleasing effect of balance and harmony (Dexel: 1927, p.54).

In essence, the basic function and style of the poster as we know it today developed in the second half of the 19th century; it was influenced by urbanism, architecture, decoration and applied arts. Initially, poster simplification was as a result of lithography and medium; but Lautrec's work consisted of more than simplification. His use of strong, flat tones, legible lettering and harmonious composition, all, proved decisive in the development of posters (Rossi: 1969, p.92). After Lautrec, it was no longer possible to design quasi- naturalistic 'painterly' posters like Cheret's. The relationship between poster art and the masses was evident when designers began delving more in the intellectual life and aspiration of the majority rather than a few aristocrats. Though the

use of television and cinema offered some challenge, poster dialogue proved to be irreplaceable for it was a dialogue without hindrance or obligation, in the streets.

Urbanization's intense sense of advertising, forced billboards (large posters) to be an everyday intellectual interaction; posters became an optical scandal in that one interacted with them without choice. The law of optics determined its form more than the social-cultural considerations of the target audience. The intention was to realize posters, which were to be visually powerful, to act like a siren, to stand out of its surroundings and to surprise. Experts claimed that a poster that could not be absorbed in two seconds flat was not a good poster; this claim has prevailed without giving attention to human feelings and dimensions different to that of chronometric time (Rossi: 1969, p.105). Since the time given to the poster is often short, designers emphasize quick message absorption using visual idioms and metaphors they imagine but are not sure viewers understand. Emphasis on speedy message absorption, without ensuring the correct translation and reaction, raises questions on the essence of communication (Rossi: 1969, pp.110-111).

From the above brief history one can see that posters developed as an aspect of graphic design, as a visual language, as a form of cultural expression and as a record of history. As a category of graphic design, in general, and print media, in particular, poster design ought to be suitable to economy and technology. Reproduction processes affect techniques of crafting and size of the poster; the two [techniques and size] affect details of images and type faces of the poster. Since large typefaces are legible at a distance and easily readable when the viewer is rapidly moving, large posters are preferable. Available funds govern the use of color and quality of paper necessary in reproducing illustrations.

Design concepts, too, shape the poster. Visual simplicity favoring open or white space and bold, abstract forms are the dominant traits, which emerge from the successful solution of problems in information design (Feldman: 1971, p.79). Poster design often depends on schools of thought and their definitions of design and criteria for a well-designed poster. In general, a good poster is a well-designed one.

### **African-European aesthetic Interactions**

Kenya and East Africa, as a whole, is sometime considered to be a melting pot of cultures, where Asian, European and African cultures did and continue to meet and interact. The earlier nature of colonialism and Christianity could be seen as abrasive

encouraging Africans to adopt European aesthetics without fully understanding it. Adoption without full understanding may have made the design and development AIDS-poster a matter of doing it as Europeans do rather than concern with communication to control AIDS in Kenya. This section is an attempt to make the case that African-European aesthetic interaction tends to inhibit the efficacy of AIDS-posters. From the turn of the twentieth century, Europeans introduced posters to Kenya as public information device-serving merchants, traders, manufacturers, producers and service-providing industries. Posters were also introduced to serve as a teaching aid serving schoolteachers and their pupils, adult education and health education. One could say that posters came to Kenya defined in terms of what and whom it intended to serve, size, graphics and method of production.

Posters also came ready as the outcome of a complex relationship involving the client, artist, printer and target audience. The artist worked closely with the printer to produce posters according to the client's description, taste and marketing goals because he paid the bills. In this complex relationship, the target audience was often seen as an individual, who can and must be enticed into the consuming manufactured goods, products or services. On the whole, it would seem the target audience took an off-center position in the development of posters. From early nineteen seventies Kenyan graduate designers joined the fray but continued to work closely with printers to satisfy clients.

In order to understand factors driving the design of posters in Kenya, it is important to first view African-European aesthetic interactions. Through formal and informal means, European aesthetics entered Kenya, where it mated with indigenous aesthetics to produce Afro-European aesthetics, which affects the design of posters today. The Renaissance is often seen as the period when involvement with time-space culminated in rules by which two and three-dimensional objects are organized. Since the Renaissance, position in time and space (including time-space interaction) has been a paradigm in design. In these paradigms, time is seen as a linear track along which objects move at uniform speed from past through present and into the future. Since man sees himself as one of these objects being dragged along the one-way track to his ultimate death, he becomes obsessed with stopping the flow of time. He uses his paintbrush to chop out a cross-section of the track as immortalized moment (Alexenberg: 1975, p.6-7). By forceful or peaceful persuasion and with imperfect working knowledge, Kenyans adopted drawing in perspective, which has been the underpinning reason for the design of posters.

To halt the spread of Islam and ward off its threat to Christian Europe is one popular reason why Europeans made several voyages to Africa (Mark: 1988, p. 21); colonization quickly followed the voyages. Whatever the true reasons for the voyages and colonization, Europeans came to Kenya and brought with them their own aesthetics (the views of what is good, proper, true and beautiful). Attempts to impose upon or gently introduce the more alien European aesthetics to Kenyans resulted in cultural interactions producing African design with European flavor; posters form a part of it.

From 1888 to 1920 Kenya was a British Protectorate before it was declared a British Colony; governors and district commissioners, who forced British regulations and lifestyles, were outstanding features of protectorate and colonial Kenya. The administration *bwana*<sup>8</sup> often saw his posting as a chance for cultural evangelism, to transform Kenyans to live according to European lifestyle and communicate like Europeans. From their beginnings in the nineteen-fifties, European languages and other modes of communication spread and took deep roots in Kenya; by the nineteen-sixties, Kenyans were proficient in European techniques communication but communicated with some sense of African ethnic communication. Outside cultural and religious evangelisms; some of the Europeans came to settle in Kenya driving the roots of European communication deep into the social fabrics of Kenya. After political independence in 1963, Africans took over the country. Africans also adopted systems and practices they found in place; this happened, perhaps, as a matter of imitating European lifestyle and without adequate understanding how European things worked. It is possible posters were also adopted because it was fashionable and European, not because Africans understood fully how they were to function as a communication channel. Using posters merely as a European thing is a probable reason why they are not yet fully effective in controlling AIDS in Kenya.

Europeans, who lived in Kenya, also conducted business; they were the directors and managers of a wide range of manufacturing and service industries while others were political, economic or general development advisers. The same Europeans may have established communication systems (telecommunication, postal and wireless), transport systems (shipping, airlines, railways and motor vehicles), mass media (newspaper, radio and television) and manufacturing industries (textiles, food processing and mining). Somewhere along the line, formal education began with the primary intention of educating the African to live Western-lifestyle and man the instruments of their culture;

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the school and its system of education were started and manned by Europeans. Kenyans (who learned to speak, think, do and behave like Europeans in the school) provided a fertile ground on which African-European aesthetic thrived. Afro-European design, including posters, is a likely outcome of African-European aesthetics.

Afro-European design is the meeting between European and African aesthetics, the way we Kenyans assimilated European expressions, designs and culture and made them our own. This is probably the way the Maasai took glass beads of Eastern Europe and used them to adorn and express their material, social and spiritual lives (Klumpp: 1987). It also how the Kisii borrowed ideas from their counterparts in other parts of the world but used their soapstone carving skills to produce and sell a wide range of carvings. While the tourist remains the target for Kenyan craft activities, the urge for upward mobility has been driving design towards kitsch<sup>9</sup> (Brown: 1975, pp.9-12); kitsch is a probable intellectual fodder for poster design.

Africans' efforts to situate themselves and their tradition in relation to Europe have framed the work of almost all twentieth-century African artists (Vogel: 1991, p.14). Africa's major cultural changes, including art and design directions, are frequently attributed to contact with the Arabs (through trade and Islam) and the West (through Christianity and colonization). Arab slave and ivory merchants made inroads into East Africa and made contacts with many communities. It was through the agency of these merchants, their families and trading partners that Islam was introduced and spread through parts of the East and other African regions (Bravmann: 1974, p.6). Through intense reciprocal influences, interactions and synthesis with indigenous cultures Islam has become an African religion that has had pronounced effect of art and design (Bravmann: 1974, p. 29). In Kenya, the synthesis between Arab and African cultures can be located in carved doors; the concept of carved doors is Islam but the motifs and the subsequent patterns are often Boni<sup>10</sup> in function. Whereas Islam and Arab influence became a part of Boni idiom of cultural expression, it seems posters never got fully assimilated.

European domination of Africa, during the colonial period, enforced non-quantifiable change touching most people (Vogel: 1991, p.14). Colonialism put many demands on Kenya's traditional ways of life; Africans sought, often within their traditional ways of life, to meet the varied demands and changes introduced by the Europeans and, by so doing, introduced changes in their [African] social organizations (Rosberg and Nottingham: 1966, p.1). As is the case in other parts of Africa the change that took

place in Kenya's traditional social organization was not a one-way affair, the Europeans also changed their outlook to things and tried to meet Africans half way (Monti: 1987, p.12). But African influences on Europeans appear not to have affected design in ways, which make posters effective channels of transmitting AIDS messages.

Through religion, colonization, settlers, experts, education and other forms of contacts, European aesthetics was assimilated leading to Euro-African designs. Today's Kenyan posters are Euro-African in design. For the purpose of this thesis, an Afro-European design is one whose origin, cultural roots, purpose and the way it works is European but designed and used by Africans according to the ways it would be used in Europe. Poster designers depend on European rules of making and using images and expect their Kenyan audience to respond to the posters as if they were Europeans. Poster design, in general, is still dogged by the rules of organizing visual elements as light and dark, color and texture to achieve unity, balance, rhythm, and proportion.

European designers tend to assume that people see images of things rather than the things themselves (Feldman: 1971, p.280) and believe that the thing can be represented in such a way that viewers will get an accurate impression of it. Based on the assumption and belief, designers have been manipulating visual elements to give both objective and subjective impressions of an object. Designers have also established ways to locate images on the picture frame thus setting rules by which they can judge the product of their efforts. Kenyan designers who use them to design posters assimilated the assumption, belief, use of visual elements and the rules of image making. It is not yet clear whether or not the Kenyan designers, clients and audiences have clear understandings of the elements, rules of organizing the elements and judging the outcome.

### **Design education**

Design education taking place in Kenya has its roots in Europe; especially the education of professionals in the United Kingdom. The principal argument in this section is that European-style design education is not closely related to the needs of health education in Kenya. The lack of a close relationship between design education and needs in health education is probably why design education is irrelevant in realizing professionals who design posters that can be effective, if in fact posters have the potential to be effective in matters regarding AIDS.

Art education in Europe began between 1600 and 1700; it was based on in apprenticeship centering on the master craftsman who was a professional artist (Pevsner: 1973, pp.67-276). Historians say art education preceded and initiated design education and influenced the training of designers to be professionals who depend on personal and subjective judgment to design. Creative directors, who work in Advertising Agencies, often depend on their sense of aesthetics to determine the outputs of their departments such as posters. As clients who respect professional artists and Western design, health educators assign the agency tasks of designing and producing AIDS-posters believing the outcome is effective. But, the resulting posters may be ineffective since communication with target audiences do not always depend on personal taste.

Western-style design education is sometimes based on viewing design as a multidisciplinary profession. Let us take the Department of Design, University of Nairobi, as an example and refer its curriculum of early 1970s. At that time design was viewed as multidisciplinary, which is one reason why design education at the Department was influenced by a wide range of activities, disciplines, philosophies. The influence made us, students of that time feel like we knew everything. In addition and based on the observation of this author, this form of design education was seen as complex, tough and suitable only for people with special talents. Between the beginning and end of the three-year course, students developed a missionary attitude of becoming professionals with a mission to save the world from chaos and ugliness. How much of that has changed is another investigation. But let us position the designer, who was trained at that time, in the development of AIDS-posters and argue for his suitability for the task. Design education of that time probably trained a professional who may not fit the democratic nature required in developing AIDS-posters. This is the case because he is likely to behave as a-know-all. He is likely to impose his values and tastes on the development of posters. In effect, the designer may lack the democratic protocol necessary in designing posters, which may assist in controlling AIDS. Health education in Kenya can probably do better without this type of attitude; after all, Western design may not be the greatest thing to happen to mankind (Ambaz: 1974, pp.44-47). Design education requires a shift of concern and a re-definition of task of design to include health education to control AIDS.

Practically every poster used in the struggle against AIDS bears human figures as if to suggest doing so ensures successful communication. Designers' indulgence with human figures took root in Milan; today's designers emphasize human figures in AIDS

posters leading observers to think misplace human figures in the center of effective posters. Design professionals are often quick to say that posters designed by non-designers cannot be effective; either the designers are trying to prevent others from messing or are merely protecting their professional interests. In an act that may be seen as protecting domestic interests, Kenyan designers also often blame non-Kenya designers for posters that are ineffective.

Later on, around 1730 and in Germany, art was called upon to benefit commerce and craft. This probably began graphic and industrial design education to benefit trades such as printing, tapestry, weaving, embroidery, porcelain decoration and glass blowing. During the 19th century European academics of art concentrated on and sought to protect the "fine arts" from adulteration by other branches of creative activity. To protect the "fine arts" from adulteration suggests the existence of some special artistic quality, if not magic present in precariously perishable quantity. Such quantity ought to be applied in small amounts, to benefit products as posters, less they finish too soon.

Kenya designers start their professional journey with lessons in Art in the primary school where mistaking art for design and the struggle to leave traditional culture also begin. Art in primary schools comprise drawing and painting; it is considered to be a pastime, a form of expression, image making and giving forms to objects using Western idioms. Design education remains more or less art education at secondary level of education. By the end of secondary school education, pupils are convinced that traditional design is less relevant to "modern" Kenya; unsure on distinctions between art and design; and unclear on the roles of design in delivering health care. Overall, students think that Design, is a subject for academically weak students (Odoch, 1998, p. 4).

With little knowledge on and a somewhat negative attitude towards design, students join post-secondary education (universities and colleges offering Design). Design academics from Europe, America, and other countries of the world and locals who were trained abroad endeavor to teach students what they know, Western-style techniques and views of design, of course. Yet the place of Western-style design and techniques of communication are different from those in Kenya. Students are convinced design must be Western-style, if Kenya is to compete with the rest of the world; yet AIDS is not about competition. In design education, much attention is given to skill development (figs. 2.23 and 2.24). Drawing



has been for a long time been one of the major skills in design. Besides objective and subjective drawing, design students also learn to generate abstract and humorous images (fig. 2.25-2.27), and packaging design (fig. 2.28 and 2.29).



Fig. 2.23



Fig. 2.24

To develop drawing skills has been a significant object in design education because drawing is one of the design skills (from the Department of Design, University of Nairobi).



Fig. 2.25



Fig. 2.26



Fig. 2.27

Design learn to generate humorous images because is learning to be creative (from the Department of Design, University of Nairobi)

However, little attention is given to health education posters and the role of traditional and Asian-inspired designs in shaping the cultural and industrial destiny of Kenya.



. 2.28



Fig. 2.29

Students design for packaging as a way of learning to contribute

Fig to the economic well being of the country (from the Department of Design, University of Nairobi)

Majority of students get greater exposure to Western-style design either because academics know little of African and Asian designs or because national development

goals so dictates. Students, in general, complete college fairly ignorant of African and Asian designs and unprepared to face the task of discovering Kenyan design.

Indigenous design professionals are rooted in their traditional culture, which is being undermined, transformed and made less crucial in determining the future of Kenya. Whenever applying Western design definitions is a problem, indigenous designers try to turn to African concepts of design. But finding help in African concepts of design is difficult because these concepts are now hidden in years and piles of experiences in Western design practice. African design concepts and modes of communication are plausible because Western-style design and their posters have not yet scored much success; yet nobody is sure African traditional design concepts and modes of communication will do any better to control AIDS.

Design education in Kenya is either formal, informal or a combination of the two. The greater part of indigenous design education is informal and based on apprenticeship and is rooted in traditional Kenya culture. Indigenous education has been able to produce designers who are effective in generating products and systems relevant in rural economy, religion, rituals, thoughts, sex and other aspects of life. However, indigenous education graduates may find it difficult to meet health communication challenges which are complicated by cash economy, machine production and non-African aesthetics. Within school education there exist the notion that colonial Europeans unfairly polluted the designs and aspects of indigenous culture of this country; such designs would have otherwise remained an unadulterated, unique and potent in the control of AIDS. Yet Kenyans have never lived in a design vacuum, neither has anybody else in the world. Ideas keep moving back and forth or in and out of Kenya. The development of AIDS posters cannot depend on a cultural vacuum since there has never been one; to develop posters without a cultural reference would be false and misleading.

A number of advertising agencies in Nairobi are run by self-trained directors whose initial training are in fine art, accounts, marketing and journalism. The directors and other informally trained designers influence a large volume of advertisement covering a wide range of media and viewed daily by thousands of Kenyans. Encouraged by sale and profit figures they attain in advertising consumer products, the directors and their associates see themselves as communication experts and mistake themselves for competent designers of AIDS posters. Designers also seem to mistake health education

for building brand loyalty; failure to note the differences between selling products and sex-related ideas may account for noise in communicating via posters.

Young graduate designers, desperate for employment opportunities, get entangled in the spirit of these offices and learn designing advertisements that persuade Kenyans to under-rate and deny themselves. Self-denial is likely to inhibit sex education and the struggle against AIDS. Even those young graduates who may not be under the direct influences of these offices are sometimes forced into thinking that the advertising agencies is the way design goes and should go. Professional recognition, being the best, cash awards and a promise of successful business, all, encourage young designers to imitate winning agencies' design-style. Lack of adequate cash rewards, in particular, may be the root-cause for discontent with and taking Kenyans and health education lightly and for granted.

In a way Europeans culturally invaded Kenya during the colonial period. During the time they stayed, they forcefully imposed their own systems and material culture on Africans either in hostile and forceful ways or in subtle and persuasive manners. Throughout the process of imposing their culture, the invaders capitalized on less aggressive African traditions, used physical and economic forces as well as the threat of supernatural sanction through their religious leaders. By observing other people, watching movies and harassment from overzealous nuAfricans<sup>11</sup>, Kenyans learned to romance like Europeans (p'Bitek 1972, pp.52-54). "Don't touch me" (p'Bitek 1972, p.52) is a testimony of discomfort with touching as a part of seduction; to touch without sexual intercourse is rare in traditional Africa. Given this cultural position, one can understand why a section of Kenyans cannot romance and love without sexual intercourse; consequently, any poster that advocates love and abstinence, at the same time, risks failure in communication.

The introduction of formal education provided a base upon which the aesthetics of the invaders entranced themselves in Kenya. Kenyans also learned, informally in most cases, that the class hierarchies of material goods, systems and services were superior to their own. In general, Kenyans learned that the British were somehow superior and that Africans, being hopelessly incapable, should follow their orders. Understanding foreign things as superior to things indigenous may explain why people see AIDS and the related posters as something for the upper class and too superior to incorporate local ideas.

A part of maintaining the British superiority was keeping crucial information and explanations of what they were doing secret to Africans. The White-man's culture was to remain esoteric and only partially comprehensible to the *natives*. At another level, the African was denied knowledge and explanations of how systems are designed as well as when, where and why they fail and how they may be maintained in correct working conditions. Since many systems were taken for granted until notice of failure and instruction to investigate the cause of failure, little is done to correct the mess. Perhaps this is why little is currently done to investigate why using posters to communicate is noisy, find ways of removing noise and ensuring that posters communicate their messages without any interference.

### Endnotes

<sup>1</sup> *Megi ni pat* is an Acholi expression which means "your is different and strange"

<sup>2</sup> His refers to both male and female, its use is not sexist

<sup>3</sup> The poster is one that is more effective in controlling the spread of AIDS in Kenya

<sup>4</sup> Risky behaviors are sex behaviors encouraging the spread of AIDS

<sup>5</sup> PATH is a short form of Program in Applied Technology for Health; it is an NGO concerning sex education to prevent AIDS and other sexually transmitted infections

<sup>6</sup> Simplicity is a design principle that flourished in Europe when artists went against Victorian decoration

<sup>7</sup> Black blot is an element of composition characteristic of earlier posters and influences by Japanese prints

<sup>8</sup> Machine art include collage and contra-relief constructed from industrial products

<sup>9</sup> *Bwana* is a KiSwahili word for a boss

<sup>9</sup> Kitsch is the daily and everywhere art of our time; it is mass produced item that its purchaser believes endows him with an air of richness

<sup>10</sup> Boni is a Kenya peoples living on the coastal region of Kenya

<sup>11</sup> nuAfrican refers to new Africans, those who are newly initiated into European culture

## Chapter Three

# Factors Confounding The Use of AIDS-Posters

### Overview

Contradiction facing the design of posters was the concern in chapter two. This chapter concerns factors that tend to militate against using posters to control the AIDS-pandemic. Though health educators believe that posters will help reduce the rate of HIV-infection and AIDS-cases, differences in aesthetics, communication systems and media repertoire seem to work against the expectation. The same differences may provide reasons why current communication models, communication models, response and other activities have not yet been effective against AIDS.

### Behavior-change models and theories

Certain models and theories drive health Education Programs in Kenya. Some of the most commonly cited ones are Health Belief Model, Stages of Change Model, Theory of Reasoned Action, and Social Cognitive Theory<sup>1</sup>. Each of these models and theories has key concepts and a focus; it is the focus and key concepts that make the models and theories less relevant to HIV-AIDS in Kenya. Let us view a few of the models and theories and see why they are less relevant to HIV-AIDS in Kenya.

Health Belief Model often focuses on peoples' perceptions of the health problem and appraisal of behavior recommended to prevent/manage problem. The originators of the model (G. Hochbaum, S. Kegels, I. Rosenstock) were personalities in the US Public Health Services. The main concern may have been USA's health settings of the 1950's, especially why the United States of America bent towards treatment more than prevention of disease<sup>2</sup>. Key concepts in Health Belief Model have been perceived susceptibility, severity, benefits of action, barriers to action, cues to action and self-efficacy. Though Kenya's health situations may be similar to those in the USA, it is obvious that peoples living in the USA are different from those living in Kenya. In addition, public health concerns on the 1950's are probably less urgent and worrying than

<sup>1</sup> Source: <http://www.ahcpr.gov/clinic3rduspstfbehaviorbehtab.htm>

<sup>2</sup> <http://www.ahcpr.gov/clinic3rduspstfbehaviorbehtab.htm>

the years dominated by AIDS. The perception of death, out of disease and the related illness, in the two countries are most likely different. In Kenya where death is sometime seen as a mere rite of passage, perceived severity of disease and benefits of action are unlikely to help generate positive responses.

The primary intention in Trans-theoretical Model or Stages of Change Model has been adopting healthy behaviors ore eliminating unhealthy ones. It is believed that people progress through five levels related before they are ready to change; the levels are pre-contemplation, contemplation, preparation, action and maintenance. Prevention strategy is required, at each level, to help people progress to the next level<sup>3</sup>. J.O. Prochaska (Director of Cancer Prevention Research Consortium) is said to be key in the origination of this model<sup>4</sup>. Kenya concepts of this model include pre-contemplation, contemplation, preparation, maintenance and action<sup>5</sup>. Again, this model was developed in the USA and out Prochaska's frustration with the death of his father of alcoholism and depression, not AIDS. Here the question is whether this model is relevant to HIV-AIDS and Kenya.

Social Cognitive Theory is based on the opinion that behavior is explained by interaction among personal factors, environment influences, and behavior<sup>6</sup>. Self-efficacy is an important characteristic determining health behavior change<sup>7</sup>; key concepts are self-efficacy, reciprocal determinism, behavior capability, outcome expectations observational learning. A. Bandura is credited with developing the health behavior change theory in the 1960's though its background is early as 1880's. The theory has is origin in the discipline of psychology<sup>8</sup>, not health education as demanded by the AIDS-pandemic. At the beginning, in the 1980's when AIDS was still relatively new, this model would have been difficult to adopt because the lack of cases for people to observe. However, today, this model has a chance today, the beginning of the 21<sup>st</sup> Century, when many more people have some experience with AIDS.

Community participation is essential to the success Community Organization Model. It has to do with helping communities identify health and social problems, plan

<sup>3</sup> Source: <http://www.cdc.gov/nccdphp/dnpa/physical/handbook/appendix3.htm>

<sup>4</sup> Source: <http://www.cba.uri.edu/Scholl/Notes/Change-TTM.htm>

<sup>5</sup> Source: <http://www.ahcpr.gov/clinic/3rduspstf/behavior/behtab2.htm>

<sup>6</sup> Source: <http://www.cdc.gov/nccdphp/dnpa/physical/handbook/appendix3.htm>

<sup>7</sup> Source: <http://www.med.usf.edu/~kmbrown/Social-Cognitive-Theory-Overview.htm>

<sup>8</sup> Source: <http://www.cdc.gov/nccdphp/dnpa/physical/handbook/appendix3.htm>

and implement strategies to address the problems. This model would work best for Kenya, if only rural dwellers were fully understood AIDS and what to do about it. The model originated in the USA<sup>9</sup>, where formal education and organization are likely to be at levels higher than in Kenya. Besides, it is all too frequent that chiefs and local politicians are suspicious and may inhibit the work of any group that gets organized in their rural areas. Consequently, the low level of social organization and suspicious nature of local politicians could frustrate the successful application of this model. This scholar was a part of an SOS-supported team that attempted using a modified form of this method. The exercise began in Kisaju of Kajiado District in the Rift Valley Province of Kenya. In the exercise, local traditional leaders were involved in campaigning against AIDS using pronouncement during Olngesher ceremony, when senior warriors become elders and managers of the Maasai community. The exercise went on for one year beginning in September 2003 and ending in August 2004. Evaluation of its success has only begun and is likely to proceed slowly for lack of funding. Planning the exercise took time and the ceremony took time to begin because the organizers kept changing their schedules from one year to another. The outcome of this trial may end in another piece but it is important to note here that an attempt has been made to modify and apply this model in one Kenya community.

#### **Communication System** (fig 3.4)

The communication system, see figure 3.4 below, is adopted from The Communication Process, written by Berlo. It is general though it is used, without much modification, in health information, education and communication and other specific situations. Those who use this model also tend to make many assumptions. For example, health educators often merely assume that their posters are free of interference; they also expect target audiences to get messages encoded in AIDS-posters, practice safe sex and help control HIV-AIDS. However, experiences appear to show that communicating with target audiences is more complicated than was assumed; there is noise, which is produced by random superimposition of a great number of independent causes (Cherry: 1957, p.199).

In this model, the source may be individuals; social, civic and religious leaders or communication and education professionals. Experiences and views from the source are likely to interfere with message development and posters.

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<sup>9</sup> Source: <http://www.ahcpr.gov/clinic3rduspstfbehaviorbehtab.htm>

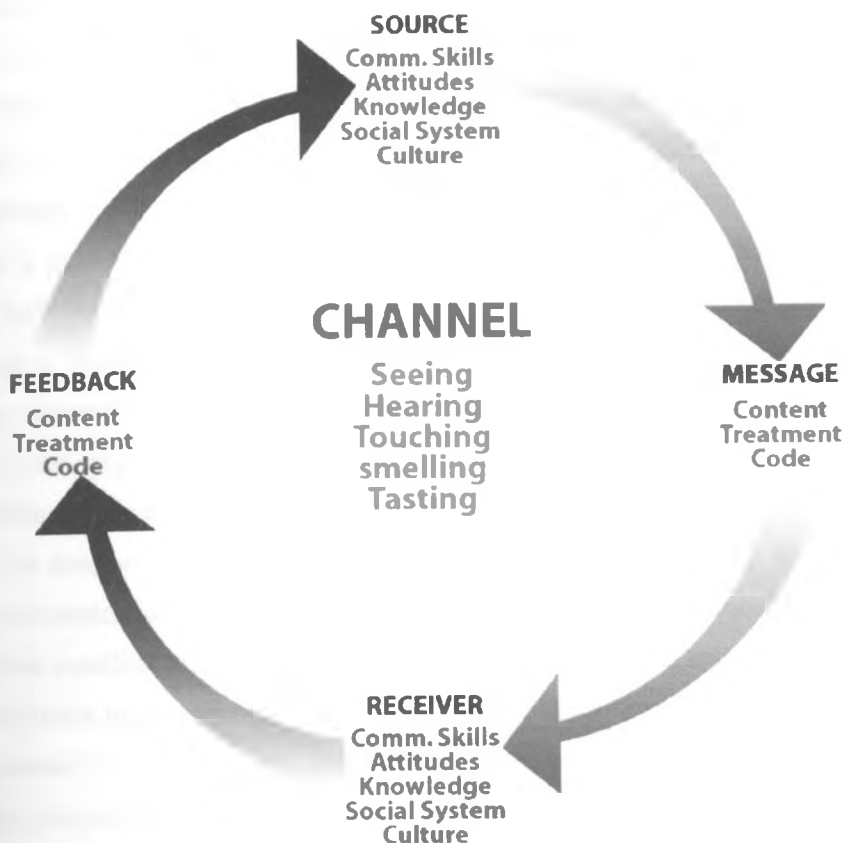


Fig. 3.4 Communication model (adopted from Communication Process by Berlo)

As a part of information source, health professionals seem to think that AIDS is a punishment befitting casual sex workers, lesbians and homosexuals. They often feel capable of controlling the pandemic without much help from target audiences. There is, indeed a feeling that medical professionals, not target audiences, are the heroes of the war against AIDS. Experts who work in Government and non-Government Organizations often see the target audience as helpless people, who cannot protect themselves against AIDS and they would all die if left to deal with the epidemic on their own. Religious leaders see the target audience as their followers while the Government tends to view AIDS from the points of view of national responsibility, revenue, labor and other economic benefits. Elders and parents see the people who die from AIDS as their children, they feel sympathetic with the target audience and even themselves for their



society is threatened. These attitudes are either negative or lukewarm; both attitudes are likely to interfere with communication through posters.

While many people may claim knowledge on the social impact of AIDS, only health professionals and interested scientists possess more accurate knowledge of how the virus works to cause death. Designers, elders, politicians and religious leaders are only beginning to know more about the behavior of HIV and the over all pattern of the pandemic it causes. Often than not, the source knows little about the communication process, how design plugs in the process and the development of good posters. Even knowledge of the target audience is only beginning to gain importance and use in the campaign against the epidemic. Without adequate knowledge of the disease, channel, design and the target audience, the source's effort to communicate (via posters and with target audiences) remains unhealthy.

The designer is often engaged as the encoder of AIDS-messages because he has graphic communication skills, which the source lacks. In communication via posters, the designer has excellent knowledge of the channel skills required to make images. But the designer appears to operate more as an appendage to the source, which sees the designer as the means of realizing his goals rather than a fundamental ingredient of the communication process. It is not yet clear whether or not the source knows the roles of a brief and its importance to the design process; it is also unclear where the source can generate a good brief. Despite the source's level of awareness, it is observable that the designer does not always get a good design briefs; the briefs he gets are often vague, inaccurate and bearing wrong assumptions. The position of the designer as an appendage rather than that of a fundamental participant, the source's level on posters and ability to give a good brief, all, tend to foil the effectiveness of design to encode messages.

The designer's knowledge of the target audience is in question because of the culturally complex nature of Kenya. This country, Kenya, is multiethnic and multiracial. Given every community, that the campaign against AIDS is a national undertaking, the designer's inability to understand every possible target audience can be understood. Without adequate understanding of the target audience, the designer cannot but transmit AIDS-messages, which may not reach their destinations and yield the required results. The message is information to be communicated to elicit response from the target audience (Bello: 1960, p.54). It is a product of the source (speech is the message when he speaks, writing when he writes; the picture is the message when he draws). A poster

message consists of languages (written words and pictures executed in colors and placed within the poster) comprising symbols that can be structured in meaningful ways. As is the case with any language, the words, pictures, colors and space, each, has a code, vocabulary and procedure for combining the vocabulary meaningfully. More often than not, the source assumes that the target gets his meaning of his message yet the target may understand the visual languages in posters.

Considering Bello's view of 'channel' (Bello: 1960 p.64), one can say that a poster is both the mode of encoding and vehicle for health education messages. Walls of buildings and other surfaces are vehicle-carriers while sight is the chief mode of decoding the message. Many rural Kenyans find posters unfamiliar; viewing, comprehending and translating the message are likely to be negatively affected by the strange nature of posters. After nearly a century of harsh experience, formal education, political awakening and, more recently, human rights awareness, today's citizenry is suspicious of ideas, which come from the center. Posters, too, are viewed with suspicion because they come from the center.

Since AIDS first appeared in Kenya, much information on the disease has been circulated. Yet it is unclear whether or not the information has reached everybody and one cannot be sure every Kenyan has adequate knowledge of the disease. Given that posters are a relatively new medium of communication, one may doubt its effectiveness in delivering the message; especially in rural areas where the level of literacy remains low. Inadequate knowledge of the disease, unfamiliar posters and low level of literacy can foil accurate decoding of the message and inhibit positive response. Finally, the receiver's culture, his own social status, his group memberships, his customs are likely to negatively affect his message reception and interpretation (Bello: 1960 p.54). Negative effect on message reception is one of the causes why target audiences often do not respond positively to AIDS-messages.

Given the above problems afflicting Bello's system of communication, one is tempted to think of modifying and applying it to benefit health education, in general, and the campaign against AIDS, in particular. The modified system is the model of communication that also forms the theoretical model of this study, see figure 3.5 below. The main features of this the model concerns the source and receiver of AIDS-messages. The source comprises the sponsor, target audience and designer. This means the target audience, designer, health worker and sponsor work together to develop AIDS-messages,

choose and design the channel. Working together, as equals, may help overcome any negative attitudes existing among the designer, target audience and sponsor. It may also improve on attitudes towards AIDS, especially among some target audiences who AIDS has terrified. In addition working together may also help improve on knowledge levels of AIDS since currently both the design and target audiences appear to know little about the pandemic when compare to health workers. As far as posters go, the designer is likely to have greater skills than any of the partners (target audience, health worker and sponsor). Though trained to design posters, the designer may benefit from any concept emanating from the target audience, health worker and sponsor. Finally working together as a team may help foster a better understanding of the target audience's social –cultural, aesthetic and communication systems.

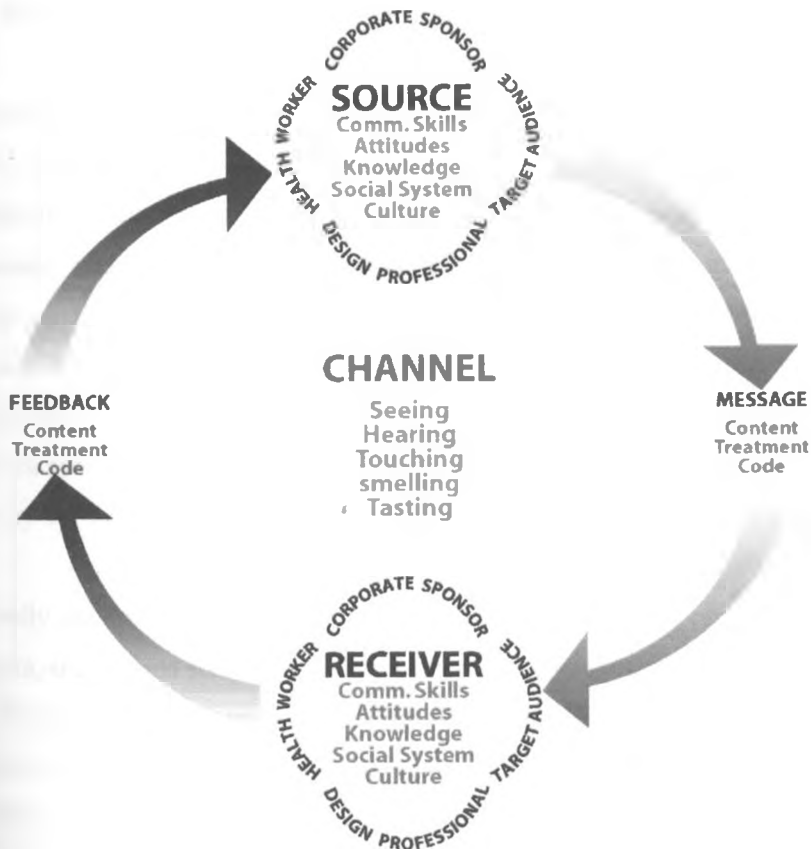


Fig. 3.5 Proposed Communication Model for health education and the development of AIDS-posters

**Key:** Source= designer, health worker, target audience and sponsor  
Receiver= designer, health worker, target audience and sponsor  
Feedback is similar to message both depend on their contents are treated and coded

The receiver, too, needs to be the same team as the source. This is likely to greatly reduce reception, decoding or translation, understanding and positive response to the messages. More importantly, the presence of the same team as the receiver may make it easier to re-develop the message and re-design the poster. This is how the design of the poster becomes continuous with a greater possibility of finding a poster that is effective in controlling the spread of AIDS. Finally, the same team (of designer, target audience, health worker and sponsor) is likely to improve on the treatment of poster content and coding. By improvement, it is meant, placing in posters pictures, text and colors that are less confusing to the target audience.

#### **A brief history of and earlier responses to the AIDS-pandemic**

Looking back at the history of the disease, AIDS was noticeable in the United States of America as early as 1976, when it was mistaken for Gay Bowel Syndrome (Shilts: 1988, p.18), affecting homosexual males. In Europe and the US by around 1980, medical doctors began relating the syndrome to an unknown factor that depressed the immune system and allowed opportunistic infections to flourish in the bodies of affected individuals (Shilts: 1988, p.36). These individuals were often MSM (men who have sex with men), intravenous drug users or commercial sex workers. At that time, both Americans and Europeans preferred to see AIDS as a health problem affecting only deviant characters; putting the malady at a physical, social and mental distance neither sent it away nor impeded its reaching epidemic and pandemic levels.

By the end of 1981 it had become clear that there was a pathogen causing the deadly syndrome and that it was prevalent among male homosexuals, intravenous drug users, transfusion recipients and commercial sex workers. The syndrome was named Gay Related Acquired Immune Deficiency Syndrome. The homosexual community took very vocal exception to this stigmatizing name and by early 1982 the syndrome was renamed AIDS meaning simply Acquired Immune Deficiency Syndrome. It was not until later, when the virus was finally isolated that HIV, Human Immune Deficiency Virus was recognized as the cause of the syndrome AIDS.

In those early days AIDS was considered an thing of the "other", marginal and undesirable elements in society. American President Ronald Reagan dubbed it God's punishment for homosexuals. Funding for research on AIDS was severely limited.

African governments, imagining that there is no homosexuality in Africa and that this was a white man's disease, paid little attention until the epidemic entered their own populations. Even then, the belief that AIDS was associated only with social deviance led to governments' turning a blunt eye until it became clear that AIDS could spread heterosexually. News of AIDS through heterosexism threatened everybody with infection and drew more attention to the situation than before.

The end of 1992 saw over 600,000 New AIDS-cases reported to the Global Program. Meanwhile 2.5 million AIDS cases and 12million HIV-infection were estimated for the same year (National AIDS Control Program. National Council for Population and Development: p.v). The current and projected figure of AIDS cases in Kenya alone is already higher than six hundred thousand; high figures show that the disease has progressed fast and the epidemic is growing with little abatement. The role "one in every three Kenyan is HIV-positive" and statistical permutations play in controlling AIDS is not fully clear; but it seems they helped to instill fear and call for urgent action.

East Africans first heard of AIDS as a disaster affecting the Democratic Republic of Congo, in the center of Africa and far from their own homes. After it reached Uganda, a few informed Kenyans felt that nothing could stop AIDS from entering their country while a considerable section of the Kenya population had only a faint knowledge on AIDS. In general, Kenyans saw AIDS as a powerful calamity, which should remain distant, foreign (Reuters: 1985, pp.1&20). At the same time, Kenyans also saw AIDS as powerful, destructive, claiming thousands of life, dismantling family ties, causing heartache and threatening economic devastation (Reid: 1995, p.1).

In order to stop AIDS, civic leaders, religious leaders, professionals and researchers responded in many different ways; but the responses were fraught with contradictions negatively impinging on the transmission of AIDS messages. Responses like fear-creating images; demon-imagining, and tactful humors (figs. 1.1-1.2) did not stop it from taking root in any country. Even determination to "crush AIDS" (fig. 1.3) did not go too far in Kenya. Everywhere it entered, AIDS established itself as a sexually transmitted pandemic (Lamprey and Tarantula: 1990, p XV). Some people say AIDS was identified in Kenya in 1983 (Nduati and Wambui: 1997, p.1) while others say it was first diagnosed in 1984. No matter when it is first diagnosed, by the end of 1993, 41,175 AIDS cases had been reported (National AIDS Control Program of Kenya: 1987, p.3).



Fig 1.1



Fig.1.2



Fig. 1.3

The role humor plays in checking the spread remains uncertain (figs. 1.1 & 1.2 are from the author). Images suggesting, "crush AIDS" did not halt the spread of AIDS (fig 1.3 from CARE, Kenya)

Before AIDS reached an epidemic level, hardly anybody knew of it and there was virtually no reaction. At the same initial periods, people viewed it according to their experiences; this is why some people mistook it to be a more a more powerful form of fever, common cold and cough. Afterwards people realized AIDS wasted its victims and could not be cured; the prospects of acute wasting, severe illness and death worried every directly or indirectly affected person (Mwananchi: 1985, p.16). In order to see why AIDS became the source of worries, it is important to first note that "to be fat" is an African expression of good health. Anything that causes one to be thin, contradicts this characteristic view of good life; this is why AIDS became a source of public concern in Africa. Whereas acute wasting forced people to notice and act against AIDS, using images of wasted patients and death (figs.1.4) caused great fear and may have merely undermined the efficacy of posters.



Fig. 1.4 A painting showing a sickly and thin man. The presence of a skull, priest and doctor suggests that he is about to die. (From National AIDS Consortium)

More attention was drawn to the disease after thousands of people died. On witnessing what happened, some people left their homes and settled in other locations; changing homes was an attempt to run away from the disease. Why people tried to run away from AIDS may be understood in the context of child survival. In parts of Kenya, where child survival was difficult, any disease that caused many deaths in a short time was considered a serious threat, enough for people to run away from it. Towards the end

of the middles of the nineteen eighties and among JoLuo of Western Kenya, death through AIDS proved frequent, too much and probably beyond comprehension; this may be why some people blamed witches for it. Failure to comprehend AIDS also explained why it was ascribed to the supernatural and also why removing it from super-human realms has proven to be an almost impossible goal.

Scientists identified AIDS as the killer with persistent fever, cold, cough, loss of weight and diarrhea as some of its symptoms. All of these symptoms are also associated with other illnesses in Africa and are not uncommon. AIDS was classified and publicized as a sexually transmitted disease more than one transmitted by sharp contaminated objects, mother to unborn child or receiving contaminated blood (fig: 3.6 - 3.10); this meant, avoiding sex in order to survive.



Fig. 3.6.5



Fig. 3.7

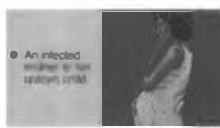


Fig. 3.8



Fig. 3.9

Figures showing that AIDS is spread by sex, piercing with contaminated objects, pregnant mother to fetus and transfusion of contaminated blood

Among the Acholis of Northern Uganda and many other East African peoples, to avoid sex on any account (including of AIDS) is seen as a big contradiction because there is no propagation without sex. The expression *too coo*<sup>10</sup>, as a common response to AIDS during the 1990s, may have come out of the situation being contradictory and hopeless. Without much regard to local concepts of sexuality, sexual intercourse was publicized as a major mode of transmission; couples began accusing each other of fatal immorality. Such accusations resulted in angry conflicts, feelings of guilt, hopelessness and fear of social stigmatization (Burke: 1995, p.158). To avoid stigmatization, many couples suffered in silence rather than discuss the situation. Suffering in silence weakened social bonds leading to isolation. Apart from the fear of losing parental security and care, children were ashamed at the thought of their parents being "immoral" for AIDS was seen as a result of immoral conduct (Mhloyi: 1995, pp.15-16). Members of the extended family took care of the sick since doing so is generally the essence of an African family. Many extended families needed some form of assistance to deal with AIDS-related burdens. Assistance was difficult to get because AIDS presented a level of hardship that occupied nearly

<sup>10</sup> *Too coo* is an Acholi expression for dying like a man, bravely

everybody. Some of the orphans saw hardship one-way to handle hardship. Hardship-driven marriage got some of the children infected with HIV; some of the children died before marrying and taking care of themselves (Mhloyi: 1995, pp.15-16).

As a person with an interest in African indigenous healing, this scholar has long witnessed the struggle between European-style health care and traditional healing. As early as the 1950s, many villagers either sought traditional healing or turned to traditional healing whenever European medicine appeared inadequate. This is probably why rural dwellers turned to traditional healers and herbs for Kenyans want to believe that traditional medicine can triumph over Western medicine. Many homes are far from hospitals making health services difficult or inaccessible while some people have greater faith in traditional health service (Swiderski: 1995, pp. 40-46). More people were driven into the hands of traditional healers and herbs because even doctors and nurses say there is no known cure for AIDS. While traditional healers try to help their patients overcome AIDS, they are accused of practicing in the dark and in deceitful, full of threats, non-official or illegal manners and without empirical knowledge (Nyamaya: 1995: pp.34-38).

Besides returning to herbal healing, some people tried to give AIDS away by having sex with uninfected persons; a childhood experience of this scholar may support the observation. Among JoAchol, it is believed that a way of curing a boil is by passing it on to another person. Consequently and whenever boils struck, the patient took a one-cent coin, rubbed it on the boil and deposited the coin on a path. It is said that any passer-by who took the coin contracted the boil while the one who was suffering from it got cured. Through the one-cent coin, the boil is said to have left its former patient and caught the next one. This kind of boil treatment illustrates one East African belief that one can get rid of a disease he suffers by infecting and passing it onto another person. This and similar beliefs tend to render AIDS educational materials, especially those that tell people to avoid infecting others, ineffective. (fig. 1.16).

*Acwii ride kany marac*<sup>11</sup> typifies AIDS-related confusion in which rural communities find themselves. On the one hand there are the sex practices they know, enjoy and do not want to give up. On the other hand, however, there is AIDS which demands changing some of these deeply rooted sex practices because they may cause death. Sticking to traditional sex practice means death while giving up sex is difficult

<sup>11</sup> *Acwii ride kany marac*, is an Acholi expression that means "AIDS squeezes itself in sex," the wrong place since it is a means of procreation and avoiding death without a child.



culturally, not to mention physically; rural communities find themselves at a crossroad, not sure on what to do. They wish AIDS could go away, but it does not, there is no cure and nowhere to run. Intense frustration, loss of hope and giving-up are some of the outcomes.

Doctors and nurses, who put cure at the center of medical practice, felt demoralized to see their patients die (Frankson: 1995, p.84). Faced with failure to save life, doctors and other scientist set out to study and know AIDS as soon as they discovered that HIV (human immunodeficiency virus) caused AIDS and that it all began in Central Africa (Jackson: 1988, pp.4-7). It is believed that from its original location in Central Africa, AIDS moved to and became dominant among male homosexuals of North America and Europe. Health providers recommended quarantine as a solution to the spread of HIV infection. Containing the virus in its place of origin was recommended and executed; doing so may have politicized AIDS and led to keeping quiet instead of speaking out on the disease.

Test procedures did not only determine HIV-positive individuals but led to barring of infected immigrants from entering certain countries. Passing an HIV-test became one of the procedures for entering countries of Western Europe and North America. Some of the governments in Africa did not see the test and the related immigration step as those countries' expressed fear for and attempts to protect their citizens from AIDS. Instead, Governments in Africa may have seen AIDS as a kind of family planning program; a conspiracy intended to limit population growth, soil the good name of the peoples of the continent and fail development efforts.

Clinical studies helped health workers to recognize signs of AIDS as persistent cough and recurrent herpes zoster along with weight loss, chronic diarrhea and prolonged fever (Piot and Harris: 1990, p.2). Other clinical studies indicated that sex is the major mode of HIV transmission while blood transfusions, pregnant mother to fetus, contaminated needle or cutting objects are minor routes of transmission. Meanwhile, AIDS prompted training programs consisting of medical facts given in lectures by doctors and nurses (University of Nairobi: 1993). Medical research has also attempted to find drugs which cure AIDS but without success. Some distance is yet to be covered before finding a drug, which is affordable and easily available to all people around the world. In the absence of curative drugs or vaccine, attention was given to education to prevent HIV infection and check the spread of AIDS.

Why health education was chosen instead of other preventive measures against AIDS is not entirely clear thus encouraging speculation. But one can imagine that health providers see health education as a temporary measure in the struggle against AIDS. As far as health professionals were concerned, AIDS was a disease; its real cure must be a drug. Health workers saw the need for awareness and regarded education as temporary, to be replaced by a more meaningful and permanent step such as drugs. Perhaps out of lack of knowledge on design and print media, health professionals treated posters as a mere stopgap and paid it a lip service. They also expected the public to respond positively and immediately to the information that was being given. The expectation was that if people were told of their risks, they would automatically change their behavior.

Public health experts are usually responsible for disease prevention; however, negative effects of AIDS on businesses forced participation from public and private business leaders (Stilles: ND, p.i-ii). AIDS causes illness and death of employees and consumers leading to social, production and economic disruptions. It threatens the stability of the work force and the vitality of the market. Employers face a greater burden of health care, death benefits and pensions while coping with decreased productivity and increased costs. All these may happen since workers are absent due to illness, caring for sick relatives, or attending funerals (Emery, Roberts and Rau: ND, pp.1-2).

People also blamed others and tried to escape from the terror of AIDS or watch from a safe distance. Blaming others, escaping, rejecting information, watching from a safe distance and dismissing AIDS did not make it go away. Fear, placing blames on others, dismissing AIDS as something "not for me", and similar reactions, may explain why posters and other IEC materials were dismissed and rendered ineffective. Faith in herbal healing and turning to indigenous medical practice seems comforting; but the two have not yet provided the much awaited cure for AIDS; neither have they prevented HIV-infection. The secret character of traditional medical practice tends to contradict the open nature of communication via posters and objective attributes of design.

Excluding those suffering AIDS from social circles proved as unjust as abandoning the affected individuals. Posters, emanating from an authority that is associated with unjust practices, may also be seen as unjust and their messages rejected. Attention was first given to education through discussion, advice and warning. However, before the discussions, advice and warnings took effect, some of the infected people were

already sick and in hospitals where they died. No matter the quality of design, posters, which came onto the scene after the education methods had failed, were also seen as not very useful. In any case people living in Africa often die from hunger, malnutrition and poverty-related causes. Besides, there is frequent news of cancer, malaria, tuberculosis, war and accidents killing millions of people without much challenge. Death without challenge and the hopelessness it generates are immortalized in the expression *ka nino ni oromo*<sup>12</sup>. That people continue to die without any hope drives home the point that posters do not help anybody in the war against AIDS.

Health workers are trained to handle AIDS, yet many seem to retain negative attitudes towards the condition (Bone, Gordon G., Gordon P. Lynch: 1991, p.2). While Kenyans are threatened, suffering or dying, health experts are busy debating on whether or not AIDS is a medical, political, economic or social issue (Sindiga: 1995 p.7). Some of the health experts think that AIDS is a deliberate step to hurting and subduing the sex prowess of Africans (Wanene: 2000, pp.1-XXV). Health workers' lukewarm attitude towards AIDS and differences in their opinions may confuse people outside bio-medical practice. The confused population may view AIDS-posters with mistrust, subjectivity and in other negative ways; this is likely to be true when one considers that health workers frequently use posters in the campaign against AIDS

Primary prevention, as defined by medical practitioners (Plummer and Moses: 1994, p.1), requires people to leave risky sexual behavior and practice safe sex:- abstinence, sex with only one partner and dry or non-penetrating sex. Requirements for primary preventions are difficult to meet which explains why telling people to change risky sexual behavior does not necessarily lead to safe sex practices (Joinet: 1988-91, pp. 12-13). Efforts to persuade Africans to engage in safe sex met with little positive response; instead they met with more questions, especially concerning how to practice it without compromising essential and traditional meanings of life. Posters that concern abstinence, sex with only one partner and non-penetrative sex are likely to meet with little acceptance (fig. 3.1)

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<sup>12</sup> *Ka nino ni oromo* (when your day is it), meaning, no one escapes death when it is time. The Acholi expression makes a statement on helplessness against AIDS



Fig. 3.11 Posters concerning abstinence. Source Ministry of Health, Kenya

Some people believe that belonging to certain religious groups confers special protection against AIDS while others say praising the Lord takes away the syndrome. It is not yet certain whether religion offers any special protection against AIDS, neither is anybody sure that praising the Lord takes it away. People, who practice African religion, say AIDS comes from supernatural causes such as *juogi*<sup>13</sup> (Kawango: 1995, p.82 and Yoder: 1982, pp.11-12)). Others believe that diseases come from air, water, food and transgression against taboos or from human anger resulting in a curse (Sindiga: 1995, p.65, Wandibba: 1985, p.117 and Mugamana: 1995, p.77). These indigenous African views on the cause of illnesses suggest that AIDS is of the supernatural; posters used to struggle against it are like playing with a toy, good only as a pastime and not useful outcomes.

In Nairobi, religious leaders and their followers once burnt condoms, one of the recommended protections against AIDS and other sexually transmitted diseases. They also burned copies of the booklet (see fig 3.2), which was developed to educate people against AIDS. The religious faithful expressed dissatisfaction-satisfaction with condoms for the following probable reasons. One, their religion forbids all forms of artificial methods of birth control including the use of condoms (Deocampo and Fleras: 1995, p.52). Two, they felt abstaining from sex as befitting their religious sense of morals and practices. And three, condoms symbolize the biblical Sodom and Gomorrah, meaning over indulgence in earthly pleasures including sex. Eventually one may say that any poster, which may be related to the use of condoms, is unlikely to be accepted by the religious leaders and their faithful.

<sup>13</sup> *Juogi*- a Luo word for the spirits of the living-dead



Fig. 3.12 Oblique posters are sometimes not understood (from National AIDS Consortium)

More liberal attitudes towards sex may explain why some people resist using condoms. KiSwahili expression *nyama kwa nyama*<sup>14</sup> is a testimony of some resistance to sex with condom; it also indicates that sex is a person-to-person expression and is most meaningful when it is without interference. The place of condom in sex is questioned because it is said to come between sex partners and is like a remote-control sex; some people say that consuming sex with condom is like eating a sweet in its wrapper; one can never get the sweetness. Another male view suggests that sex is worthy only when ejaculation is direct into a vagina and not into a condom (Foreman: 2000, p.5). Some women also dislike condoms because they may prevent pregnancy and securing husbands (Gregson, Nyamukapa and Mlilo: 2000, p.4). Again, the fate of condom-related posters is sealed in that who subscribe to liberal attitudes towards sex is likely to ignore such posters (fig. 3.3).

Information from other sources suggests that a section of Kenya adult male population believe having sexual intercourse with virgins gets rid of AIDS or having sex with a plump woman is safe (World Health Organization: 1994, p.45). The illusion of ridding one's self of the syndrome through sexual intercourse with virgins probably comes from associating youth with hot blood and health; whatever the origin of the illusion, sexual intercourse with virgins does not cure AIDS. Some of the urban dwellers see AIDS and their posters as an urban phenomenon, especially for the affluent and rich, who deserve to suffer any way. These rural dwellers believe the disease does not exist in their rural poor settings; it is not surprising they can get HIV-infected in their own rural homes.

Some people may be skeptical about AIDS and think of it as *kizungu*<sup>15</sup>. Suspicions surrounding the epidemic may be coming from experiences with birth control

<sup>14</sup> *Nyama kwa nyama* (meat to meat, skin to skin or flesh to flesh); meaning, making love without using condoms. KiSwahili is a national language of Kenya and has roots in Bantu languages. The expression is similar to the KiLuhya saying *mundu ku mundu* (person to person); meaning, making love together, as one in body and spirit and without any interference.

<sup>15</sup> *Kizungu* is KiSwahili word for a white man, sometimes it makes a racial reference

and the fear of infertility (Fixelid and Krantze: 1988, p 111). Others go ahead to construct justifications for unprotected sexual activity using any of a number of excuses.



Fig. 3..13 A poster that is too general may not deliver the message (from National AIDS Consortium)

A labyrinth of folk beliefs, misunderstanding, denial incorrect symptoms, spiritual etiology and treatment by ineffective means are common and believed to enhance infection and explosion rates of AIDS (Tinker: 1989, p.iv). Over all, culture ought to be in the center of the struggle against the epidemic (Cry-Delpe: 1995, p.67).

Formal discussions and general reading, it seems some gender advocates say that women are disadvantaged in the struggle against AIDS. Anatomically this is true, but the gender advocates often center their arguments on female genital mutilation (FGM) at the expense of male circumcision and non-circumcising communities. Yet anybody, circumcised or not, can contract AIDS. Those who practice circumcision argue that it interferes with the clitoris and reduces female appetite for sexual intercourse. Perhaps, female sex appetite is not fully dependent on the clitoris. It is not yet fully clear whether or not big sexual appetite is the major driver of the rate of HIV-infection in Kenya. Furthermore, newly circumcised boys are known to go on a "sex journeys", when they enjoy unlimited and indiscriminate sex. The sex journeys are ways to sustain AIDS (Southern Africa AIDS Information Dissemination Service, July 2000, Issue). The view, which suggests that circumcision prevents HIV-infection, is misleading and may inhibit one from absorbing messages contained in the poster.

Patriarchy, throughout the world, gives males an element of power to control females and negate equality between sex partners (Udvardy: 1988, pp.61-68). This anomaly of power is said to increase a woman's risk of HIV infection and the spread of AIDS. But gender advocates appear to downplay the values people attach to marriage, descent and patriarchy. Down-playing such values takes place at the expense of greater success in controlling the spread of the pandemic (Frankson: 1995, pp.79-90). Gender advocates try to

defend commercial sex workers but often appear unconvincing in their efforts to protect women against AIDS (Calwell C., Caldwell Pat, Ankrah, Anarf, Agyeman, Wusabo-Asare and Orubuloye I.O.: 1996, p.p.112-113). In general, the so-called gender sensitive posters tend to antagonize some people (fig. 3.4); those antagonized tend to miss the messages of such posters.

Education programs and materials are fashioned on Western design; yet one can see that education programs and messages designed for the industrialized countries are often inappropriate in the Third World (The Panos Institute: 1989, p.65). This observation may be a fitting summary of the situation in Kenya. In this country, posters are used to transmit messages with the aim of controlling AIDS. Health education programs, posters and the messages in the posters (pictures, texts and colors) are designed like those in industrialized countries. Superficial attempts at locally appropriate posters include writing and drawing in vernacular languages; the attempts miss out on deeply rooted indigenous African culture at the expense effective communication.

### **Health Care Setting**

Apart from assuming a high fidelity and noise-free communication system in the field of AIDS education, health workers appear to take no cognizance of possible troubles health care settings bring AIDS education. This section is an attempt to illustrate how health care setting in Kenya inhibits efficient working of AIDS posters and other educational interventions and media..

*Historical problems.* Kenya's medical services and its public health problems have their beginnings in colonial history. Designed in European metropolis, the colonial health delivery system was fashioned to serve the needs of rulers rather than the ruled (Turshen: 1977, p.8). Today's medical service, at national, provincial and district levels, is similar to the colonial medical services in that it aspires to serve elites rather than the masses who are more adversely affected by AIDS. The masses can see that the health delivery system in Kenya concerns only "those who matter", mistake AIDS messages to be targeted at only "those who matter" and may easily ignore the concerned posters.

Many of the Nairobi City health clinics are not well maintained; roofs are in a state of disrepair and leak when it rains; the hardly painted walls are unsightly. Furniture is old and broken while the surroundings of the clinics are filled with piles of uncollected garbage. Clean surroundings and well-maintained built environments are generally accepted architectural conditions of clinics and serve as signs of effective health delivery

systems. A poor architectural condition neither facilitates nor reflects effective functioning of health clinics. Patient apprehension and shock due to the alien and unfriendly clinic atmospheres cannot be avoided because the user has not been the center of planning health delivery systems (Lippsmeier: 1988, p.1). Posters intended to control the AIDS epidemic are often displayed within or around the clinics; given the prevailing environments in and immediately outside the clinics one can see the problems posters face in transmitting AIDS messages.

*User hostility.* One needs to notice those health workers' views of their patients have a greater hold on their attitudes and actions towards patients who seek medical service in clinics. Yet a part of becoming medical professionals (dentists, physicians, gynecologists, nurses) entails taking an oath, where health workers swear to put the patient before anything else. Such attitudes and actions lead one to think that some health workers have developed the habit of neglecting patients and done so against the sworn medical ethics. This happens possibly because there are too many patients for all to receive adequate attention; no amount of hard work, good attitude or good professional conduct can change the situation and deliver a more satisfactory service. However one may explain the apparent neglect of patients, the practice encourages patients to mistrust health services; consequently, posters, issued by the Ministry of Health, are likely to suffer mistrust and failure in transmitting the intended messages.

Considering the Nairobi City Council (NCC) sexually transmitted disease clinics, one could say that health care is more authority reinforcing at the expense of service orientation. Brusque behavior of staff towards clients, invasion of client's privacy at clinic entry points for means of identification and language barriers, in general, gender bias in favor of females, in particular, tends to make the facilities less friendly to male clients. Rigid adherence to protocol at the expense of good health care objectives is yet another way in which health delivery is unfriendly to users.

The unfriendly handling is made more complicated and worsened by the patients' expectations. Patients perceive the system of health care to be hostile whenever their expectations are not matched by the service received at the health institution. A patient expects to be treated immediately, at least on the same day, as a way of dealing with a problem such as getting rid of pains. Both traditional and contemporary health delivery systems have emphasized curative rather than preventive medicine. So, patients expect to get drugs, preferably injections, every time because they know that to be the only or most



effective way to deal with diseases. Patients also expect to get attention, courtesy, privacy for that is the way people are handled when they do not feel well. With regard to staff, lack of supplies in the clinic and low salaries rank high among barriers resulting in ineffective health delivery.

*Health providers' positions.* Health workers probably find aspects of their work hard, boring and without much satisfaction. Identification of clients, recording of and reporting on the treatments they receive form a part of the health workers' duties and are expected to contribute to the sense of achievement and job satisfaction. However, there are many instances when the recording of treatment is overlooked, not out of carelessness but indicating that the chores are not exactly exciting. Kiswahili utterances as *boro mbaya hapa, kuma mbaya hapa and ngozi mabaya hapa*<sup>16</sup> may be grotesque. But, they indicate a level of negative attitude, which can come out routine and boring work

Clients coming to the clinic are identified by whether they are new or old, what their problem is (family planning, sexually transmitted disease, antenatal, etc.), place of residence, name, tribe or district of origin. From this outset, a family planning client may be seen as a casual sex worker while an old sexually transmitted disease client may be seen as a waste of valuable time and scarce drugs. Within some of the sexually transmitted disease clinics records are kept only on the diagnoses and the drugs administered; in the family planning clinics records are often on the method of contraception given and routine parameters, such as weight observed. These defined, recorded and reported items make a health worker feel they are only doing their job when these things are done. If a health worker counsels all the sexually transmitted disease patients (which should be excellent and probably achieve a lot) this would not be recorded. Since no record is taken of counseling, the health worker would not think or feel like any work was done.

Health workers in the clinics see sexuality and reproductive health as two very different concepts. The clinic staff has a defined attitude towards coming to the clinic with sexually transmitted infection; they think the patients have promiscuity problems. To many, sex in the context of marriage is a means for reproduction and not for pleasure; sex outside of marriage is not "morally right". To further augment the separation of sexuality from reproductive health, the geographical layout in many clinics clearly

<sup>16</sup> *Boro mbaya hapa, kuma mbaya hapa and ngozi mabaya hapa* (sick penis, sick vagina and sick skin this way), an expression some health workers use to segregate patients with sexually transmitted infection from other infections.

delineates the sexually transmitted disease management area from infections. This being so, clients often express fear of being seen going to the sexually transmitted disease clinic area by friends, relatives and so on. In many instances this is not a feeling health workers can empathize with as they often see these clients deserving of any scorn that may be directed their way as they got the disease 'by choice'.

A section of health workers appear to see a *malaya*<sup>17</sup> as a threat, which may explain why they are often harsh commercial sex workers. Why health workers see casual sex workers, as a threat is not entirely clear. Health worker-client sex partnership is a possible reason since it customary to single people as deserving partners. One Kenya tradition views and schedules the right to sexuality according to sex, males seem to have a right to sexuality which women are not supposed to have. The traditional view on the right to sexuality has, nonetheless, weathered the effects of modern or contemporary attitudes on other Kenya traditions. It also seems to deny females the freedom to practice and enjoy sex, the possibility of contracting diseases during sexual exercises and the right to abortion. Consequently, women find themselves forced to secretive, subtle or event timid sex practices. Those women who dare the traditionally motivated view meet with opposition and are treated to "corrective" measures.

Relationship between health workers and their clients is one of suspicion. In the first place, health workers suspect clients do not tell the truth about partner information, addresses and real problems. There is also a general feeling that given the chance, clients will waste scarce resources such as drugs. Therefore, a woman coming a third time after re-infection will not be treated kindly at all and will probably not be treated altogether. For oral drugs some of the health workers will either insist on watching the client swallow the first dose or insert the first for fear that the client may not use them at all. Male clients are received with the "good for nothing" approach being deemed as the culprits in the sexually transmitted disease saga; harsh treatment towards them is not uncommon.

As far as the Government is concerned, the provision of health services is a basic need and an important condition of economic development because it is critical to the development of human resource (Government of Kenya, National Development Plan 1989-1993, p.19 and p.236). The concern here is not that the Government recognizes the important place of

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<sup>17</sup> *Malaya* is Swahili expression, which refers to a prostitute or a commercial sex worker

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health services in national development; it is that the recognition is not peculiar to Kenya. Early at Independence Kenya located the importance of health service in economic development, perhaps without giving due considerations to the unique characters of the Kenya peoples. Closely relating health service to economic development occurred because that is how things worked in the industrial countries (Kenya Government, National Development Plan 1963-70 p.107). Pegging the benefits of health service to economic development probably made it difficult to design effective health delivery systems because economic development is obscure.

In developing health services throughout Kenya the Government may have overlooked placing the user in the center of health facilities; perhaps this is one reason why patients look for treatment instead of the Government taking treatment to people. Instead, efforts may concentrate on training doctors and other medical personnel and how to procure drugs which cure the ailments. Emphases on curative medicine can be seen from the aims of health service such as strengthening and carrying out measures for the eradication, prevention and control of disease; provision for adequate and effective diagnostic, therapeutic and rehabilitative services (National Development Plan 1979-1983 p.125). From these and other Government policies it is clear that the concern is not making health delivery systems more suitable to the people who use it.

Besides, it also comes out clearly that whenever the Government recognized shortfalls in the provision of health services; the constraints had little to do with user friendliness. Emphases have been placed on certain deficiencies some which are: inadequate and uneven coverage of the population; inadequate level of service because of shortage of medical manpower; unsatisfactory patterns of utilization of manpower; unsatisfactory utilization of equipment and transport, shortages of drugs and other essential supplies; inadequate flow of health information and utilization of that information (National Development Plan 1979-1983 p.126). A user-friendly system is designed with the user at the heart of its problem identification and description. Since the planning of national health delivery system does not consider the user, one can only conclude the user is not at the heart of health delivery a system.

One also finds that the evaluations and pronouncements of progress, which may have been achieved since Independence in the provision of health services, are in other terms rather than those of user- friendliness. For example, the 1984 pronouncements went as follows:- The death rate is estimated to have dropped from 20 per thousand of the

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population in 1963 to 14 in 1982, while the infant mortality rate dropped from 120 to 86. Life expectancy at birth has, as a result, improved from forty years in 1963 to 54 years in 1982. At the time of Independence, there were 148 hospitals, 56 of which were Government-owned, with others owned by missionary organization. By 1982, the number of hospitals had gone up to 218, out of which the Government ran 84. Even faster growth has been achieved in the number of dispensaries and health centers, which provide health services in the rural areas. From a little less than 160 in 1963, the number of health centers had gone up in 1982 to 274. There were only a few dispensaries in 1963. The number had gone up to 400 by the end of the first decade since Independence available health facilities in 1982 (National Development Plan 1984-1988 p.35). From this example it is apparent that success in the provision is measured in: a drop in death rate, a drop infant mortality, improvement on life expectancy, and increase in the number of hospitals, dispensaries and health centers

From the National Development Plans, one gathers that the planning and implementing health delivery systems are often controlled by politicians and national as well as international slogans. Since the early nineteen sixties, politicians appear to view the provision of health services more as an essential condition for overall economic development than as a basic human need (Government of Kenya: 1963-70, p.107 and 1984-1988: p.17). Politicians also consider health service to be a part of other national goals, the example of poverty alleviation (Government of Kenya: 1979-83 pp.55-6). In the case of 'health for all by the year 2000', directions are fabricated and policed from outside Kenya.

Though it is not certain whether the slogans and political intentions and health services work in harmony, it would appear that politics is above the provision of health services. Health is more or less another instrument of achieving political ambitions without respecting that the place of politics in the overall welfare of many African countries is now suspect. Thus one sometimes finds health relegated to the position of a junior partner in the attainment of national development goals. Relegating health to a junior position may explain the lack of seriousness of purpose in planning health delivery services. It may also explain why health delivery systems in Kenya are user hostile.

Against a scenario where prioritization of health is not seen as essential primarily because its benefits are hardly ever tangible compared to its cost, there is little understanding of what health priorities require among the policy makers. Once people see so many hospital, health centers, dispensaries they assume all is well. Besides, very

often donors and outside funds favor the health sector causing a false belief that the sector is receiving healthy funds not realizing that these funds are almost always designated to certain aspect of the sector. The situation is further worsened by problems within the Ministry of Health. These problems include: a) mismanagement of manpower, financial and material resources, leading to corruption and nepotism in the public health sector; b) costly emphasis on preventive rather than curative medical services; c) inappropriate training programs for medical personnel and lack of any effective health education for the population; d) political interference with Medical Practitioners and Dentists Board, lack of proper participation by the medical professional organizations and unnecessary disruption of the work of NGOs in health care; e) poor equipment and inadequate application of research and technology in curative and preventive health care.

From the above submissions on health delivery system, it is not surprising, therefore, that patients are often afraid of seeking treatment because of two basic reasons. One, they think it wrong and shameful to suffer sexually transmitted diseases. Two, they think health workers will rebuke and mistreat them in other ways simply because they are suffering from sexually transmitted diseases. Very often the response to threats and harsh treatment is humble compliance and acceptance on the surface in the clinic environment, as they need the services. What hostility builds up inside can be, however, very vividly imagined; ignoring AIDS-posters and frustrating the overall campaign against the pandemic are possible retaliations against user-hostile health delivery system.

### **Cultural Settings**

Apart from response, communication systems and health care setting, cultural settings tend to work against the use of posters. Traditional African culture, in particular, seems to stand in the way of successful health information, communication and education using posters.

*Sex education.* In parts of indigenous Africa, education often takes place piecemeal and discreetly; this is how health and sex education occur. Health education, in general, is a part of risk management program and the specialty of females, who are concerned with reproduction and the well being of their communities. It includes knowledge of ailments and the medicinal herbs, which cure them; curative measures include magical therapies, whenever ailments prove stubborn to repeated herbal treatment. Lack of interest in or inability to perform sex threatens the very essence of life;



consequently, it is as important as any other ailments. In this context, sex education is a significant aspect of health education.

While concern with sex is hormonal, instinctive or involuntary; sex-related knowledge, attitudes and behaviors are learned from several sources. Today's youth experiment, discuss and learn about sex from each other; they also learn from their seniors who may be grandparents, parents or information, education and communication materials. Examining the role of sexuality in confounding communicating AIDS messages via posters starts with indigenous sex education.

From Acholi of Uganda, one learns that indigenous sex education begins early, when the child about three years old; the message is obliquely given because sex is discreet, never overt. Unlike this traditional sex education, poster messages are often direct for many good reasons; the overt manner of transmitting messages on AIDS is like doing the right thing wrong, the message may never get home. It is probable that indigenous Kenyans find the overt manner of transmitting AIDS messages strange, distasteful and noise in communication.

A baby is free to defecate on his mother's lap (Oguti: 1973, p. 41); this act is accepted as a blessing and may help the baby feel accepted in society. From the age of two years the child is trained to relieve himself alone, outside the dwelling, at the edge of the compound or nearby bush, away from where people live and out of sight. As the children grow older, they learn to relieve themselves away from home, out of sight. Learning to defecate alone, hiding in a secret place, also helps children to learn that sex organs are seen in private and not to be displayed in public. Poster designers seem to think otherwise in that they make public sex organs overtures which traditions seek to keep private; public statements on sex contradicts indigenous expectation to the detriment of communication and education.

Children of two to five years are known as *lukuceiburum*<sup>18</sup> are treated to folktales, through which they learn their Acholi history and how to live a life when they grow up. Folktales, the specialty of grandmothers, are told around the evening fire to entertain toddlers while they waiting for their supper or bedtime. Many of the tales obliquely describe male and female roles in life; they are instruments by which experienced and

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<sup>18</sup> *Lukuceiburu* (toddlers who like rolling themselves in ash)

respected seniors teach their juniors lessons on sex. Unlike folktales, posters tend to be socially distant, authoritative and a culturally un-friendly vehicle of communication.

Sex education through folktales is often supplemented by play and work (Ocititi: 1973, p.p. 47-56). Under moonlights, children play *tanga-tangaleo*<sup>19</sup> and learn to choose husbands and wives; choices are made from favorite uncles, grandfathers, uncles or close family friends. Though children are often quite serious with their choices of "husbands" or "wives", adults laugh at the choices; laughing is the way to tell children that spouses are neither relatives nor older individuals. Beginning from this tender age, folktale and playing toys are used to program Acholi children to like sex; it is believed that ultimate enjoyment lies in sexual intercourse, and that without sex life is meaningless. Every Kenya community has its own method of programming and endearing its citizens to sex; the message in some of the posters contradicts the indigenous programming, which endears people to sex. An attempt to contradict well-established views on sex is one reason why posters are noise in communicating AIDS messages.

During the day when adults have gone to work in the fields, look after livestock or are busy hunting, children occupy themselves with toy cooking and eating in a toy home. The toy food is grass; leaves and grasshoppers gathered from around the home while the toy cooking utensils are fashioned from broken pots. Through toy playing children learn female and male roles they will play when they become adults. By placing pebbles to enclose a space on the ground, children build their kind of houses—symbolizing the union between females and males; by placing pebbles children also learn claiming territories, which they fill with their female and male belongings.

Children catch grasshoppers; remove their inner wings in order to immobilize and control their captives; the same trick works in maintaining control over spouses. Regarding grasshoppers teach children to take care of livestock; this experience is useful in taking care of sex partners. From teenage on, males get to realize that "livestock" is a metaphor for wealth and their sisters as well as mothers. Looking after "livestock" means controlling female sexuality to prevent unmarried and married female relatives from freely indulging in sexual intercourse. Thus, most African males attempt and quite often restrict the sexual activities of their daughters, their sisters, and their female clan relatives

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<sup>19</sup> *Tanga-tanga leo*, is an Acholi game children play at night, under the moonlight.

arguing that free indulgence leads to promiscuity, moral disrespect and even sterility (Bailey C. Robert and Aunger V. Robert: 1984, p.312).

Giving a grasshopper to a grandparent begets a blessing and big saliva spit on the chest; the blessing and saliva are often accompanied by the poetic utterance *woda doo*<sup>20</sup>. The utterance is never forgotten, it sticks and the child grows up wanting to be and learning how to become a better son or daughter. To be the son or daughter of "a bull-man" is the epitome of person-hood: it encourages one to feel like *lanyako*<sup>21</sup>. It is out such a feeling that young people often dare dangers, even those that are as dangerous as AIDS or death. Between five and ten years of age, children develop a great urge to see and compare other people's sex organs with their own to confirm that their sex organs are normal. Children begin by checking out the sex organs of their age mates in private; of course, the children will report to their parents that inspection took place. Often parents take disciplinary steps to discourage inspection of sex organs between boys and girls as the practice encourages *ngwete*<sup>22</sup> like consuming sex prematurely, without adequate reason, knowledge and experience.

By teenage, children will have had some instructions or even tried their hands on sexual intercourse. Sexual intercourse among children takes place often between senior and junior teenagers. Teenage sex prepares children for family life, to live as wives and husbands; but the little sex experience is never enough. Grandmothers teach their teenage granddaughters how to manage difficult and tolerate husbands who are lazy, stupid or fail to perform below other standards. As mothers-to-be, girls learn to manage war, draught, famine, disease and other disasters- this is the way females protect and preserve their communities. Grandmothers also give lessons on how to avoid unwanted pregnancy as well as management of pregnancy and children. Meanwhile senior elders teach young men territorial control, waging war and offence, hunting, wife and family management. Verbal instructions on sex is the domain of elders, yet posters tend to overlook the roles of elders may play in promoting safe sex practices.

The onset of teenage is characterized by the physiological changes signaling that children have become adults and are ready to be parents. Almost all fresh teenagers are armed with the knowledge that essence of life lies in sex even if the consequences were

<sup>20</sup> *Woda doo* (my son indeed) or *nyara do* (my daughter indeed).

<sup>21</sup> *Lanyako* (girl) and *awobi* (boy) expresses youth, especially immortality, endless fame and being fearless

<sup>22</sup> *Ngwete* (to undertake a task too big for one's capability)

pregnancy, marriage and becoming parents. Any message warning the youth that sexual intercourse is also the way AIDS and death is seen as a nuisance, it can easily be ignored- posters with such messages may also be ignored. Acholi people say *abalo, pa ngaa*<sup>23</sup>; this expression is like a moral permission to engage in sexual intercourse with a girl of that age. That culture permits sex with girls at puberty and raises questions on the effectiveness of posters which seem to prohibit sex with teen-age girls. Young people are often quick to put a curse on any interference with their love affairs, they say, "who so ever stand between me and with my love, a poisonous snake should strike". Since condoms can be seen as a wedge between lovers, this expression explains why condoms are unpopular.

Earlier on, mention was made of the blessing a child gets when he gives an elderly person a grass-hopper, food or anything else; the blessing helps galvanize the youth into opposing male and female poles. There is extensive an intensive rivalry between the two poles. Where those involved are relatives, there is a struggle for parents' attention and a competition to decide who performs better including a race to decide who gets married before the other. However, when the poles are not relatives there is intense rivalry of age mates, seen as equals, in a race towards each other. Boys and girls who are not relatives rush towards each other and try to form a marriage bond. The rush for each other is too intense to buckle under posters messages. Boys refer to their lovers as *nya-dyang*<sup>24</sup> as Okot explains in *Song of Lawino* on page forty-seven. This and similar indigenous expressions on love run deep; posters that may appear to contradict the spirit of lovemaking risk being ignored.

Acholi teenage is full dances, which young people learn, practice, perfect and perform as a way of life. The dance, *orak*<sup>25</sup> (Bitok: 1974, p.5) and its songs as well as steps is one of the dances designed to meet the sexual temperaments and needs of Acholi youth of a given time and through years. It represents the intense competition for mate selection- weaklings and cowards miss ideal spouses and have to contend with second or third best. The dance also symbolizes the race to determine who gets a child first and become a parent ahead of other age mates. While *orak* represents competition and vigor characteristic of the youth it provides the opportunity for the youth to meet, know each

<sup>23</sup> *Abalo, pa ngaa* (I spoiled, whose) for girls at puberty

<sup>24</sup> *Nya-dyang* (a girl of cattle), meaning she is ripe for marriage

<sup>25</sup> *Orak* is an Acholi teenage dance, in which performers sing, make music and dance all night long

other and even mate. The songs, dances and their spirits encourage sex, the youth who sing it find some of the AIDS-messages contradictory.

Adults see some of the songs in *orak* dance as obscene (Bitek: 1974, p.7); but teenagers enjoy the songs which also teach lessons on sex as may be seen in the song "When to get stuck", a favorite of the nineteen fifties. The song, a hit during the mid-fifties, was composed and used to instruct sexually inexperienced young men to move his penis below the clitoris in order to engage in a deep penetration sex. Other songs fanaticized sex, romanticized love and encouraged marriage while others taught teenagers how to be good wives or husbands. The obscene songs are sometimes protests against established moral standards, which young people often see as hindrances to sexual freedom. It is the characteristic opposition to things old which may be inhibiting posters-messages from reaching the youth living in rural areas.

*Orak* dance is a means of molding a particular age-set into a group with one identity and capable of providing emotional security for all its members. Within this a group a language often develops- the group uses the language to distance itself from the rest of society, keep its secrets and maintain itself as a cohesive whole. Anything that interferes with the spirit of the group or threatens the welfare of its members is treated harshly. Anybody who does not speak the language of the group is treated as an outsider and the outsider's language either receives little attention or is ignored. It is observable that many of the messages in AIDS-related posters are written in English or Swahili-both languages are foreign in many parts of Kenya. More importantly, posters are written in standard languages and not the language of the youth; posters-messages, coded in languages of another age set, may never reach the youth.

An Acholi teenage dance is only one example of how a group of people forms a union- a barrier between an inside and outside worlds. Looking at the world from inside, a member of the group feels secure against threats including those presented by AIDS (Douglas: 1992, p.117). To feel secure against any threat or invincible is likely to be the principal reason why adolescents indulge in high risk sex; however there are other reasons. Some experts say that young people practice unsafe sex because of money if not poverty; that one agrees to make love for monetary gains in a manner more discreet than those of commercial sex workers. Many male youth say the miniskirt provokes them into sex because the attire is consuming; but the *buibui*<sup>26</sup> is as sexually provocative making it

<sup>26</sup> *Buibui* is a KiSwahili female dress that covers the body from head to ankle

difficult to blame a dress-style for the amount of body exposure. Meanwhile some males give "spicy change" as reasons for multiple sex partners; many sex partners is an unsafe sex practice (Duati and Kiai: 1997, p.18).

As it did with many aspects of culture, Christian religion mistook the above and practical all forms of indigenous sex education for sin against God and Christian ways of life. Consequently, Christianity sought and, to a large extent, succeeded in undermining without fully replacing indigenous education. Christian sex education depended entirely on the holy bible, the pulpit and converts to teach its lessons on sex; Kenyans who had problems with Christian religion found Christian sex education difficult and sometimes unacceptable. Like Christian sex education before it, colonial and the subsequent contemporary sex education also attempted to replace indigenous sex education with Western-style sex education. Western-style education depended on overt show of love and sex appeal, which the more conservative African leaders found of bad taste and even banned some of the education materials. Though several attempts were made to replace it, there are many instances where indigenous education persisted and provides bedrock on which other forms of sex education may be accepted or rejected.

Refraining from sex is one of the apparently simplest safe-sex practices and most effective ways of combating the AIDS epidemic but the prevailing social-cultural freedom probably makes abstinence very difficult to execute. Many East African communities practiced refraining from sex. Among the Bagishu of Eastern Uganda, boys and girls remained at home, shared the same houses and refrained from sexual intercourse until they were married. Sexual connection among people within one clan was an unforgivable offence and death was the punishment befitting the offence (Roscoe: 1924, p.33).

Beliefs encourage refraining from sexual intercourse. Among the Nyakyusa, for example, the sexual activities of succeeding generations must be kept separate; a woman is forbidden from bearing children after the marriage of her son; she is also forbidden from conceiving after daughter's puberty until her daughter has conceived. If she dares it is believed something grave as becoming barren would ensue (Wilson: 1962, p.127).

Kenya comprises forty different yet in some ways similar communities; the socially and culturally complex nature of the country makes it necessary to use only a few communities to illustrate indigenous safe sex practices. Among the Gikuyu, boys were seldom circumcised and initiated into adulthood until they were eighteen years old

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and more. At such an age the boys were already sexually developed with great sexual desires but no outlet legally open to them. To release sexual desires, young uncircumcised boys and girls were allowed to lie together in *thingira*<sup>27</sup>, where they could fondle and cuddle each other. But they were not permitted to have sexual intercourse; parents constantly warned their children not to attempt to have sexual intercourse, and that they had to content themselves with fondling and cuddling each other. Of course, occasionally a boy and a girl would disobey the warning forcing mothers to regularly examine their daughters' genitalia. Knowledge that there would be this examination was usually enough to ensure that the laid down rules were followed (Leaky: 1977, p.585). Boys between fourteen and eighteen years of age were prohibited from playing sex with uncircumcised girls because it was feared that they would be tempted too much and might abuse the little girls. To further discourage the possible abuse of the young girls, the older boys learned to believe that playing with such small girls was below their dignity.

Thirteen and fourteen-year old girls were old enough to be circumcised and initiated into adulthood; but no girl could be initiated before menstruation. Initiated warriors, teenage boys and girls, who had not yet had their menses, could have practice sex play to the extent of mutual masturbation. Outside playing at sex with young or uninitiated girls, big boys satisfied their sexual desires by self masturbation, and occasionally they would find some married but barren woman who was willing to have sexual intercourse with anyone in the hope that her barrenness would come to an end. Having sex with a barren woman was a risk punishable by missing initiation in Kikuyuland; it was kept secret (Leaky: 1977, p.584).

Adults and other senior members of the community taught their young and sexually inexperienced juniors safe sex practices. By means of a practical demonstration in *nguiko*<sup>28</sup>, where one of the senior girls acted the part of the man, each young girl and junior warrior was taught "to eat what has been collected" (Leaky: 1977, p.p. 238-739). *Nguiko* demonstration and instruction was given either at night out in the bush beyond the entrance to the homestead, or else inside a woman's hut during the day when everyone was out. Such a demonstration was regarded as a form of instruction on safe sex practice; no shame was attached either to the teacher or the pupil for acting thus. It was

<sup>27</sup> *Thingira*, a Kikuyu male hut, found in Central Province of Kenya

<sup>28</sup> *Nguiko*, a Kikuyu sexual intercourse between the thighs, not in the vagina or anus

very important that every junior girl is adequately instructed in *nguiko* correctly, for any failure to observe the correct method was believed to cause misfortunes. Having learned *nguiko*, the junior girl practices it with her junior warrior lover; the practice remained safe because the man's penis was pressed against the girls' soft pubic apron, he was not allowed to penetrate her vagina. Neither the man nor the girl might touch the genitalia of the other with the hands, and their teachers sternly impressed this fact upon the young girls. Breaking the rules necessitated the sacrifice of a ram and unification by a medicine-man to avoid shame and death (Leaky: 1977, p.739).

Nandi young men used to begin a period of intense courtship and sexual activity following their initiation. As a part of courtship, warriors and their uninitiated girlfriends spend nights together near cattle in the communal dwelling. Courting couples were expected to satisfy one another sexually without actually engaging in penetration and full sexual intercourse. How this actually happened is not yet very clear, but sexual desires were satisfied without breaking the girl's virginity; a girl was supposed to be a virgin at the time of her initiation (Langley: 1985, p.94). Like the Nandi, the Kipsigis have been placing a premium on virginity. Girls on marriage were expected to be virgins and were rewarded accordingly- virgins fetched higher bride-wealth than non-virgins. Though the importance of virginity waned, sexual intercourse before initiation remained prohibited. Among the Kipsigis of Kenya, pregnancy resulting from a sexual intercourse with uninitiated girl was regarded as sacrilegious; the girl and her child used to be cast out of the community (Thomson: 1968, p.6). Even in Tanzania mainland, peasants shared similar anxieties over virginity of girls, and often focused on the loss of bride-wealth to be expected; especially if the girl became pregnant before marriage (Mbilyi: 1985, p.115).

Gender advocates have argued that emphasis on virginity represents a mechanism to control female sexuality and fertility; they even think that it is unfair for a husband to have sole access to the person of his wife. In general, the traditional tight control over female sexuality by male relatives has been labeled an interference with the rights of women. On the other hand, however, husbands who hang on to traditions insist that their wives should be sexually devoted only to them and if they could get virgins they would. In some indigenous communities, males rigorously tried to restrict their female relatives only to those who were likely to marry them. Restricting females to prospective husbands was necessary because this was a way of ensuring bride-wealth with which the



males married wives. Whatever the arguments for or against, virginity, devotion and restriction may help control the high rate of HIV infection leading to AIDS.

*Punishing Adultery.* An African marriage remains a common means by which spouses form a union for procreation and raising children. Fulfilling certain requirements (exchange of gifts and payments in kind by the man's people to the bride's people) regularize and legalize marriages. The exchange goods or payments confer certain rights and duties on partners- personal rights, reciprocal obligations in performing certain duties including sexual intercourse (Ayisi: 1972, p.7). As far as the AIDS epidemic is concerned it means an infected husband has the right to have sex with his wife thus infecting her; an infected wife, too, can infect her husband in a similar manner. The situation can be complicated by polygamy, polyandry and adultery.

Africans see adultery in sex outside marriage, circle of relatives or friends. If a man commits adultery with a wife, her husband claims compensation called adultery fine. If this intercourse produces a child, the child belongs to the husband because they say 'a thief has no child' (Ayisi: 1972, p.8). The shame of being a "thief" and paying a fine for committing adultery help deter sexual intercourse outside marriage. Among the Acholi, of Northern Uganda, having sex with another man's wife is like seducing trouble as serious a death. Any man found having sex with another man's wife is severely beaten, humiliated or killed. The fear of humiliation, torture or death deters sex with married women. Restricting adultery helps reduce consummation of sex and may help reduce the spread of AIDS.

Though severe penalties have censured extra-marital intercourse, attitudes are softening; nowadays extra-marital sex is not punished as severely as they were in the past (Lawrance: 1957, p.97). Unlike today, Iteso families involved in extramarital-sexual intercourse resorted to fighting leading to injury and death unless compensation was quickly paid. It is commonly alleged that morals are nowadays looser and that extra-marital sex are more common than in the past. Many indigenous societies bar immature persons from sexual intercourse; adults do not allow sex between children and do so without explanation and violently, if necessary. Though adults put harsh rules and use other measures to stop children from engaging in sex, children often find a way round the rules and engage in sex because they think adults are merely being mean. Sex between parents and their children or close relatives is considered incest and prohibited (Mair: 1965, p.84). Incest may be a taboo, which is a cultural construction to avoid incest; it may also

be an avoidance of close mating, which is a behavioral trait designed to prevent incest. Whatever it is, almost all peoples disapprove of sibling incest and the response to incest is generally negative, varying from mild disapproval to killing or ostracizing the incestuous pair. Though every community in the world disapproves of and punishes incest, there is plenty of evidence of parent-child and sibling incest among humans (Schlegel: 1995, p.184). There also instances where a man seeks and gets sexual intercourse with his mother or sister in order to become a great sorcerer (Radcliffe-Brown: 1962, p.70).

*AIDS-prone behaviors. Hospitality:* The Nandi's so-called hospitality is among the sex practices, which may encourage the spread of AIDS. When a Nandi man is traveling or proceeding on a visit to friends, he asks on reaching a place where he wished to halt for the night whether there is anybody belonging to the same *mat*<sup>29</sup> as him. On being shown a house he leaves his spears outside and enters. If the host is married, he charges his wife to attend to the want of the visitor, and leaves his hut to sleep elsewhere. The wife brings a stool for the guest to sit on, pours water on his hands, gives him food, takes his spears and passes the night with him. If the visitor is unmarried, no attention is paid to him beyond giving him food; he sits on the ground and passes the night in the warriors' hut. In the event of there being nobody of his own *mat* near at hand, the visitor asks to be directed to the dwelling of a member of the next *mat* to his, and when he explains matters to the owner of the hut, he is just as hospitably received as if the two men belonged to the same *mat* (Hollis: 1967, p.77).

Information gathered during informal conversations indicates that among Luo-speakers of Nyanza, a host is seen as hospitable when he entertains his male visitor. Meat, alcoholic drinks and sex lead the hospitality menu- a visitor cannot eat vegetables without meat; nor can he drink mere tea or non-alcoholic beverage. A male visitor must eat meat, get drunk and is offered a woman who may even be a cousin of the host- the visitor is seen as very insulting if he does not make love to the women the host has brought for him. Given that alcohol dulls common sense and with respect for traditional practices, one can see why the traditional Luo hospitality encourages the spread of AIDS.

*Initiation rites:* Initiation varies from one part of Kenya to another but circumcision is common among Bantu-speaking communities. Whatever the style and community, initiation is viewed as the social process of transforming children into adults. Sex is reserved for the initiated, not children who are not yet initiated; fresh initiates are

<sup>29</sup> *Mat* is a Nandi word for agemate

often anxious to have sexual intercourse as if to verify their sex "apparatus" in good working conditions. At this point, when fresh adults are anxious to try sex, any poster, which does not promise to deliver sex, is likely to be ignored. One suggestion is possible- delaying circumcision until the age of twenty; it is hoped that at this age, initiates are more matured and are likely to accept and practice safe sex practices.

One obvious danger in circumcision is in using un-sterilized and HIV-infected knives to circumcise young people- the exercise is likely to accelerate infection. Teaching children to see females as inferior and subservient to males takes place during circumcision; this is one possible reason why wives find it difficult to say "no" to sex with their husbands. Sex with a husband may be condoned at the expense of catching AIDS. In some instances female initiates are led to believe that there is dust in their vagina, which can only be removed by a man. This belief encourages the appointment of one man who services all the initiates; the danger is clear when such a man has AIDS (Nduati and Kiai: 1997, p.55).

*Death-related rituals:* Among the *JoLuo*<sup>30</sup> of Kenya, when a man dies, his brother or cousin is expected to and often takes care of his and orphans; outsiders see this practice as wife-inheritance. When the man has died of AIDS, the next man or men who inherit the widow will die and have already died from AIDS. In southern Malawi and, possibly, some parts of Kenya, it is a taboo for a man to make love to another woman and to his wife soon afterwards. Breaking the taboo is punishable by death; it is believed that when a man makes love to another woman and proceeds to make love to his wife on the same day, the wife's child will die. To cleanse the wife of death, a man is appointed to make love to her; the practice encourages the spread of AIDS (Nduati and Kiai: 1997, p.55).

*Extra-marital relationships:* Adultery and so-called hospitality are examples of extra-marital relationships, but adultery is not approved of while hospitality appears to take place only once in a while. A good and documented example of fairly liberal extra-marital relationship in Kenya is difficult to find at the moment; the present example is taken from the Hima of Eastern Ankole in Uganda. Extra-marital relationships among the Hima means a married woman's sexual favors can be legitimately shared by her husband's father, his father's brother, his mother's brother, his brother, by any of his sons if this wife is not that son's mother, by his brothers' and sisters' sons, by clansmen, by

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<sup>30</sup> *JoLuo* refers to people of Luo origin, it is the more correct plural *JaLuo*

friends and by neighbors (Yitzhak: 1973, p.160). The practice is encouraged by life in camps, without strong unifying kinship tie between their members; the fairly free extra-marital relationships are ideal for HIV-infection and fast spread of AIDS.

*Impotence:* If a Nandi husband is unable to impregnate his wife, she is justified in seeking out some other man to impregnate her, she is not be seen as adulterous. Her husband's inability to sire a child was one of the legal grounds upon which a woman could traditionally ask for a divorce. Every woman has the right to have children, and if a woman is unable to become a mother, she can use other means such as adoption or woman-woman marriage to acquire children for her house (Langley: 1985, p.68). On the other hand, however, if a man learned that his wife was barren he might divorce her, but he often kept her and married another, by whom he would have children. If a woman committed adultery, she usually deserted her husband and went to the man, and the husband demanded from him the amount of the marriage fee he had paid to her parent and married another wife, though if the wife who had deserted him returned, he would accept her (Roscoe: 1924, p.33). Second wives, adultery, returning to a previous marriage, whatever the cultural justifications, may be ways of spreading AIDS.

*Courtship:* Pre-colonial societies had provisions for teenage courtship, sexuality and mutual satisfaction. Boys were discreetly allowed to have girls in their houses; not for sexual intercourse but to understand one another and plan their marriage lives. Girls were kept under tight rein at home but could slip away unnoticed at night to visit their boyfriends; they might carry water pots with them so that in the morning, if they were as late as daylight, they could be seen going to or coming from the river with their water pot.

Many of today's young people embark on courtship before they are physically, mentally, psychologically or economically prepared for marriage and the romance which precedes it. In addition, the youth tend to mistake the play that used to go on under the watchful eyes of grandmothers and romance in films or televisions for consummation of sex without caring for any possible consequences. Unlike in the past, today's parents and other adults prefer to helplessly witness on unsafe sex practices because keeping one's nose out of other people's affairs is fashionable. Interested as some parents are in correcting their youths in courtship they are unable to gather all details in time because the youth often do not tell their parents the truth. Instead of telling their parents the truth

and seeking counseling the youth resort to lies and clandestine meetings (Were: 1987, pp. 103-105).

During traditional courtship, girls were permitted to visit their boyfriends. For example, Bagisu girls went always in companies, to the young men of other clans to gratify their passions, and a girl was not blamed for having relations with men so long as she did not bear a child (Roscoe: 1924, p.33).

*Bad sexual behavior:* There has been a growing concern in the East African region about primary and secondary school pregnancies; induced abortions and baby dumping by unwed mothers in or out of school; sexual promiscuity and prostitution. One frequent explanation for such phenomena is the conditions of life in towns where extended or nuclear families of the working class are often forced to share one room. Hence adults engage in sexual intercourse in the presence of children who are likely to emulate a sex practice without the associated responsibilities. It is said that many adults themselves practice the same bad behaviors listed above and therefore act as bad examples to young people. In many urban instances, both husbands and wives work outside the home, which forces them to leave children unsupervised and inadequately cared for. Many children stay with relatives rather than parents, which augments discipline problems. Parents increasingly rely on the schoolteachers to discipline and morally educate their children and at the same time, school is a 'mixing ground' where youth are exposed to the immoral behavior of their peers (Mbilinyi: 1988, p.111).

*Unacceptable views of sexuality:* Since the nineteen eighties, women in Kenya have challenged and, in many cases, rejected some of the traditional views of sexuality. While traditional Tanzania's Kaguru and Baraguyu subordinate women to men and consider women morally weaker (Beidelman: 1980, p.p.144-145), today's women do not like to be subordinated to men. Women prefer to be in the same light rather than as morally weaker than their men; they no longer like to be used as the explanation for sexually transmitted diseases and their grave consequences. Whereas women reject traditions, the process is not yet complete; there are aspects of traditional life, which persist because they are too important to be ignored. A woman's social fate rests on her fertility because continuity still occupies the center of life; no one can bear heirs and followers for her. A man may have many sisters and many wives, but only a woman's own womb is the key to her social security and esteem; she must indulge in sexual intercourse before she can prove fertile, bear children and gain the social security, esteem and status when requires.

The true reasons and benefits of pointing an accusing finger at African men for humiliating their wives and betraying their marriages are not yet clear. Scholars say African men know about AIDS but do not seem to care; they indulge in extramarital sex at the expense of their lives and those of their spouses (Tuju: 1996, p.75). Meanwhile, other people cite traditional wife battering and other forms of abuse to highlight the helpless marriage situation in which today's women find themselves. To the already bad situation, husbands bring girlfriends to their marital homes and marry more wives. Attempts to enter another love affair and exit the helpless marriage situation is sometime met with HIV-infection and AIDS. Out of human physiology men are said to infect women more because their semen concentrate HIV-virus while women's vaginas provide a wide surface contact and a super highway through which the virus pass on their way to infect females. Over emphasis on the social, physical and physiological of women's disadvantages may help disrupt the existing social and cultural structures without championing the struggle against AIDS.

Some traditional views associate women with things of the bush and blame them for everything gone wrong in society (Packard: 1980, p.246-247). These same views may lead to blaming women while exonerating men from AIDS and mistaking the epidemic as befitting punishment for women and their lovers. Those who blame women for every social ill are likely to dismiss posters with female images; they dim such posters as having the spirits of the bush, the source of misfortunes caused by the ancestors. Either way, the views may be the source of noise in communicating AIDS messages through posters.

*Perception of misfortune and disease. Belief:* One East African belief is that a person gets rid of his problem by giving it to another person, a sick person gets cured by passing on his ailment to the next person. Among the Acholi of the nineteen fifties, it was believed that one-way of getting rid of boil was to pass it on to another person. Whenever boil struck, the patient took a one-cent coin, rubbed it on the swollen head of the boil and tossed the coin on the path. Any passer-by who took the coin contracted the boil while the one who was suffering from it got cured. The Acholi story of boil illustrates the belief that one can get rid of a disease he suffers by passing it onto another person. Outside Boil and Acholi, some of the people who suffer from AIDS possibly believe that infecting the next person could cure them. Based on this belief, some people think making love to and ejecting AIDS into body of another individual rids them of the

disease. Though the belief appears illogical, it accounts for the spread of AIDS in many parts of East Africa.

*AIDS and long-distance trade:* Posters used in the campaign against AIDS may be seen more as something concerning long distance trade because people have a tradition of associating epidemics with long distance trade (Hartwig: 1978, p.25). What this may mean is that AIDS-related posters are sometimes dismissed for a foreign misfortune than will go away rather than something local and rooted. Dismissing the posters leads to failure in communicating messages on and controlling AIDS via posters. Hartwig suggests that long-distance trade intruded upon East African societies. A part of this experience included the repeated introduction of diseases, from Indian Ocean communities, to the East African interior. Smallpox and cholera were thus introduced and killed very many people because the population had no immunity against the two diseases. Meanwhile newcomers encountered a variety of hostile epidemiological environment in East Africa, which also took a significant toll in energy and life. Thus, the nineteenth century saw the gradual meshing of two formerly distinct disease environments with the people participating directly in long-distance trade acting as the agents of transmission. It is within this experience that AIDS may be seen as something of long-distance trade and foreign, not a local disease that is rooted in local unsafe sex behavior.

*Dependence of indigenous experience:* Some of the indigenous communities in Kenya fall on experiences with epidemics; what they did when disease threatened to wipe them out, succeeded and survived. The *Kavirondo*<sup>11</sup> practiced inoculation against smallpox while the Kikuyu held two types of ceremonies when smallpox or any other epidemic was approaching or struck, to drive the disease away (Dawson: 1992, p.96). One ceremony involved the gathering of all the women of one ridge, who would then sing and yell to drive the disease on to the next ridge. The women of the neighboring ridge performed the same ceremony until the disease had been driven out of the land. The second ceremony involved the sacrifice of a goat and prayers to the Creator, God. It is believed that sprinkling the stomach contents around the borders of the lineage's territory and hanging- from special arches constructed over the main footpaths- other parts of the

<sup>11</sup> *Kavirondo* refers to the Luo living around lake Victoria when the first Europeans arrived. Though the term is now unacceptable, it represents the inoculation technology of that time.

stomach would prevent the disease from entering their homes (Cagnolo: 1993, p.87 and Kenyatta: 1937, p.p. 250-253).

Through years of experiences, JoLuo of Western Kenya know that high fever precedes smallpox, cholera, measles or malaria; they also know the symptoms of these diseases. But, in many instances, AIDS is hidden for several years before the victims show any signs of being sick. The long incubation or inactive period AIDS takes to mature makes some of the JoLuo think the disease is not real; many JoLuo and other peoples of Kenya have not yet clearly comprehended how a sick person remains healthy. It is indeed difficult for these people to understand how an individual suffering from a sexually transmitted disease can infect others while remaining healthy. Perhaps the lack of full understanding contradicts AIDS-messages leading to failure in communication.

It seems lessons from the past are used selectively, only when it expedient to do so as may be seen in Kisii of Western Kenya. An experience with smallpox has taught the Abagusii (people of Kisii origin) that an epidemic can wipe out a whole community. With this lesson in the background and given that unsafe sex practices encourage the spread of AIDS, one expects the Abagusii to respond positively to messages on safe sex practices. However, the Abagusii have yet greatly responded to the threat by AIDS, the question to answer is why experiences with smallpox has not greatly contributed to been a factor in promoting safe sex practice. Experiences with smallpox have not yet succeeded in promoting safe sex practice among the Abagusii because they, especially their males, prefer to be injured and even die fighting, in action or in the front line. The expression "to die fighting in the font line" means "to have sexual intercourse"; during circumcision, Abagusii young men learn that one must fight and consume sex to be a man. Posters and other means of campaigning against AIDS is seen as interference with sex, being a man and the very reason for life; the expression "to die in the front line" represents the reluctance to give up sex or being man.

*Contradictory views:* Rural dwellers' view of public health ranges from violation of taboos, over-looking rituals, failing to honor agreements, performing an obscene act as well as illnesses brought on by congenital or environmental conditions. The activity it covers includes rainmaking, identification of sorcerers, and control of infectious diseases, as well as public sanitation and health education. It is this rural view of public health that government and non-government agencies have chosen to ignore at the expense of communicating with and educating rural dwellers on AIDS. Instead, there



posters, which seek to educate Nyanza Kenya that AIDS is not *chira*<sup>32</sup>. Attempts to educate JoLuo that AIDS is not *chira* may contribute to noise in two basic ways. One, it removes AIDS from the realms of taboos, hence epidemics, and delay getting to grips with the real danger in AIDS and controlling epidemic. Two, it reminds a large population of Kenyans of the oppressive colonial experiences- a series of military and cultural conquests that began in the late nineteenth century and continued into the twentieth century. Colonial rule brought new institutions and cultural formations to Africa: new technology and its organizations; new social relations and ideologies; new health personnel were introduced and others were trained locally in the new biotechnology. The public health programs introduced during the colonial period reflected the socioeconomic and political order rather than the indigenous ones it found in place and replaced.

The process of colonialism in Kenya entailed imposing change on the African to force him to do, not as he saw fit but as the Europeans thought was fit. This is why some of the peoples of Kenya resisted innovations and other agents of change imposed by the colonialist. Though this country has been politically independent for over forty years, it is possible that some of the Kenyans have not fully forgotten their experiences with innovations as imposed by the colonialists. It is also possible that posters are seen as another European innovation; associating AIDS-posters with European innovations may lead to their rejection since rejecting posters seem like a cultural and normal thing to do.

Kenyans today hold the government responsible for health delivery; public health services are seen as those that the ruling elites provide on behalf of the public. This is seeing public health as the meeting point between politics and medicine (Waite: 1992, p.213); thus AIDS-related issues are often seen as matters for the government of the day. AIDS-education programs run into difficulties when a region of the country does not like the government of the day. This is why posters, issued by the Ministry of Health, are sometime negatively seen and dismissed as another government's failure to handle national issues.

Many Nilotic-speakers never had leaders with well-defined authority (Schneider: 1959, p.144); their political organization is segmented; yet their sense of unity rests on bonds of commonly accepted customs and on social ties. What authority exists is vested in elders; diviners are adult males who elders have appointed to perform specific tasks.

<sup>32</sup> *Chira*, a JaLuo expression meaning the breaking of a taboo stipulating abstention from sex soon after a child is born.

Each neighborhood is a virtually autonomous political unit, whose secular and religious affairs are directed by elders; neighborhoods relate with each other through the common culture, social and economic ties, and courts which settle disputes between members of different neighborhoods (Evans-Pritchard: 1950: p. 281). On the other hand, posters derive their authority from and are distributed, by the Government, without involving local elders, diviners and adults. In short posters have not been closely associated with many local political organizations; ignoring local establishments and their authority may partly explain why posters have not easily accepted.

Posters work in an atmosphere of cultural chauvinism leading to conservatism. Though it is not yet very clear how acculturation works, it is possible to suggest that the cattle complex is one of the reasons why Nilotes have been resisting change (Schneider: 1959, p.165). As Herskovits once defined in the *American Anthropologist*, the cattle complex is an intense devotion to cattle and a permeation of this value into all other aspects of culture. In addition to having the cattle complex, many Nilotic-speaking Kenyans are also pastoralists. Pastoralism demands undivided attention; it is the central all-encompassing value greater than health education other pursuits. Those who live this lifestyle feel secure, are tough, warlike and are not easily frightened; posters, which threaten to contradict their bravery, may be ignored as meaningless challenges.

## Chapter Four

# Findings and Analysis

### Overview

Chapter three contains historical, professional and situational explanations of factors confounding the efficacy of AIDS-posters. This chapter contains findings and analyses of a several selected posters. Eight posters were used to gather opinions of members of the public and health workers in Kisumu on the posters they use. Their opinions strongly suggest that posters are not effective channel of communicating AIDS messages. A second set of posters was also used to discuss and elicit additional explanations as to why AIDS-posters are less effective in transmitting AIDS-messages.

In the 1980s and 1990s, AIDS was concentrated in urban centers; but gradually, rural areas were also affected. In Nyanza Province, this pattern took on alarming proportions with the highest infection rate occurring in Kisumu town and its environs. The high rate of infection attracted a great deal of concern from health educators over AIDS-awareness. It also attracted some funding into Nyanza Province for AIDS awareness and prevention campaigns by the Kenya Government, NGOs and other donors. Posters have been a favorite medium of information, communication and education. Yet the combined inputs of posters, other print materials and electronic media materials seem to have had little effect on the behavior patterns of populations in and around Kisumu. The AIDS-picture at Kisumu may be similar to the goings-on in other parts of Kenya; this is one reason why most of the figures appear in percentages, the original figures are in the appendix section of this work.

The above observation and the responses from the study sample suggest that Kenyans do not draw their acceptable messages from posters and, in fact, do not understand messages encoded in posters (colors, the printed word and foreign languages). The facts that AIDS awareness and prevention messages, coded in posters, appear out of reach and the need to know why people are not altering their behavior in spite of a barrage of educational materials, encouraged the formulation of a small qualitative study of the possible impacts of posters. A set of questions was developed and pre-tested, with sections on basic sociological data, knowledge of AIDS, acceptability of various

communication media, assessment of posters as a medium of communication and an understanding of seven particular posters that were shown to the respondents.

### Description of the sample

Seventy-eight people in Kisumu, a city located on the shores of Lake Victoria in Nyanza Province, Western Kenya, were selected at random and were interviewed. The respondents were between eighteen and sixty two years of age; among them 4% were over fifty years old, 17% were in their forties, 33% in their thirties while 37% were in their twenties (Table 4.1). 8% of the respondents were between eighteen and twenty years of age; 1% did not give their age. Out of the seventy-eight respondents, twenty-five were females all of whom are younger than forty years of age. Of the fifty-three males, ranging from eighteen to sixty-two years, thirteen are forty-one years and over; (Table 4.1.) indicates the distribution percentage according to gender and age.

Gender	18-24	25-30	31-40	41-50	Over 50	Unknown	Total
M	14	18	19	13	4	1	69%
F	10	11	10	0	0	0	31%

Table 4.1 Age and gender distribution

The sample of this study included 21%, nine out of *about forty-two*<sup>1</sup>, Kenyan ethnic communities based on their statements of their mother tongues. 74% of the respondents were Luos comprising (Fig. 4.2 and Fig. 4.3) 25% females and 49% males. Of the rest, there were 12% Luluhya-speakers, 3% females and 9% males; 4% Ekegusii-speakers, 3% males and 1% females; 4% Kikuyu-speakers, 1% male and 3% females. There was 1% female Kidabida speakers, 1% each, from Kalenjin, Teso and Turkana and 2% did not report mother tongues (Table 4.2). The composition of the sample in the survey confirms that JoLuo dominate Kisumu, apart from Luo, Luhya, Kisii and Kikuyu speakers, the rest of the communities are referred to as others. Though this is the case, a significant number of the major Kenya communities live in Kisumu municipality.

<sup>1</sup> *Nearly forty-two* refer to 42 that is Government-convenient figure of ethnic communities in Kenya. The true number of ethnic communities in the country could be more than the commonly stated forty-two; Aba-Luyha alone comprises more than one ethnic community

Community	Male	Female	Total
Luo	51%	23%	74%
Luhya	8%	4%	12%
Kisii	2.5%	1.5%	4%
Kikuyu	1.5%	2.5%	4%
Others	5%	1%	6%

Table 4.2 Ethnic and gender composition of the sample

In order to maintain family solidarity Kisumu dwellers visit their rural families and sometimes engage in sex. It is within the context of visits and sexual intercourse between rural folks and their visitors that Kisumu has heightened significant in the spread of AIDS and in the campaign against it. The age composition of the sample according to ethnic community is stated in Table 4.3.

Community	18-24	25-30	31-40	41-50	Over 50	Unknown	Total
Luo	17%	24%	22%	6%	4%	1%	74%
Luhya	5%	2%	5%				12%
Kisii	1%		2%	1%			4%
Kikuyu	2%	1%		1%			4%
Others		1%	1%	4%			6%

Table 4.3 Age and ethnic group

Of the entire sample twenty-nine were fully employed, seven were partially employed, eighteen were self-employed, and ten were unemployed while three students were not employed. Four people did not report whether or not they were employed (Table 4.4).

Empl. Status	18-24	25-30	31-40	41-50	Over 50	Unknown
Self employed	5%	14%	8%	4%	1%	5%
Employed	3%	12%	11%	9%	1%	4%
Part. employed	4%	3%				
Unemployed	10%	4%	1%		1%	
Not reported						
Total	22%	33%	20%	13%	3%	9%

Table 4.4 Employment statuses by age

Out of the seventy-eight respondents, twenty-one were white-collar workers comprising one Kikuyu male, two Luhya males, twelve Luo females and six Luo males. Ten of the respondents were office workers (table 4.4) Of the nine communities represented, there was one Kalenjin farmer and ten blue-collar workers comprising one Kisii, two

Luhya and seven Luo. There are nineteen businessmen, two Kikuyu females, one Luhya female, three Luo females, twelve Luo males and one Turkana male. There is also one Gusii commercial sex worker, fifteen people who did not report any occupation and eight professionals consisting of one Gusii male, one Luhya female, four Luo males, one Teso male and one unreported speaker. In addition, there are three students who are one Luhya male, one Luo female and one Luo male. See Table 4.5.

Gender	Agric	Wh. collar	Bl. Collar	Professional	Business	Student	Unreported	Total
M	1%	12%	13%	9%	17%	3%	14%	69%
F	0%	15%	0%	1%	9%	1%	5%	31%

Table 4.5 Occupational Categories

The one female commercial sex worker in the sample is included among the businesswomen.

The education levels of the respondents ranged from primary school to university levels, most of them having completed Kenya Secondary School Education. Nine respondents did not report their levels of education; it is probable that many of them did not attend formal schools. Eight of the respondents attended primary school education; of the six, one reached Standard Four, two Standard Six, three Standard Seven while two attained a Standard Eight level of education. Forty one of the respondents attended secondary education; out of the forty one, one is a Form One leaver, two are Form Two leavers, two are Form Three leavers, thirty one are Form Four leavers, five are Form Six leavers. Six of the respondents attended university; three had their education in law and are advocates. Seven of the respondents attended post-secondary education; one has Higher National Diploma, two went to colleges whose type of education were not specified, one has a CPA qualification, two went to colleges which offer computer education and one has a Diploma in Mass Communication (Table 4.6).

Gender	ST 1-5	St5-8	Secondary	Post	Univ	None	Unreported	Total
M	2%	9%	31%	12%	5%	0%	10%	69%
F	0%	0%	22	7%	2%	0%	0%	31%

Table 4.6 Educational Level by gender

These respondents, with different levels of education, were rural or urban dwellers with some moving between rural and urban areas. Though ten of the respondents did not

report their places of residence, nine reported moving between rural and urban areas, seven live in rural residences and fifty-two are urban dwellers.

Gender	Rural	Urban	Migrates	Unreported	Total
M	5%	44%	13%	7%	69%
F	2%	21%	0%	8%	31%

Table 4.7 Residence by gender

Community	Rural	Urban	Migrates	Unreported	Total
Luo	9%	47%	8%	10%	74%
Luhya		6%	2%	4%	12%
Kisii		3%	1%		4%
Kikuyu		4%			4%
Others		4%	2%		6%

Table 4.8 Residence patterns of the sample by ethnic group

### Analysis of Responses to the Interviews

*Level of knowledge on AIDS.* Nearly 47% of the people who were interviewed know AIDS as Acquired Immune Deficiency Syndrome while one person says that it is an acquired disease; in other words many people know AIDS by its medical definition, the way scientists define it. Apart from its technical definition, 2.5% know it as *ayaki*<sup>2</sup> while 6.4% people know it as *ukimwi*<sup>3</sup>. Meanwhile, 1.2% people see it as *chiraa*<sup>4</sup>. 5.1% people know AIDS merely as a disease, as a dreaded disease or a disease that renders the immune system powerless. In addition, 7.6% of the respondents say it is a killer disease, 1.2% says it is caused by unprotected sex, a disease caused by leaving our indigenous culture and embracing the White man's culture, it is an HIV infection, is a sexual disease and is a scary disease. Almost 9% people said AIDS is a viral disease while 3.84% people did not respond to the question (Table 4.9 and Table 4.10). 9% of the respondents who did not use medically correct vocabulary in describing AIDS were all Luo males representing a mere 0.5% of the sample.

Community	Medically correct	Medically Incorrect	No report	Total
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<sup>2</sup> Ayaki is KiSwahili reference for AIDS

<sup>3</sup> Ukimwi means ayaki; both are local translation of the term AIDS

<sup>4</sup> Chiraa is a JaLuo word for curse a traditional condition resulting from breaking taboos

	vocabulary	vocabulary		
Luo	68%	5%	1%	74%
Luhya	9%	2%	1%	12%
Kisii	2%	1%	1%	4%
Kikuyu	4%			4%
Others	6%			6%

Table 4.9 Knowledge of AIDS by ethnicity

Gender	Med correct	Medically incorrect	No rept	Total
M	64%	3%	1%	68%
F	32%	0%	0%	25

Table 4.10 Knowledge of AIDS by gender

The majority, 79%, of the respondents heard about AIDS during the 1980s and 1990s; 4% did not say when they heard about AIDS. It is interesting to note that 18% of the respondents heard about AIDS only at the end of the 1990s; 2.5% of the people learned about AIDS in 2000. A total of 38% of the people heard about AIDS during the 1980s (4% in 1984, 9% in 1985, 4% in 1986, 8% in 1987 and 13% in 1988). The percentage of those who heard about AIDS during the 1980s and 1990s are close, 38% during the 1980s and 41% in the 1990s. Of the 41% who heard about AIDS during the 1990s, 9% heard about it in 1990, 4% in 1991, 9% in 1992, 2.5% in 1993, 8% in 1994, 1% in 1996, 2.5% each 1997, 1998 and 1999 (Table 4.11 and Table 4.12).

Gender	80s	90s	Within the past year	Unanswered	Total
M	23%	28%	3%	14%	68%
F	15%	13%		4%	32%

Table 4.11 When AIDS was first heard according to gender

Age group	80s	90s	Within the past year	No response	Total
18-24	2.5%	18%	1%	2.5%	24%
25-30	10%	12%		5%	27%
31-40	23%	9%		1%	33%
41-50	9%	1%		1%	11%
Over 50		1%		3%	4%
Unknown	1%				1%

Table 4.12 When AIDS was first heard according to sample population

From table 4.12 it is evident that the percentage of people, who hear about AIDS keep dropping from the 1980s to 2000. This drop raises doubts on whether or not



information actually reaches people in Kisumu and the effectiveness of the information as a tool in the anti-AIDS-campaign in Kenya. One is forced to think that posters and other media developed and used during the 1980s were, were not very effective in enhancing AIDS-awareness. The fact that some people had heard about AIDS only in the last five or so years may also reveals the effect of denial in the struggle to control the epidemic. Anyone who catches AIDS is often mistaken for a person of loose morals, this is because AIDS is sexually transmitted. AIDS is also known to thoroughly waste its victims before death; its wasting nature suggests suffering and pain. As a symbol of loose morals, pain and death, many people hate AIDS, enough to be ashamed of it and deny its existence. Besides, a section of Kenyans may have turned a deaf ear to the campaign to stop the spread of AIDS. In some ways some of the Kenyans sought to escape from the epidemic; they thought that AIDS would never get them.

Health workers comprise 14% of those interviewed to establish their opinions on the efficacy of posters in the campaign against AIDS. All of the health workers are employed, are between twenty-three and fifty years of age. They include social workers, one clinical officers, medical doctors, nurses, technicians and health educators. Close to 13% of those interviewed have post-secondary education, 5%, 3% university graduates (in medicine, education and social sciences), 3% hold diplomas in nursing while another 2.5% hold diplomas in clinical studies. Nearly 73% of the health workers speak DhoLuo, 18% speak KiLuhya and 9% is a Kidabida speaker (Table 4.7 and Table 4.8). When asked to give opinions on the use of posters, 9% of the health workers maintained that posters are not an effective way of passing messages on AIDS. The same [9%] preferred discussion to posters; they reasoned that AIDS is full of misconceptions that posters cannot handle. 27% of the health workers said that posters are useful in the struggle against AIDS but posters are more effective in combination with other media and designed in the languages of the target audience. The same 27% of the health workers say that posters are useful in transmitting AIDS messages because they help create awareness and underscore the gravity of the epidemic. 18% of the health workers recommend that posters should be simple, easy to understand, clear, big, not exaggerated, and appropriate for the event, colorful, attractive and attention arresting.

Since health workers have been in the fore-front of the epidemic, it was assumed that they know about the epidemic more than other members of the general public; specific question exists to establish health workers level of knowledge on AIDS. Judging

from existing practices in private and public hospitals in Nairobi, health workers got information on AIDS training programs, seminars and public lectures which often take place in hospitals. Apart from the seminars and lectures there are medical publications, which gave and continue to give attention to AIDS; health workers often make a point of reading these publications and learn how the epidemic spreads. Through the same publications, health workers also learn the scientific nature of AIDS, its effects on its victims and what to do in order to avoid infection. Though local newspapers have been publishing matters related to AIDS, their reporters often get their information from health workers and other scientists. That journalists rely on health workers to inform the general population on AIDS suggests that health workers know about AIDS more than other people.

*Ways of contracting AIDS* Respondents gave answers that may help explain how people get AIDS. 70% of the answers suggested that AIDS is spread through sex, 20% related its spread by blood transfusion while the remaining 10% give exchange of body fluid, injection and infected needles as ways of spreading AIDS. 2.5% of interviewees think that AIDS can be contracted by not following customs, 3.8%, by mother-to-child transmission and 1.2%, by non-sterile condoms. Out of the 70% responses that identify sex-related ways in which AIDS is said to be transmitted, 44% said it is transmitted via sex, 28%, through unprotected sex, 5%, through unfaithfulness and 4%, by careless sex and engaging in sex with multiple partners. 2.6% of people interviewed said that AIDS spreads through out-of-marriage sex and 1%, through promiscuity, kissing; four, by being unfaithful to spouses. Of course, the number of answers is greater than the number of respondents; this is so because some of the respondents gave multiple answers.

From the answers on how people get AIDS, it is clear that the majority of those interviewed see sex as the way in which AIDS spreads. "Unprotected" sex here means sex without using a condom, skin-to-skin, but the spread of AIDS through promiscuity, being unfaithful, multiple partners and kissing needs a little explanation. Sexual intercourse with only one husband or wife is Christian while sex with one husband is common among those who practice Islam and polygyny. Sex with only one wife is the desired mode among those who practice polyandry. People who cross these sex-related boundaries are said to be unfaithful to their partners. However, prostitution and promiscuity are not free from indigenous Kenya ideals on fertility; anybody who

practices prostitution or is promiscuous is often accused of wasting, misusing or improperly using fertility. Communication experts expected posters to deliver the message if only they included promiscuity and unprotected sex in their messages. It is rather surprising that only a few of the respondents explained the spread of AIDS on prostitution or promiscuity.

Well over three quarters, 85%, of the people interviewed say AIDS cannot be cured while 1% is doubtful there is a cure for AIDS. The remaining 14% gave various ways in which they think AIDS can be cured including prevention, abstinence, one of the means of preventing the spread of AIDS, is the way it can be cured. One person, each, say AIDS can be cured by a chief's baraza, traditional means, herbs, replacing blood, sticking to the ten commandments and using herbs; some of these answers can be explained in relation to aspects of indigenous Kenyan culture. In Kenya, disease and death is a person's doing leading to the contamination of blood, the mind, spirit and body. Anything, which purifies blood, the mind and spirit, cures any ailment; thus, some people say replacing contaminated blood can cure AIDS. Disease is seen as a punishment for *chiraa*, the breaking of sexual taboos that brings ancestral punishment. Seeing disease as contamination and purification as its cure is a probable reason why people think there are traditional ways of curing AIDS. When people say AIDS can be cured adhering to the biblical Ten Commandments, the reference is likely to be Christianity. There are cases where Christian religious practitioners claim they make the blind see, enable cripples to walk again and cure the sick. Such claims become attractive as hopes of curing AIDS.

38% respondents think that keeping to one partner can prevent AIDS. Meanwhile, 35% and 29% think abstaining and using condoms can prevent AIDS, respectively. Though nearly everyone interviewed considers keeping to one partner, abstaining and using condoms to be effective measures of preventing AIDS, only 5% think screening to detect and remove contaminated blood before transfusion can prevent AIDS. Similarly, 4% of the people in the sample consider sterilization of instruments, avoiding casual sex and safe sex practice to be a means of preventing AIDS. Some people (2.5%) think 'no sex before marriage' prevents it; the same number of people (2.5%) say stopping body fluid exchange can prevent AIDS. 1.2%, each, of the study sample say that AIDS can be prevented by early marriage, using contraceptives, respecting culture, avoiding pregnancy when HIV-positive, avoiding wife inheritance,

awareness campaign, education, instituting blood tests, conducting early marriage and oral sex can also prevent AIDS.

Keeping to one partner, as a way of preventing AIDS stands correct only when the partner in question is HIV-negative; keeping to one AIDS-infected partner does not prevent one from catching the disease. Using condoms prevents AIDS only when the sex partners accept it and when the condom is used properly; without this condition, condoms cannot prevent the spread of AIDS. There are family-planning reports indicating that sex partners, who did not approve of pregnancy-free sex encounters, use finger nails to drive holes at the tip of condoms rendering them impotent. A kind of vigorous penial penetration of the vagina may force the condom to tear; a torn condom does not prevent AIDS because it allows body fluids to mix freely. Some people dislike casual sex because they come from traditions where sex is viewed as the serious business of obtaining children to continue the family line. When casual sex is safe, it does enhance the spread of AIDS. Those who say early marriage can prevent AIDS do so probably because they expect a marriage to be a faithful undertaking in that it restricts sexual intercourse to one partner. Without being faithful to one partner, early marriage is no way to prevent AIDS.

Though a more detailed explanation is necessary, it is observable that many ethnic Kenya cultures disapprove of sex during pregnancy. Of the fetus, Acholi children are told "*koou-oo*", meaning there is serious danger in pregnancy. There are taboos and threats of severe punishment, all of which intend to discourage sex during pregnancy. This ethnic practice may be one reason why some people say that avoiding sex during pregnancy may prevent AIDS. As early Christianity may have done for much of African culture, protagonists of African culture have helped to undermine the system by which Africans take care of widows and orphans. Wife inheritance is a phrase used to threaten and dismiss the cultural practice as a dirty, primitive, JaLuo practice and something to avoid. This cultural prejudice may be the reason why a section of those interviewed think avoiding wife inheritance may help prevent AIDS. Some Kenyans also see oral sex as a dirty European behavior intended to spoil African purity; this cultural bias may explain why oral sex is seen as a way to stop AIDS. Of course, many health professionals and general members of the public concur with awareness campaign, education, instituting blood tests (VCT) as viable steps towards preventing HIV-infection and AIDS.

*Channels for receiving AIDS-messages.* Apart from posters, people found out about AIDS through other people, electronic media, death of affected persons; people with AIDS, public meetings, agencies and miscellaneous means. 15% of the sample population knew of AIDS through deaths of close associates, 6%, through discussions and school programs; 2.5%, through talking to friends, and 3.8%, via health clinics, hospitals or health workers. Nearly 18% of the people learned about AIDS through the radio; 23%, through print media and 9%, through miscellaneous means. Out of the 23% of those who learned about AIDS through print media, 11% learned about it through newspapers, booklets and posters. Yet 36% of those who know about AIDS through print media learn about it through magazine and 45% learned about it through chief's *barazas*<sup>5</sup>. Though 36% did not report how they got to know about AIDS 1% of the interviewees learned about it through songs and 5% each through video and agencies as Ace Communications, GTZ, Ministry of Health and UNICEF (Table 4.13).

Gender	DR	Radio	TV	School	Poster	Print	Baraza	ch	WOM	Saw	NR	media
M	1%	6%		1%	1%	9%			13%	13%	5%	17%
F	1%			2.5%		1%	1%	1%	2.5%	5		36%
Total	2%	6%		1.5%	1%	10%	1%	1%	15.5%	18%	5%	53%

Table 4.13 Channels of hearing about AIDS

Posters convinced only 2% of the respondents of AIDS' dangers, how it spreads, the need to stop it and what to do in order to check the epidemic. Yet observing people with AIDS convinced 12.8% of the people; newspapers, miscellaneous sources, each, 1%; and personal communication, 5%. A small percentage, 1%, of the people was not convinced by any of the media of communication. A total of 28% thought the best information came from electronic media; out of these, radio accounted for 24% while television accounted for the remaining 3%. Opinions of 6% of the people indicated that the best AIDS-information came from chief's *barazas* while 14% thought print media gave the best information on AIDS. Of the 14% who thought print media, in general, was the best source of information on AIDS, 2.5% suggested that the newspaper gave the best information while 6% thought it was posters that gave the best information. The remaining 5.6% was shared more or less equally (1% each) between books, booklets, brochures and leaflets.

<sup>5</sup> *Baraza* refers to a public gathering when administrators give and explain Government matters

2.5% of the people in the sample said that the best information comes from male-female interactions, though the church, health workers, parents and mass media is, each, mentioned by 3.8% of the sample population as the best source of information on AIDS. The same percentage, 3.8%, also pointed out that health workers provide the best information on AIDS. Schools and miscellaneous sources were each voted as the best source of information on AIDS. Songs and traditional education were each indicated as the best source of AIDS-information by 2.5% while 1% said it is observation. On the other hand, however, the worst information was said to come from being infected. 16.6% of the people said male-female interaction is the worst source of information on AIDS. 2.5% of the respondents said the worst information on AIDS comes from booklets and the church; chief's barazas, health workers each was mentioned as the worst source of information by 1% of the respondents. In general, there are similarities, differences and even contradictions in opinion regarding perceived quality of AIDS-posters. 16.6% of the respondents though posters, used in the campaign against AIDS, are educative, 6% thought posters are convincing, 7.6% said posters are informative while 3.8% said they are good, clear and meaningful. Only 1% of the interviewees considered posters to be eye-catching but the same 1% of respondents said posters are meaningless, useless, unclear, lacking in vital messages, do not make sense and not effective. Finally, 2.5% of those interviewed said that posters are bad for illiterate Kenyans.

*Efficacy of posters as a medium.* 3.8% of those interviewed considered posters to be a way of convincing people about AIDS. Only 2.5% of the people interviewed considered songs a suitable way to convince people about AIDS. Equally few people, 1% for each, found newspapers, other printed materials, health educators, the school, video, seminars and religion a way to persuade people about AIDS. On the other hand, however, 26% of the respondents found electronic media to be convincing in educating people about AIDS. 21%, 14% and 6% of the respondents found death of people with AIDS, observation and drama, respectively, to be ways of convincing people about the pandemic. Whereas 3.8% of respondents found posters a particular way of learning about AIDS, 9%, more than twice as many people, were of the opinion that posters are the most convincing of all the ways to get AIDS-information. This figure, 9%, is smaller than 17%, for radio, and 13%, for television; higher figures for radio and television indicates that radio and television are more convincing than posters. It is important to note that 5%, of the respondents thought that parents, booklets and leaflets and health

workers are the most convincing ways of getting information on AIDS. This suggests that posters is less convincing than parents, booklets and leaflets; posters performed at the same level with chief's baraza, the Church and songs are the most convincing way to give and get information on AIDS. In the end, 6% of the sample population said that the school is the most convincing way to get information on AIDS.

While 9% of the respondents said posters are the most convincing way to get information on AIDS, slightly more people (10%) said they are the least convincing of all the ways. A much higher number, 28%, said that booklets-leaflets are the least convincing ways. Meanwhile, 5% and 3.8% of the respondents said that the church and a chief's barazas, are the least convincing ways, respectively. A significant number, 14%, of the respondents said traditional education is the least convincing way to teach people about AIDS. 8%, 6%, 5%, 4%, 2.5% and 1% was the descending order of the least convincing ways to get AIDS-information for television, parents, relatives, newspapers songs, friends and health workers.

Given the more indigenous setting it is not surprising that some people say posters and newspapers are least convincing of all ways of communicating AIDS-messages. Where the level of literacy is low, people are unable to get AIDS-messages through reading and interpretation. Besides, in the majority of indigenous Kenya cultures, sex is private and not discussed in public; yet posters, newspapers and televisions are mass media discussing and displaying things publicly. The public nature of the Church and chiefs' baraza is partly why some of the respondents think they are the best ways to disseminate information on AIDS. Seeing AIDS as an evil something and attitudes which lead to putting the Church and AIDS evil are perhaps why people think the Church is the least convincing way to give information on the epidemic. Meanwhile, Christianity is often cited as one of the factors, which helped undermine the importance of indigenous traditions. One outcome of this undermining is the negative attitude towards traditional education; there are people who think that the traditional form of education is primitive and anti-progress. This may explain why a few people think traditional education is one of the least effective ways of communicating and educating people about AIDS.

9% of the health workers said that their patients are of the opinion that AIDS messages are not always well understood and some of the patients cannot distinguish HIV from AIDS. 55% of the same health workers said that their patients find AIDS

messages scaring, threatening or give a view of AIDS as something threatening and painful. 18% of the health workers reported that their patients agreed that AIDS - messages suggest that AIDS is real, costly to the national economy, devastating and capable of clearing, finishing or killing everybody. Another 18% of the respondents say that their patients say AIDS messages underscore the need for education in order to protect the youth from AIDS and enhance the chances of survival. 10% of the health workers, whose patients had not remarked on AIDS messages, did not specify the comments given by people suffering AIDS.

As may be observed among members of the public, health workers differ in their opinions on whether or not posters are the best or the worst way to inform people about AIDS. From a list of eighteen possible means (radio, television, booklets/leaflets, posters, church, doctor/nurse, school, friends, chief's baraza, songs, newspapers, relatives, traditional sex educator, boy/girlfriend, parents and others) of transmitting AIDS-messages, nearly 50% of the health workers considered posters not to be the best channel of transmitting AIDS messages. However, 25% of health workers considered posters to be among the best ways of communicating AIDS-messages; one sees posters as the second best channel while one out the eleven thinks posters are the very best channel for AIDS messages. From these observations, it is clear that health workers do not see posters as the best channel for AIDS messages.

When one considers that the majority of health workers do not consider posters to be the best channel for AIDS messages, it is not surprising that some of them do not regularly use posters as an information, education and communication (IEC) material. Some of the health workers do not even have AIDS posters in their professional settings. Nearly forty percent, four out of eleven, of the health workers do not frequently use posters as an IEC material while the seven, nearly sixty percent, mostly use posters a part of their IEC materials. Though only 10% health workers did not have any poster in their professional settings some of those who have posters are not clear about the use of posters. To say that the use of posters is to create impact or portray the event may miss the seriousness with which posters may be intended to communicate AIDS-messages and save life. It may also work as a reminder on the use of posters in marketing of products or services where to miss the point is not punished as severely as missing the messages in AIDS situations. Close to 50% of health workers know the use of posters but only vaguely. That 1% of health workers do not see the use of posters is an indication that



some of the health workers do not understand the work of posters. However, the 30%, who correctly say that the use of posters is to transmit information on AIDS, may raise hope of more health workers knowing the use posters in time to come.

*Ways to display AIDS-posters.* Why AIDS posters are displayed in one place instead of the other has not been subjected to objective investigation. Despite this anomaly, one can liken the placing of posters to laying a fish trap. Fish hunters lay their traps where they expect fish to pass; to ensure a good catch, one lays the trap where lots of fish are expected to pass. Health educators, too, place posters where they expect people to pass; to get the attention of many people, the posters are placed in strategic areas, where lots of people are likely to pass. Obviously, a roadside is an opportune location; this is why thirty-six of the respondents said they saw AIDS-posters at the roadside. Based on technical differentiation of billboards from posters, this researcher has not yet seen any poster placed at the roadside. However, since the content of many AIDS billboards in Kenya is identical to that of several of the posters used in this study and since billboards and posters perform the same task and are similar in many ways, it is understood that the lay public would see the two as one and the same. Apart from the roadside, clinics and hospitals are other locations which people frequent. Given that people often have to wait before consulting with a doctor and getting treatment, this location may be considered ideal for placing posters since it is where patients and their attendants are often "trapped". Thirty-two of the respondents said they see AIDS-posters displayed in clinics or hospitals. Because of the frequency with which people meet with posters and health educators' attempts to maximize on chances of giving people messages on AIDS, three respondents said they see AIDS posters everywhere.

Over the years Kenyans, especially those who live in urban centers, have developed a culture of drinking after work, in the evenings and almost daily. It is also in bars where people meet with some sex partners and indulge in sex under the influence of alcohol, without taking much care to ensure safe sex. It is with the hope of catching alcohol consumers and discouraging careless sex that health educators place posters in bars where four people out of the seventy-eight have seen them. For similar reasons given in this paragraph, health educators have placed posters in a number of public places; this is why three people have seen AIDS-posters in offices while three saw them in schools.

As I have said before, both in this work and elsewhere, AIDS is relatively new; why people would remember or forget an AIDS-poster is difficult to answer objectively.

It is also not yet very clear whether or not posters are evenly distributed throughout the country. It would seem one poster might be better distributed in one corner of the country than another; this improves the opportunity to see and remember it. Nonetheless some of the posters are either more or less memorable than others. The poster bearing the copy "Anybody can get AIDS" is remembered by eleven out of seventy-eight respondents; but only three people could remember the poster which carries the picture of a dying man; two remember one of a black skeleton while another two remembers the poster with the slogan "AIDS is not a curse". Four people remember the poster with a picture of a family; possibly the one with a man with his wife and children; one person says he can remember all the posters he has ever seen, twenty-two people could not describe any poster they had seen and nine people gave ambiguous answers. Failure to describe and giving ambiguous answers may imply that these people could not remember the posters, which they had seen.

*Jisimamie Posters.* *Jisimamie*<sup>6</sup>, was used as a slogan for a print media campaign. It sought to encourage Kenyans to stand up for themselves, and be self-determining in order to defeat the epidemic. In 1996, a set of posters, leaflets, booklets and comic books targeted specifically at the Luo, Kisii and Kuria communities was developed by a team from the Kenyan Ministry of Health and the Belgian government for use in Nyanza Province. Several years later these materials were reproduced and distributed in Coast Province. The second publication of these materials suggests that they had the high confidence of the health care community and the government. To find out Nyanza based end user opinions on this set of posters is important in determining the roles posters play in the struggle against AIDS.

Since every poster hinges on "standing-up", it may be important to discuss the meaning of the phrase. In Kenyan cultures and particular in those of Nyanza Province, people stand up for each other in many ways both formal and informal. The process of standing up is deeply rooted in traditional initiation ceremonies in which each initiate has a sponsor or sponsors who are called "the ones who stand up for" in their local languages. Standing up for another person is an integral part of the courtship and marriage process, and those who stand up for a person follow him or her throughout life in the standing up role. The advice of "one who stands up for" is compelling throughout life. *Kujisimamia*

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<sup>6</sup> *Jisimamie* is a Kiswahili expression which means "stand up for yourself"

means to stand up for oneself. Its command form is *Jisimamie*. It integrates an important part of Nyanza peoples' cultural background with a contemporary need to take full responsibility for one's actions in the context of an epidemic that is action dependent.

The history of formal education is full of "standing-up". Pupils who think they have answers to their teachers' questions, raise their hands; stand-up when permitted to say their answers. To stand-up, in this context, suggests respect while seated is considered to be disrespectful seniors and authority. Some pupils view questions as challenges; through asking the question, the teacher challenges his pupils to prove that they know. It is not always that pupils give correct answers; to stand up in class and give a wrong answer is a disappointing show of ignorance; this may explain why these posters work, they encourage people to do right against AIDS. Outside the school, standing up connotes different things to different people; some of the connotations assist in the campaign against AIDS. Among my own Acholi people, to stand up signals commencement of a long journey, the journey could be against AIDS-pandemic. A patient is often asked to stand up because it is a traditional way of evaluating the seriousness of his sickness; he, who too sick to stand up is considered to be in a serious condition. *Jisimamie* posters could be said to encourage even the sick to stand up against AIDS. Whenever a home comes under attack, only those *with balls*<sup>7</sup> stand up to face trouble; in this and similar cases, standing up means rising to up to challenges as those presented by AIDS. It is within some of these and other traditional contexts that *Jisimamic*-posters present messages that may reach their targets.

*Poster-A* (fig. 4.1 and table 4.14) The poster depicts a boy and a girl in school uniform with their hands raised. The raised hands suggested "stop and consider" but some of the viewers saw it as signaling greetings. The target audience was school-going children, to encourage them to defer sex debut until after school, considered to be a promise for a brighter future. The text was, "Sex, not yet! We have our lives to develop first". The poster was intended to discourage school-going children from engaging in sex, to avoid sex and avoid AIDS. It was hoped that postponing sex would slow-down the spread of AIDS and enhance survival. The poster also took into account that the Kenya government prohibits mention of condoms in any material targeted at children in school. Since none of the 24% of the respondents in the 18-24 age bracket of this sample were identified as having been school-going children in the later 90s, it is impossible in the

<sup>7</sup> *With balls* means brave ones, its origin is the idea that only men, with balls, can be brave.

context of this study to tell whether the poster had the desired impact on its target audience. However, only 10% of the respondents (9% males and 1% females) got the message. 21% (comprising 13% males and 8% females) did not quite get the message. 69% of the respondents did not get the message of this poster. Considering that missing the message slightly is still missing it, one can see that a clear majority (90%) of the respondents did not get the message. Given the opportunity to comment on the posters, some of the respondents said the posters sought to encourage children to be faithful to their parents or encourage parents to give their children a steady and helping-hand. Meanwhile other respondents thought the poster is about two children receiving lessons on sex, school children returning from school, two children going to school and children waving good-bye to their parents. Some of the people thought the poster is about the innocence children exhibit towards danger, healthy kids, family or school-education as the foundation of life. All these comments point at possible reasons why respondents did not get the intended message of this poster.

**Poster-B** (fig. 4.2 and table 4.15 ). Poster B depicts two women and a man in a bar; each of the two women holds condom and negotiating with the potential customer on the use of condoms. The text says "Stand Up for Yourself against HIV/AIDS, No Condom = No Sex." The poster was intended to show women that they could help one another to gain the courage to insist on condom use with casual sexual partners. From everyday entertainment nightclub scenes in urban Kenya of the 1960s up to the 1990s, one can say that beer-bar connotes drinking alcohol, getting drunk, casually picking a partner and ending up in bed and making love (p'Bitek: 1971, pp.161-167).

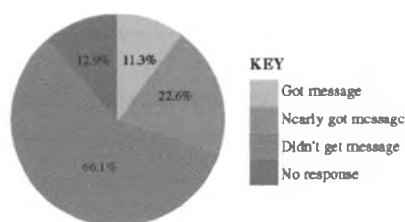


Fig. 4.1 (Poster A, Two School Children); Pie 4.1 (Response to the Poster, Table 4.14 (Response by gender, age, level of education and mother tongue). This poster was targeted at lower primary school children. It is intended to promote deferral of sexual debut

gender	got the message			nearly got the message			didn't get the message			no response			total
female	1	4.2	1.4	6	25.0	8.5	17	70.8	23.9	1	4.2	4.4	24
male	7	14.9	9.9	10	22.2	14.1	30	63.8	42.2	6	12.8	8.5	47

age in years	got the message			nearly got the message			didn't get the message			no response			total
18-24	2	11.1	2.8	3	16.7	4.2	13	72.2	18.3	1	5.6	1.4	18
25-30	3	15.8	4.2	6	31	8	10	53	14	3	16	4	19
31-40	1	4.5	1.4	4	18.2	5.6	17	77.3	23.9	1	4.5	1.4	22
41-50	2	25	3	1	12.5	1.4	5	62.5	7	2	25	2.8	8
Over 50	0	0	0	0	0	0	3	1	4.2	0	0	0	3
unknown	0	0	0	1	100	1.4	0	0	0	0	0	0	1

education level	got the message			nearly got the message			didn't get the message			no response			total
standard 1-5	0	0	0	0	0	0	1	100	1.4	0	0	0	1
standard 5-8	1	20	1.4	2	40	2.8	2	40	2.8	2	40	2.8	5
secondary	4	9.8	5.6	11	26.8	15.4	26	63.4	36.6	0	0	0	41
post secondary	2	18.2	2.8	1	9.1	1.4	8	72.7	11.3	3	27.3	4.2	11
university	1	16.7	1.4	0	0	0	5	83.3	7.0	1	16.7	1	6
unknown	0	0	0	2	28.6	2.8	5	71.4	7.0	1	14.3	1.4	7

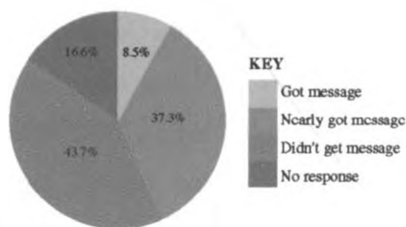
mother tongue	got the message			nearly got the message			didn't get the message			no response			total
Luo	5	9.4	7.0	12	22.6	16.9	36	67.9	50.7	5	9.4	7.0	53
Luhya	1	14.3	1.4	2	26.8	15.4	4	57.7	5.6	2	28.6	2.8	7
Kisii	0	0	0	0	0	0	3	100	4.2	0	0	0	3
Kikuyu	0	0	0	1	33.3	1.4	2	66.7	2.8	0	0	0	3
others	1	2	1.4	2	40	2.8	2	40	2.8	0	0	0	5

Key: Black is original response  
 Red is percentage out total in the last column  
 Green is percentage out of both totals in the last column

Making love under the influence of alcohol is likely to occur without protection. Given the scenario, it is only fair to caution against sex without a condom. However, proper use of condoms is in doubt with alcohol in the blood and head; a drunk may not always use a condom correctly and incorrect use of condoms is of no use. Under the influence of alcohol the condom may be ruined before, during or after use because a drunk finds it difficult to roll and maintain a condom in place. A condom, which is out of place during

sexual intercourse, may mean making love skin-to-skin, unprotected. After ejaculation, the penis is known to shrink fast; the quick shrinkage of the penis forces it to abandon the condom thus facilitating HIV-infection.

Besides conflicting messages, the two ladies appear to be talking to each other, they are not addressing the man directly; of course, they are consulting with each other after the man made a sexual approach at the lady in a yellow-green dress. People who frequent beer-bars are the in the center of this posters; it appears to make little sense to those who have no experience with drinking alcohol. It is probably out of these interpretations that 60% of the people interviewed did not get the message. Close to 80% or respondents did not get the message when one considers that 19% people only nearly got the message. Respondents between twenty-five and thirty years of age hardly got the message in that all of them either did not get the message or almost got the message.



**Poster B CSWs at Bar with Potential Client** This poster was targeted at commercial sex workers . It is to encourage them to cooperate and support each other in condom use

gender	got the Message			nearly got the message			didn't get the message			no response			total
Female	1	4.5	1	11	50	16.4	10	45	14.9	3	13.6	4.7	22
Male	5	11	7.5	14	31	20.9	26	57	38.8	8	17.7	11.9	45

age in years	got the message			nearly got the message			didn't get the message			no response			total
18-24	4	21.1	6	6	31.1	9	9	47.4	13.4	1	5.3	1.5	19
25-30	0	0	0	5	27.7	7.5	13	72.2	19.4	4	22.2	6	18
31-40	2	10.5	3	5	26.3	7.46	12	63.2	17.9	4	21.1	6	19
41-50	0	0	0	3	42.9	4.5	5	71.4	7.5	2	28.6	3	8
Over 50	0	0	0	1	33.3	1.5	2	66.7	3	0	0	0	3
Unknown	0	0	0	1	100	1.5	0	0	0	0	0	0	1

education level	got the message			nearly got the message			didn't get the message			no response			Total
Standard 1-5	0	0	0	0	0	0	1	100	1.5	0	0	0	1
Standard 5-8	1	20	1.5	2	40	3	3	60	4.5	2	40	3	5
Secondary	2	5.3	3	16	42.1	23.9	20	52.6	29.8	3	7.9	4.5	38
Post Secondary	1	10	1.5	4	40	6	5	50	7.5	4	40	6	10
University	0	0	0	2	33.3	3	4	66.7	6	1	16.7	1.5	6
Unreported	1	14.3	1	2	28.6	3	4	57.1	6	1	14.3	1.5	7

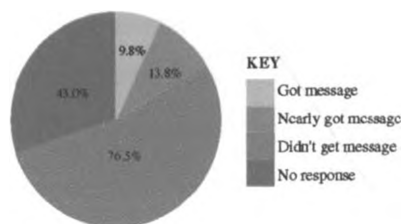
mother tongue	got the message			Nearly got the message			didn't get the message			no response			Total
Luo	5	10	7.5	17	34	25.4	18	36	2.7	8	16	11.9	50
Luhya	1	16.7	1.5	1	16.7	1.5	4	66.7	6	3	50	4.5	6
Kisii	0	0	0	1	33.3	1.5	2	66.7	3	0	0	0	3
Kikuyu	0	0	0	2	66.7	3	1	33.3	1.5	0	0	0	3
Others	0	0	0	4	80	6	1	20	1.5	0	0	0	5

Key: Black is original response  
 Red is percentage out total in the last column  
 Green is percentage out of both totals in the last column

A glance at education levels of respondents indicates that failure to get the message is 71% and 64% among people with university and post-secondary levels of education. The percentages are high and puzzling since one expects posters to perform better among people with higher levels of education. However, 8% of the respondents got the message right; this percentage is fairly low. Those with primary school education and of ages between thirty and forty years are the ones who get the message of this poster. Though some of the respondents said the poster is good looking and clear, others said it is confusing and not educative. 2.5% of the people said the poster is good, 1% said it is not educative; 1% said though the poster appears good, it is confusing. Yet 1% of the respondents said it is not confusing; 1% said it is educative; while 2.5% said it could be misunderstood. A lady in Kisii, an ethnic location in Western Kenya, once said she posted the poster on her wall to encourage her men to use condoms. Though outside Kisumu, where the study was conducted, the Kisii information indicates the popularity and possible success of the poster.

*Poster-C* (fig. 4.3 and table 4.16) The poster shows a young male and female with condoms in their hands, its text says "Stand up against HIV/AIDS, always use a condom, each time, every time." The image was intended to depict "youth out of school" for whom mention of condom use is not prohibited in Kenya. There is no obvious follow through between the first part of the text "Stand up against HIV/AIDS" and the second part of the text "Always use a condom, Each time, Every time." This is probably why the two require thinking before the message can reach home, and be translated as using a condom is the way to fight the spread of AIDS. Whether, or not, every aspect of the target audience will accept using condoms every time and always is another matter altogether. Ideas of love and marriage which force sex partners to view their relationship as dissolution of members to form one, without any boundaries, is one probable cause for failure to accept such a message. In addition, it is not very easy to pinpoint what the picture says; difficulties in accuracy of communicating the message encourage speculations. It is in this respect that it would seem the two are showing and telling us something they are holding in their hands. The object in their hands is readable as a condom only when one knows the condom packet or is able to read the text; the messages of the text and pictures are not necessarily related. The lack of message clarity and unambiguous link between the written message and the visual message, and probable failure to accept the message may explain why twenty of the respondents did not get the





**Poster C Two Youth Holding Condoms** It is targeted at youth out of school. It is intended to push for acceptance by respectable youth and also shared responsibility by both sexes

gender	got the message			Nearly got the message			didn't get the message			no response			total
Female	4	23.5	7.8	3	17.6	6	10	58.8	19.6	8	47.1	15.7	17
Male	1	2.9	2	4	11.8	7.8	29	85.3	56.9	19	55.9	37.3	34

age in years	got the message			nearly got the message			didn't get the message			no response			total
18-24	1	7.1	2	2	14.3	3.9	11	78.6	21.6	5	35.7	9.8	14
25-30	1	7.1	2	4	28.6	7.8	9	64	17.6	8	57.1	15.7	14
31-40	0	0	0	1	7	2	14	93	27.5	8	53.3	15.7	15
41-50	0	0	0	0	0	0	5	10	9.8	5	1	9.8	5
Over 50	0	0	0	0	0	0	3	10	5.9	0	0	0	3
Unknown	0	0	0	0	0	0	0	0		1	1	2	0

education level	got the message			nearly got the message			didn't get the message			no response			total
Standard 1-5	0	0	0	0	0	0	1	100	2	0	0	0	1
Standard 5-8	1	20	2	0	0	0	4	80	7.8	2	40	3.9	5
Secondary	1	3.3	2	5	16.7	9.8	24	80	47.1	11	36.7	21.6	30
Post Secondary	0	0	0	0	0	0	5	100	9.8	9	180	17.6	5
University	0	0	0	1	20	2	4	80	7.8	2	40	3.9	5
Unreported	0	0	0	1	20	2	4	80	7.8	3	60	5.9	5

mother tongue	Got the message			nearly got the message			didn't get the message			no response			total
Luo	2	5.4	3.9	5	13.5	9.8	30	81.1	58.8	21	56.8	41.2	37
Luhya	0	0	0	1	20	2	4	80	7.8	4	80	7.8	5
Kisii	0	0	0	0	0	0	3	100	5.9	0	0	0	3
Kikuyu	0	0	0	1	33.3	2	2	66.7	3.9	0	0	0	3
Others	0	0	0	0	0	0	3	100	5.9	2	66.7	3.9	3

**Key:** Black is original response  
 Red is percentage out total in the last column  
 Green is percentage out of both totals in the last column

message; twenty-six people did not respond and five people gave ambiguous answers. However, twenty-seven of the respondents did get the message.

Comments from the respondents indicate reasons why the poster is not very efficient in communicating its intended message. Some of the respondents say the poster encourages prostitution; they say so probably because some people see condoms as connected only with prostitution.

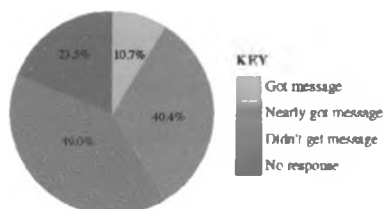
When condoms first came to East Africa, they were used avoid contracting syphilis and gonorrhea. These two sexually transmitted diseases were common among female prostitutes, their male clients and regular partners of those clients; consequently, sex encounters with prostitutes often led to getting one or both of the diseases. Whereas condoms helped make it safe to have sex with prostitutes and husbands, the use of condoms in marriage was not entirely comfortable; a condom signified warped sexual morality. A husband who used a condom while having sex with his wife was something seen as mistaking her for a prostitute, and insulting her. Meanwhile, any woman who insisted on condom before sex with her husband was deemed to be agitating for a divorce. Condom use in marriage often sent the wrong signal; this is why some of the respondents say it does not work for married people. The Family Planning movement has greatly encouraged the use of condoms as a means of avoiding unwanted pregnancy; it is in this respect that one could say that condoms gave people the freedom to indulge in sex without worrying about diseases and pregnancy. Perhaps, this may explain why some of the respondents say the poster encourages teenagers to indulge in sex.

There have been debates on the condom's capability to stop the flow of HIV from an infected person to an individual who is not infected. Some people say that the molecular structure of condoms include pores wide enough to allow the virus to get through and infect another person. This and similar arguments may be the reasons why some of the respondents say that condoms are not one hundred percent safe; they cannot stop HIV infection for sure. Doubts on the efficacy of condoms force people to think of abstaining from sex instead of using condoms. However, there are those who believe in condoms; these may be the people who will probably say that kids should know about condoms before they find out about sex. In their opinions teenagers are safe with condoms. A sizeable number of people relate condoms to sex, this is a possible reason

why some of the respondents say it is too early for children to learn sex or they are going to try them immediately. And for some strange reasons, perhaps the hairstyle, some respondents think both of the people in the poster are boys. The view of the two as boys points to limited pictoracy among the sample and raises questions both of pictoracy and of fascination with perceived exotic sex practices within the sample and the population at they are drawn from. Some of the respondents say that boys should not show condom together, why? There is no quick answer to this question; the best answer would require another research undertaking. However, it is probable that dislike of lesbianism and homosexuality is the reason why respondents said boys should show condom together.

Informal debates with respondents and other informants point at East Africans' quest for bravery as one of the factors inhibiting use of condoms. Everyone, especially males desire to be brave. Any opportunity to prove brave is taken, no matter the risk. A Maasai, Samburu or Turkana will dare a lion with weapons as basic as spears and knives. To kill a lion is a way to become a man, an adult, married and participation in the governance of the community. To be the wife of a man who has killed is a wonderful feeling because one feels secure. Among communities, who practice circumcision, to stand still in the face of the circumciser's knife is a mark of bravery and is cherished. JaLuo fishermen may possess lifejackets but never use them because doing so means one is afraid of the lake (high winds and waves). The fishermen are often seen dropping their jackets by the shore and rowing their canoes into Lake Victoria as a sign of daring courage. All these show of bravery may contradict the use of condoms to protect against danger that is invisible; it is like being afraid of shadows, it should never be done.

Anyway, with or without some of the cultural information in the background, 87% of the respondents miss the message; together with those who barely get the message, up to 95% of the respondents miss the message. In some sectors of the sample population, the target is missed by 100% of the respondents. This is so the case with people who are between forty-one and fifty years of age and those whose levels of education is higher than secondary schools.



**Poster D CSW with Client on Bed** This poster is targeted at commercial sex workers. It is to remind them that they should insist on condom use. Many put it on their walls to reduce the need to discuss the issue

gender	got the message			Nearly got the message			didn't get the message			no response			total
Female	2	12.5	4.3	4	25	8.5	10	62.5	21.3	9	56.3	19.2	16
Male	3	9.7	6.4	15	48.4	31.9	13	4.9	27.7	2	6.5	4.3	31

age in years	got the message			nearly got the message			didn't get the message			no response			total
18-24	0	0	0	7	53.8	14.9	6	46.2	12.8	6	46.2	12	13
25-30	1	9.1	2	4	36.4	8.5	6	36.4	8.5	11	100	23	11
31-40	1	6.7	2.1	8	53.3	17	6	40	8.5	8	53.3	17	15
41-50	1	20	2.1	2	40	4.3	2	40	4.3	5	100	10	5
Over 50	2	66.7	4.3	0	0	0	1	33.3	2.1	0	0	0	3
Unknown	0	0	0	0	0	0	0	0	0	1	0	2.1	0

education level	got the message			nearly got the message			didn't get the message			no response			total
Standard 1-5	1	100	2.1	0	0	0	0	0	0	0	0	0	1
Standard 5-8	0	0	0	1	33.3	2.1	2	66.7	4.3	4	33.3	8.5	3
Secondary	4	13.3	8.5	15	50	31.9	11	36.7	23.4	11	30.7	23.4	30
Post Secondary	0	0	0	2	50	4.3	2	50	4.3	10	250	21.3	4
University	0	0	0	2	40	4.3	3	60	6.4	2	40	4.3	5
Unreported	1	25	2.1	1	25	2.1	2	50	4.3	4	100	8.5	4

mother tongue	got the message			nearly got the message			didn't get the message			no response			total
Luo	5	15.2	10.6	14	42.4	29.8	14	42.4	28.8	25	75.8	53.2	33
Luhya	0	0	0	3	60	6.4	2	40	4.3	4	80	8.5	5
Kisii	0	0	0	1	33.3	2.1	2	66.7	4.3	0	0	0	3
Kikuyu	0	0	0	1	33.3	2.1	2	66.7	4.3	0	0	0	3
Others	0	0	0	2	66.7	4.3	1	33.3	2.1	2	66	4.3	3

Key: Black is original response

Red is percentage out total in the last column

Green is percentage out of both totals in the last column

*Poster-D* (fig 4.4 and table 4.17). This poster was specifically targeted at female commercial sex workers and their clients. It was intended to empower the commercial sex workers to insist on clients' acceptance of condom use before the money was hoarded over and the sexual service was delivered. The poster contains messages that are written and read and drawn and seen. There are two parts to the written and read message; the first part states, "Say no to sex without a condom" and second part states "Stand up for your life". Family planning having played a major role in popularizing condom use, one can say that sex with condoms did not begin with AIDS. That sex with a condom has been around for some time may explain why thirty-seven out of seventy-eight, nearly fifty percent, of the respondents got the message.

Many indigenous people would have realized that something to do with sex is the subject of the picture in this poster because it is rare to find two able-bodied, male and female adults sitting on a bed discussing anything else but sex. So, apart from text, the picture helps one to get the message contained in the poster. To stand up has more than a physical implication to it; otherwise, the picture of people seated on the bed would be one contradictory message. Outside the comments respondents gave, it is not clear whether or not the gentleman is buying a packet of condoms from the lady. To see it as prostitution is not very immediate, especially without experience. Of course, even a little experience can make one notice that a husband-wife or boy-girl friend relationship rarely involves money or condoms. These and other reasons may explain why six of the respondents did not get the message, twenty-nine did not respond while six gave ambiguous responses. In general, slightly over one-half of the seventy-eight respondents did not get the message. Those who did not respond may have been offended by the image and may have felt that if they recognized it, they would be implicated in similar activities to the one being depicted.

Why some of the respondents did not get the message is revealed by the comments of the respondents themselves. One of the comments is concerning the scene; it is said that it is the scene of a man buying condoms; to see the poster as concerning the purchase and not use of condoms is to miss the point. In another instance a respondent sees the poster as negotiation preceding lovemaking, the process of selling-buying sex. This particular respondent seems to see the act as far, not involving him, which is perhaps why he is suggesting, "the negotiation should have been done before getting into bed". Another three people said that the poster is misleading; again this comment may come from opinions on prostitution. Many Kenyans, especially Christians and Muslims, do not officially like prostitution even though they engage in it as service providers and clients;

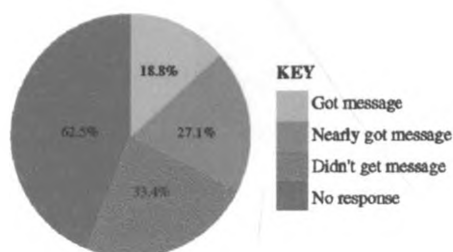
any one of them who translate the scene as one of prostitution is likely to think that it is misleading, obscene and should not appear in public. The comment by one respondent that all prostitutes should be forced to carry condoms makes a strong statement on the negative attitude towards prostitution.

*Poster E* (fig 4.5 and table 4.18). The poster is targeted at children in primary school. Since none of the sample had been of primary school age when the poster was distributed, this study does not include information on how it was received by its target audience. The written message is "Stand up for your future, Sex can wait, Fight HIV/AIDS". Apart from the written message there are two children are at the fork in a road, one leading to school while the other leads to HIV/AIDS and death. From the picture one may get a number of messages; it is possible to get the impression that the poster is about *yoo aryo oroco lalur*<sup>9</sup>, overloading and its confusion and failure. As observed before, the copy and picture do not have exacting and immediate relationships. Whatever the problem may be, twenty-nine out of seventy eight got the message; seven did not get it while thirty-seven gave no response, five gave ambiguous responses. One can understand the reason for the respondent's comment that children are too busy to look at posters that would not come in examinations. In Kenya, people, general, teachers and their candidates, in particular, take examinations very seriously. To do well in examinations is a promise of a bright future and up-ward mobility.

#### Posters not in the Jisimamie group

In addition to the five posters of the *Jisimamie* campaign, the sample was shown three others. The Ministry of Health developed the first of these in the early 1990s while the other two were developed in a workshop conducted by PATH over an 18-month period in the mid 1990s.

<sup>9</sup> *Yoo aryo oroco lalur* (two paths confused the hyena) is an expression originating from a folktale concerning the hyena. It teaches against doing too much at the same time as doing so leads to confusion, getting lost and failure to achieve the intended goal.



**Poster E Children Walking Toward School** This poster is aimed at upper primary school children. It offers two choices- school or death. It intended to persuade school children to chose school and with it, life with a brighter future.

gender	got the message			nearly got the message			didn't get the message			no response			total
Female	0	0	0	7	46.7	14.6	8	53.3	16.7	10	66.7	20.8	15
Male	9	27.3	18.8	6	18.2	12.5	8	24.2	16.7	20	60.6	41.7	33

age in years	got the message			nearly got the message			didn't get the message			no response			Total
18-24	1	7.1	2.1	5	35.7	10.4	8	57.1	16.7	5	35.7	10.4	14
25-30	4	28.6	8.3	2	14.3	41.7	8	57.1	16.7	8	57	16.7	14
31-40	1	7.7	2.1	5	38.5	10.4	7	53.8	14.6	10	77	20.8	13
41-50	2	40	4.7	1	20	2.1	2	20	41.7	5	10	10.4	5
Over 50	1	50	2.1	0	0	0	1	50	2.1	1	50	2.1	2
Unknown	0	0	0	0	0	0	100	0	208.3	1	0	2.1	0

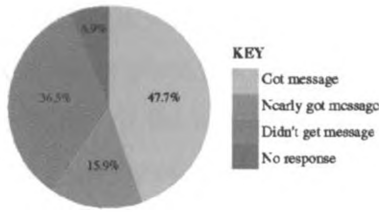
education level	got the message			nearly got the message			didn't get the message			no response			total
Standard 1-5	1	100	2.1	0	0	0	0	0	0	0	0	0	1
Standard 5-8	4	80	8.3	1	20	2.1	0	0	0	2	20	41.7	5
Secondary	3	11.1	6.3	9	33.3	18.8	15	55.6	31.25	14	51.929	20.8	27
Post Secondary	0	0	0	0	0	0	6	100	12.5	8	133.3	16.7	6
University	0	0	0	2	50	41.7	2	50	41.7	3	75	6.3	4
Unreported	1	50	2.1	1	20	2.1	3	60	6.3	3	60	6.3	5

mother tongue	got the message			nearly got the message			didn't get Message			no response			total
Luo	7	18.9	14.6	11	29.7	22.9	19	3.3	3.9	21	56.8	43.8	37
Luhya	0	0	0	0	0	0	3	100	6.3	6	200	12.5	3
Kisii	1	33.3	2.1	2	67	41.7	0	0	0	0	0	0	3
Kikuyu	0	0	0	0	0	0	2	100	41.7	1	50	2.1	2
Others	1	50	2.1	0	0	0	4	100	41.7	2	100	41.7	2

Key: Black is original response

Red is percentage out total in the last column

Green is percentage out of both totals in the last column



**Poster F Anybody Can Get AIDS** The message is that people of all races, ages, communities and occupations can get HIV-infected. To dismiss the notion that all AIDS is only for certain peoples.

gender	got the message			almost got the message			didn't get the message			no response			total
Female	11	52.4	17.5	2	9.50	3.2	8	38.1	12.7	4	14.04	6.3	21
Male	19	45.2	30.2	8	19.04	12.7	15	35	23.8	1	2.4	1.6	42

age in years	got the message			nearly got the message			didn't get the message			no response			Total
18-24	10	55.6	15.9	1	5.6	1.6	7	38.9	11.1	1	5.6	1.6	18
25-30	9	52.9	14	2	11.8	3.2	6	35.3	9.5	5	29.4	7.9	17
31-40	7	41.2	11	3	17.6	4.8	7	41.2	20	6	35.3	9.5	17
41-50	3	42.9	4.8	4	57.1	6.3	0	0	0	3	42.9	4.8	07
Over 50	0	0	0	1	33.3	1.6	2	66.7	3.2	0	0	0	3
Unknown	1	100	1.6	0	0	0	0	0	0	0	0	0	1

education level	got the message			nearly got the message			didn't get the message			no response			total
Standard 1-5	0	0	0	1	100	1.6	0	0	0	0	0	0	1
Standard 6-8	3	60	5	0	0	0	2	40	3.2	2	40	3.2	7
Secondary	22	57.9	34	3	8	4.8	13	34.2	20.6	3	7.9	4.8	38
PostSecondary	1	14.3	1.6	3	21	4.8	3	42.9	4.8	7	100	11.1	14
University	0	0	0	3	43	4.8	4	40	3.2	2	40	3.2	7
Unreported	1	14.3	1.6	4	50	6.3	3	28.6	3.2	1	14.3	1.6	8

mother tongue	got the message			nearly got the message			didn't get message			no response			total
Luo	20	44.4	31.7	5	11.1	7.9	20	44.4	31	13	28.9	60.3	45
Luhya	4	57.1	6.3	0	0	0	3	42.9	4.8	2	29.6	3.2	7
Kisii	2	66.7	3.2	1	33.3	1.6	0	0	0	0	0	0	3
Kikuyu	2	66.7	3.2	1	33.3	1.6	0	0	0	0	0	0	3
Others	2	40	3.2	3	60	4.8	0	0	0	0	0	0	5

Key: Black is original response  
 Red is percentage out total in the last column  
 Green is percentage out of both totals in the last column

**Poster F** (fig.4.6 and table 4.20) This poster was targeted at a very general audience and was intended to reduce stigma and the placement of HIV/AIDS in the domain of the

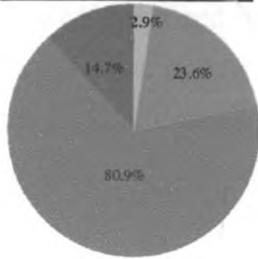


“other.” By the late 1980s it had become clear to health educators that Kenyans do not personalize risk but rather place risk and blame on people and groups who they consider to be unlike themselves. At the beginning of the epidemic, some people mistook AIDS to be a thing for a special group of people such as commercial sex workers, morally warped peoples or only JoLuo of Western Kenya. In general, there was an attitude, which put AIDS at a distance, in another region and with someone else.

The text of poster says "Anybody can get AIDS" while the illustration comprises peoples of different races, nationalities and professions. Forty-four people got this message while ten failed to get it, four gave no response and nineteen gave ambiguous responses. Though slightly more than fifty percent of the respondents got the message, some of the respondents said the poster does not make sense because the people depicted look healthy. This comment draws from the concept that a poster, which is related to sickness including AIDS, ought to show visibly sick people. The other probable reason why some of the respondents did not get the message is that the poster loses its audience because is too complicated. Since it loses its audience and is contradictory, it cannot create awareness. Besides, the poster does not tell one how to prevent AIDS. In another instance, respondents say the poster has meaning but does not tell what it means, it is appropriate only for people who are literate, it is good because it shows that even nurses get AIDS and it is captivating in that one cannot stop studying it.

**Poster-G** (Fig. 4.7 and table 2.21). The poster depicts a group of people in a rural setting seated on the ground with one person leading them from a chair. The text says “Don’t be fooled. AIDS is not witchcraft”. AIDS is real.” It is difficult not recall indigenous Kenya perception of disease and death. Someone living somewhere is the one who does witchcraft on other people making them suffer disease and death. This is why some people say AIDS is witchcraft; the poster is intended to dismiss this thought. It is important to note that thirty-four of the seventy-eight respondents got the message; twenty-three, gave ambiguous responses; four misunderstood the message while ten did not respond to the question. Again, no response, ambiguous and misunderstood answers suggest that fifty percent of the respondents did not get the intended message.

Why only about sixty percent of the respondents got the message, may be found in comments by the respondents themselves. Some of the respondents said that there is no connection between the picture and text of the poster while others say that the poster is contradictory; it does not say anything, it is meaningless. Some think the poster is not the



**KEY**

- Got message
- Nearly got message
- Didn't get message
- No response

**Poster G AIDS is Not Witchcraft** The poster is intends to dismiss the notion that witchcraft causes AIDS

gender	got the message			nearly got the message			didn't get the message			no response			total
Female	0	0	0	8	33.4	11.8	14	63.6	20.6	3	13.6	4.4	22
Male	2	4.3	2.9	8	17.4	11.8	36	78.3	60.3	7	15.2	10.3	46

age in years	got the message			nearly got the message			didn't get message			no response			total
18-24	2	11.1	2.9	3	16.7	4.4	13	72.2	19.1	1	5.6	1.5	18
25-30	0	0	0	5	26.3	7.4	14	73.7	20.6	3	15.8	4.4	19
31-40	0	0	0	5	26.3	7.4	14	73.7	20.6	4	21.1	5.9	19
41-50	0	0	0	1	12.5	1.5	7	87.5	10.3	2	25	2.9	8
Over 50	0	0	0	1	33.3	1.5	2	66.7	2.9	0	0	0	3
Unknown	0	0	0	1	100	1.5	0	0	0	0	0	0	1

education level	got the message			nearly got the message			didn't get the message			no response			total
Standard 1-5	0	0	0	0	0		1	10.0	1.5	0	0	0	1
Standard 6-8	0	0	0	1	20	1.5	4	80	5.9	2	40	2.9	5
Secondary	2	5.1	2.9	10	25.6	14.7	27	69.2	39.7	2	5.1	2.9	39
Post Secondary	0	0	0	1	10	1.5	9	13.2	13.2	4	40	5.9	10
University	0	0	0	1	16.7	1.5	5	83.3	7.4	1	16.7	1.5	6
Unreported	0	0	0	3	42.9	4.4	4	57.1	5.9	1	14.3	1.5	7

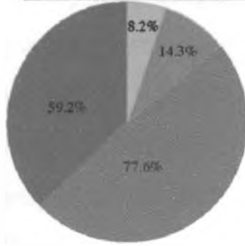
mother tongue	got the message			nearly got the message			didn't get the message			no response			total
Luo	0	0	0	9	18	13.2	41	82	60.3	8	16	11.8	50
Luhya	2	28.6	2.9	1	14.3	1.5	4	57.1	5.9	2	28.6	2.9	7
Kisii	0	0	0	1	33.3	1.5	2	66.7	2.9	0	0	0	3
Kikuyu	0	0	0	2	66.7	2.9	1	33.3	1.5	0	0	0	3
Others	0	0	0	2	40	2.9	3	60	4.4	0	0	0	5

Key: Black is original response  
 Red is percentage out total in the last column  
 Green is percentage out of both totals in the last column

best because it lacks impact. Of course, some people say that the poster is good because it is educative and it reaches everybody. Among those who missed the message, some thought the poster is an advertisement for a chief's baraza, about family life education, communal counseling, and a village leader advising people to use condoms or a group making burial arrangement for an AIDS victim. Yet one of the comments strongly suggests that AIDS is, indeed, witchcraft. This is the kind of comment, which may explain why people may read the poster but continue to reject it.

*Poster-H.* (fig 4.8 and table4.22). The text of this poster was often either in English (Your wife and children need you, Use condoms when making love) or Kiswahili (Bibi na watatoto yako wanakuhitaji Linda Jamaa yako tumia mpira unapofanya mapenzi). By using both languages, Kiswahili and English, the developers of the posters hoped to reach more people than it would be possible to reach using only English. The poster shows a family comprising a man, his wife and his children. It is very difficult to see obvious relations among the family, AIDS, condoms and making love since only the family is represented. Looking at the picture one gets a general impression of a happy family; happiness and AIDS appear not to complement each other. Despite the lack of a close picture-copy relationship, twenty-six people got the message; this is more than a quarter of the respondents in the sample.

One of the comments on this poster is that people do not look at posters with a serious mind. Incoherence in messages and unconcern with posters are possible reasons



## KEY

- Got message
- Nearly got message
- Didn't get message
- No response

**Poster H Your Wife and Family Need You** To convince men to abstain from sex outside their wives or use condoms for out-of-family sex

gender	got the message			nearly got the message			didn't get the message			no response			total
female	0	0	0	3	20	6.1	12	80	24.5	10	66.7	20.4	15
male	4	11.8	8.2	4	11.8	8.2	26	76.5	53.1	19	55.9	38.8	34

age in years	got the message			Nearly got the message			didn't get the message			no response			total
18-24	0	0	0	3	20	6.1	12	80	24.5	4	26.7	8.2	15
25-30	1	10.7	20.4	2	18.2	40.8	8	72.7	16.3	11	1	22.4	11
31-40	3	18.8	6.1	2	12.5	40.8	11	68	22.4	7	43.8	14.3	16
41-50	0	0	0	0	0	0	5	1	10.2	5	1	10.2	5
Over 50	0	0	0	0	0	0	3	1	6.1	0	0	0	3
Unknown	0	0	0	0	0	0	0	0	0	1	0	0	1

education level	got the message			nearly got the message			didn't get the message			no response			total
Standard 1-5	0	0	0	0	0	0	1	1	20.4	0	0	0	1
Standard 6-8	1	20	20.4	0	0	0	4	80	8.2	2	40	4.8	5
Secondary	1	3.3	2.04	5	16.7	10.2	24	11.1	49	1	36.7	2.42	30
Post Secondary	0	0	0	1	25	20.4	3	75	6.1	10	250	20.4	4
University	0	0	0	0	0	0	5	1	10.2	2	40	40.8	5
Unreported	2	50	40.8	0	0	0	2	50	40.8	4	1	8.2	4

mother tongue	got the message			nearly got the message			didn't get the message			no response			total
Luo	2	5.7	40.8	5	14.3	10.2	30	1.4	61.2	23	65.7	46	35
Luhya	0	0	0	1	16.7	20.4	5	83	10.2	3	50	6.1	6
Kisii	0	0	0	0	0	0	3	1	6.1	0	0	0	3
Kikuyu	0	0	0	0	0	0	2	1	40.8	1	50	20.4	2
Others	0	0	0	0	0	0	3	1	6.1	2	40.8	4	3

Key: Black is original response  
 Red is percentage out total in the last column  
 Green is percentage out of both totals in the last column

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why fourteen people did not get the message. There is no substantial explanation why twenty-nine people did not indicate whether or not they got the message and why nine people gave ambiguous answers. From the figures obtained, it is clear that fifty two people out of seventy eight cannot be said to have got the messages; particularly when one considers that no response and ambiguous responses do not necessarily signify respondents who gave the respective answers got the message of the poster. Looking at the comments from the respondents, one finds that six people said that the poster is about family planning; in other words, some people mistook the poster to be about family planning, not AIDS. It is through mistaking the poster for something about family planning that one can explain the origin of such comments as two children is not enough and you cannot have a family and use a condom too.

When AIDS first came to Kenya, during the nineteen eighties, it forced spouses to have sex only with their partners. Observers likened forced faithfulness to one partner to the rearing of cattle by stall-feeding, a system in which the animals are not free to roam about. This system is called zero grazing. Its meaning, transferred to relationships in the Age of AIDS means no sex outside marriage; this is why some of the respondents said the poster is on zero grazing, playing safe sex. Explanation of the comment "the family is smart when money is not used on prostitute" lodges in attitudes towards prostitution. Kenyans think that prostitution is evil, it wastes family money, fertility and other resources; this is one reason why some people imagine that using family money on clothing to make them dressed smart is possible only without prostitution. A smart family is a social ideal; it shows that all is well; there is happiness, care, love and goodness. They say a woman can drive her husband into the hands of another woman. However gender biased this comment may appear, it is one way patriarchal societies excuse their men from committing adultery, even indulging in polygamy. It is out of this patriarchal tradition that some people think and say "it does not matter by having a few kids your wife always looks young so you do not go out looking for other women". Again, it seems that to be smart is a way in which a woman can keep her husband at home, promote zero grazing and keep AIDS out of her home.

## Technical Critique

Independently of the respondent's comments and understanding of the eight posters they were shown, I turn now to a technical critique of posters, including some shown to the sample, from the standpoint of professional and academic graphic design. The following posters were selected to illustrate various pitfalls in the design process in which poor professional practice prevails or in which graphic designers are not consulted or otherwise included in the materials development process.

*Poster One A-D* (AIDS-what to know series) "AIDS- what do you know" posters were probably among those posters which came at a time when scientists knew little about AIDS while the general public panicked, fearing that the disease would finish all of us. At the same time, the Government of Kenya sought to control the epidemic; health education to effect behavior change was one of the initial strategies to control AIDS. But myths and misunderstandings about AIDS had to be dealt with first, before education for behavior change could begin. Giving accurate information and dismissing myths, misunderstandings and misgivings on AIDS appear to be the concepts of the posters in the series "what to know".

To achieve the corporate character of the posters, "AIDS- what to know", is repeated in the same colors, size and position in each of the portrait posters. "What to know" is the second largest text and appears condensed accentuating the text. Though condensed type is often used to give emphasis to a word or line of text, and is as legible as other widths of type (Tinker: 1963, p.54), it is squeezed and seems as uncomfortable as someone sick. To use condensed type in this health-poster may suggest that what the reader should know is sick; assuming that people do not like to be sick, using condensed type in a health poster proves to be improper. Already reading a condensed type face is more difficult than reading a normal type face because condensing type reduces the visual character of "what to know" to a smooth rectangle, yet legibility depends on sharp visual characters of words or phrases.

A sans-serif typeface is used throughout, possibly because it is said to be sharp, distinct and easier to read than type faces with serifs (Burt: 1954, p.8). To lay emphasis on "AIDS", it is the largest text; set in upper case, bold, spot color and red. Red, as a spot color, gives "AIDS" even greater emphasis since the color red indicates urgency and prominence. Practically every other text appears black on white; this happens because

paper is often white and black is the most common printing ink. Besides, black and white provide the highest possible value contrast and are therefore the easiest to read even in poor light.

Using the style of defining objects and half-caste natures (pointed noses and light complexions) of the people in the illustrations as chief pointers, it seems all the illustrations in the "AIDS-what do you know" series of posters is the work of one artist. The illustrations are paintings, the style of object definition is similar, and the media is a combination of felt pen, ink, watercolor and crayon.

*Poster One-A* (fig 4.9) The poster is 596 by 424 millimeters. Determining its image size is difficult since the images do not have distinct outlines and because the images and text are intertwined. The whole poster is a close knit of images and text. The imaging is representational, drawn pictorially and painted. The people represented are Africans but do not distinctly represent any indigenous community in that it is not clear whether the people represented are Turkana, Tugen, Swahili, Giriama or any other particular group. However, their foreheads are noticeably broad and noses sharp, resembling Gikuyu and Somali foreheads and noses.



Fig. 4.9 Poster One A, Afya Bora Clinic (Kenya AIDS NGOs Consortium )

Unlike a photograph, the drawings are subjective and suggestive enough for a viewer to recognize a woman and her husband, a patient and his nurse, a forest of trees, a signboard showing the way to Afya Bora Hospital Unit, the hospital and vehicles parked in its compound.

Watercolor applied with a brush, ink applied with a pen and oil-based crayon are the media of image making. Crayon is used to give a background and weight to the illustration; it may have also been used to realize people's faces. Trees, people and buildings are outlined in ink and filled with watercolor giving a body without fine details. The treatment of the people's faces suggests something wrong has happened to the

people to create spotted faces with patches of colors. It is observable that there are two people in each section of the poster:- a nurse and patient in the foreground, a man and woman in the middle ground and two people standing in front of the hospital in the background. There are also two vehicles; the question, which cannot yet be answered, is why pairs are prominent.

The poster has upper and lower halves; the scene of one half is different from the other. The scene in the top half is probably that of a woman and her husband going to a clinic. The signboard (To Hospital Unit) and building, labeled Afya Bora Hospital Unit, indicate that the two people are going to a clinic, dispensary, hospital or some health care unit. The subject of the lower half of this poster could be said to be a nurse and her patient. The dress code and objects show that she is a nurse, who is about to inject a male patient. The expression on his face is sad, characteristic of one who is about to receive a painful injection.

The type sizes used are as follows: "AIDS" is 37 millimeters, capital height but the type size could be 47 millimeters (descender and ascenders to give accurate measurement); "what to know" is about 36 millimeters (there is no descender to give accurate measure); "use only official Health Units for injection" is 21 millimeters; "Persons giving injections should be trained medical staff" is 12 millimeters; Ministry of Health, Nairobi Kenya" is 4 millimeters. Other texts are written as sentences. Each sentence is broken into parts, as an independent unit, each part makes sense- "use only official Health Units for injections," "persons giving injections, should be trained, medical staff", all, make sense when on their own. Capital letters at the beginning of sentences is a traditional and accepted style of writing; but the capital letters in "Use" and "Persons" seem out of place and visually discordant.

As said before, the poster is in portrait format and broken horizontally into halves, each half spotting different pictures and messages. Combining two scenes in one poster is like saying two different things at the same time to the same audience; it is a sure way to confuse the audience. The two red bands running across the top and bottom of the poster do not serve any obvious purpose; neither is the rationale for justifying text obvious. "AIDS-What to know", " Use only official Health Units" and "for injections" are centered while "Persons giving injections", "should be trained" and "medical staff" are justified left but starting in the center of the poster. Centering and justifying, at the same time, suggest extravagance and inconsistency.



There is little attempt to lead the eye from one area of the poster to the other or even arrest the eye on the point of focus and importance. Of course one expects the viewers to read the poster from top to bottom, only because readers have been taught to read a page that way. Presenting every piece of information at the same time with the same intensity contradicts order, one at a time. It is possible that the viewer who, short of time, does not get the central message of this poster. It seems an effort was made to fill every space within the poster with text, color, people and vegetation. Filling space in this way leads to crowding; the poster is crowded giving a visually tight and uncomfortable impression.

Beige or straw occupies the largest area in the poster; black is closely related to people and text while green and yellow are the colors of the surrounding vegetation. The complexion of the people in the poster is copper red, brown and other colors are sparingly used; there is no outstanding and obvious scheme or rationale to explain the application of colors. While the vegetation can be recognized as a forest little deliberate attention is given to the sky; there seems no cloud cover, neither is the sky clear. Without obvious and deliberate scheme of color organization, one is tempted to say that the work is random, somewhat arbitrary and ugly (Alland: 1977, p.58).

Since the color scheme is not deliberate one cannot relate the green of trees represents life, youth and growth. But copper red, the complexion of the people in the illustration is close to red. In Western aesthetics, red represents diverse and sometimes contradictory views. In one instance red symbolizes vibrant life (something desirable) while in another instance is represents danger (something undesirable.) Among the Maasai of Kenya, red symbolizes the hot, aggressive, unkind aspect of God (Klumpp: 1987, p.49). Klumpp's' work apart; a casual observation on Kenya would reveal that red and danger have become synonyms. As a synonym of danger, red may be seen as bad, evil, destructive and all that is characteristic of AIDS. However, one is left feeling that representing health, safety and good may be a better way to invite people to see the poster and read its content.

Early in the history of the epidemic, scientists attributed the spread of AIDS to the use of dirty and unsterilized syringes. In an attempt to check the spread of AIDS, health educators sought to stop the use of dirty and unsterilized syringes. This poster aims at stopping non-trained people from injecting themselves in order to block injection as an avenue of spreading AIDS. In conceiving this poster, health educators did not take

into account that hospitals have been the place where medical professionals and their patients contract AIDS. The general public does not always share the health educators' faith in the hospital, especially drug addicts who use syringes. Those who inject illegal drugs into their veins are unlikely to attend hospitals because that is not where illicit drugs are served. Two, users of illegal drugs know they will be apprehended if they should take their drugs to hospitals and ask nurses to inject them with the same.

The principal target audiences of this poster are people who patronize untrained health practitioners in unsterile environments; the poster's relationship with AIDS appears to be indirect. If the poster designers were targeting rural dwellers, they missed their audience entirely by representing urban dwellers. The complexion of people is close to copper-red and their noses are pointed. Such people of such rare coloration and partially European physiognomy are most likely to be found in urban Kenya, where inter-racial marriages are observable and where similar hairstyles and fashions exist. Whether by choice or not, the partially European physiognomy may delineate non-urban Kenyans from the poster and render it less effective.

Outside the people, cars are parked in the hospital compound; this shows that some of the patients or medical professionals possess vehicles. A motor vehicle is still out of financial reach of the average rural dweller; people who live in rural areas often walk or ride donkeys, bicycles and mini-buses. The hospital compound appears paved, paved hospital compounds are uncommon in many rural areas; the vegetation cover of lush green trees suggests that the hospital is somewhere in highlands of Central Province.

Apart from the nurse who is depicted smiling and full-face, every other individual in the poster is presented in profile without smiles. The smile on her face draws attention to her and makes her the center of focus; she becomes the most important individual in the poster. Afraid of the injection he is about to receive, her patient is grimacing, an act that may not interest viewers. Even the man and his wife are apparently trying to find the direction to the hospital. To present the nurse full-face and smiling, together with aspects of the text, all lead one to think that the target audience is trained medical staff who are being asked to be nice to their patients and not the general public.

English is the language used in the poster. Though English and Kiswahili are Kenya's national languages, English is still seen as a language for the educated few. This goes to indicate that educated Kenyans are the target audience of the poster. Essentially

the poster intends to teach against injection outside trained medical staff. The relationship, between the message and visual images seeking to highlight and transmit it, is indirect and prone to confusion. The top illustration is only remotely related to "Use only official Health Units for injections" but the lower illustration is more closely related to the phrase. The part the top illustration plays in the poster is, consequently, subject to question, it seems to be irrelevant. If the slogan were "To Prevent AIDS" instead of "AIDS-What to know" and without the top illustration, the relation between text and illustration would flow more smoothly- the poster would be less crowded and stand to make better sense.

The illustration does not feature those who use injections without referring to trained medical staff; yet sharing and/or reusing needles for injection, is one way of spreading AIDS. By featuring the nurse in desired lights, the poster inadvertently addresses trained medical staff and confirms that which is already right, expected and obvious instead of correcting the wrong practice.

It is difficult to relate the top illustration to the bottom one; the two illustrations appear different from each other making it difficult to thread the messages into a complete story. Perhaps, the story would have been complete and more comprehensible if it began with the man and woman going to the hospital and ended with the man receiving an injection from the nurse while his wife watches the event. But the man, who is about to receive an injection, is wearing red instead of white, we do not see his black jacket nor his wife, his features are different and he is another man, not the one who is trying to go to the hospital.

Given the image of rural dwellers serious drug users, it seems neither the woman nor her husband visually represent either of these categories of people; there is no clear evidence of something wrong with them, they appear healthy. On seeing the two healthy individuals, a viewer is likely to think that it is right, not wrong, to indulge in injection without reference to a trained medical staff. A viewer of the poster is likely to think that the nurse is smiling because she is trained to carry out her duties with a smile or she has a love agenda with her patient. Rural dwellers are likely to turn deaf ears to the messages in the poster because they do not recognize themselves in the images and the few of them who consume drugs do so through smoking, not injection. Whereas a wife takes her husband for injection in the hospital she does so only when the situation is serious; much more serious than one depicted in the poster. The healthy appearance of the couple may

make viewers from rural areas mistake the couple as going to the Afya Bora Hospital Unit to have fun, not for medical attention.

*Poster One-B* (fig. 4.10) The image of this poster is entirely textual and is derived from a san-serif typeface. As was mentioned in the above paragraph, "AIDS" is magnified to act as the center of attraction; it is tied with a rope or string and is rendered in faded reddish-brown.

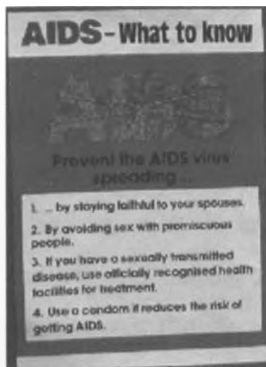


Fig. 4.10 Poster One B, AIDS, (from Kenya NGO AIDS Consortium)

It is this image, which takes the place of pictures and is viewed as such. To unveil some of its meanings, let us examine its size, color and the rope. As was the practice early in announcement posters, the key word was magnified because it was seen as the central message. In the case of this poster, "AIDS" may have been enlarged to inform viewers to that the poster concerns AIDS. Any one who cannot read or read English will not understand the poster. If one has never heard of AIDS before seeing this poster, the illustration may prove difficult to translate. But the faded color suggests that something is wrong for an original color fades due to wear and tear over a long time or brutal force-taking place in a short time. This force can be a disease; it is in this regard that a literate Kenya Luo viewer, who meets AIDS for the first time in this poster, may notice that the disease can quickly or slowly reduce the health of a person and forces him to fade. Among JoLuo community, *ngat ma tar*<sup>10</sup> represents sickness, poverty and *chuny ma chandore*<sup>11</sup>. Anyone who sees this poster for the first time is likely to get the idea that AIDS is destructive.

In general, tying with a rope symbolizes keeping together in place or in one bundle. In the context of this poster, tying "AIDS" represents keeping trouble in its place or preventing danger from escaping and hurting people. Once the message of AIDS as

<sup>10</sup> *Ngat ma tar*, a white person; meaning faded and pale.

<sup>11</sup> *Chuny ma chandore* means hearts that are troubled, emotional stress

something dangerous enough to be kept in one place is read with "Prevent the AIDS virus from spreading..." the information flows logically and can be understood. Kenyans relate blue to good health and wellbeing. The faded red-brown appearing on a blue background seems to suggest that AIDS is an important health issue.

As already mentioned above, typography is used to generate the image of this poster. The word AIDS is magnified to 117 millimeters in height and tied up with a string and works like a pictorial illustration. "AIDS- what to know" is 37 millimeters, "Prevent the AIDS virus spreading..." is 27 millimeters, the rest of the messages placed in a window are of size 17 millimeters while "Ministry of Health, Nairobi Kenya" is 4 millimeters. This poster is divided into three basic areas; there are stripes of red and white areas on the top and bottom of the poster with turquoise blue in between. While the top and bottom red stripes are equal in size, the top white stripe is wider than the bottom one; the top band of white is wider, most likely, to accommodate the large size of text, "AIDS-What to know".

There is a white window accommodating messages written in black in lower section of the turquoise blue area. "AIDS" in faded reddish brown and "Prevent the AIDS virus spreading..." are displayed on top while "Ministry of Health, Nairobi, Kenya" is displayed at the bottom of the window. Together with reading from top to bottom, the stripes of colors and the window enhance reading the messages in groups and in order of importance: - what to know, what to do and how to act to prevent AIDS spreading. The white window accommodates the text written in black. The color and font inside and immediately outside the window binds the two messages together and forces them to be read as one yet read at different times because the white and turquoise blue backgrounds are perceived at different times.

It is difficult to miss the thin and visually delicate, precarious and uncomfortable strips of turquoise blue on the left and right of the white window. The thin strips allow the white window to dominate and quash and render less legible the text- Ministry of Health, Nairobi, Kenya, below it; lack of legibility indicates lack of economy in design. The leading between strategies one to four is most likely intended to clearly distinguish strategy one from two, two and three and so on; it works but it questions experienced typography practice; a body of text this short is never assembled with such excess leading. The excess leading between the strategies numbered one to four does not assist to group information as would be necessary in organizing information and easing the

reading of text. Instead of ordering information and enhancing reading the, the excess leading spreads in a manner characteristic of untidy disorder. This disorder, the stripes of colors, the white window and the powerful turquoise blue are likely to confuse eye movement within the poster. Every piece of information cries for attention; yet viewers often have little time to spare, cannot concentrate on everything and may not remember any of the information. However, there is a very remote chance that "AIDS" will be remembered first and more often than other information; its faded color, a tied word and its contrast with blue are some of the reasons why it may stick in the viewer's mind more than any of the information.

A part of color symbolism was discussed above, under the section on the typographic image of this poster; it was said that the faded reddish-brown color suggests something as severe as AIDS. In addition to the severe characters of the faded reddish-brown symbolizing AIDS, turquoise blue is now closely associated with health. AIDS is a health as well as a social and economic issue. As was said in the analysis of poster one, the red of AIDS in "AIDS-What to know" is intended to highlight and draw viewers' attention to the disease, emphasize its importance and underscore the urgent need to prevent it from spreading. It seems colors are used to emphasize messages; thus red emphasizes AIDS and gives it a sense of importance and urgency. The faded red-brown appears to make the word AIDS less important since it is less saturated, the size of the word compensates for its being less saturated; the word is conspicuous enough to be the center of focus and attention. The pure cyan blue does not only symbolize health; it also enables viewers to see the poster from a distance because the color is saturated, rare and distinct. Printing and reading traditions are the most likely reason why the text inside the window and elsewhere appear in black. Economy-availability of black at low cost cannot be the justification since red and reversing-out on the turquoise could also reduce production cost.

Judging from the written messages, one can guess that the target audience is full time commercial or casual sex workers. Early efforts to explain and find solutions to the AIDS-epidemic practically condemned casual sex workers and their clients for the fast spread of the disease. From the same messages, it is also possible to say that a part of the target audience is people who consume sex with relatively little restrictions from oppressive sex morals. It is popular to think of sexually transmitted diseases as the diseases for those who consume sex with random sex partners, especially commercial sex

workers and promiscuous persons. Of course, to prevent the spread of AIDS is the primary goal in this poster. This goal can be attained by remaining faithful to spouses, avoiding promiscuity, curing other sexually transmitted infections and using condoms.

Faithfulness, condoms and abstinence may be effective measures against AIDS; but their failure lodges in the choice of the target audience. Choosing a target audience of casual sex workers and promiscuous individuals singles them out as offenders of sex morals they find oppressive and unacceptable. Singling them out is perhaps the reason they suffer social stigmatization, get upset and refuse to comply with the messages of these posters and worse. Deliberate spreading of AIDS has been reported in newspapers; one wonders if casual sex workers and promiscuous people are not deliberately spreading AIDS to avenge the stigmatization by the so-called sexually straight people. On the other hand, people who place themselves outside casual sex work and promiscuity are unlikely to take the poster seriously thus missing lessons.

Typographic illustration remains an indulgence more for the satisfaction of professional typographers than the essence of communicating with Kenyans, especially those who are non-literate. One cannot be sure that non-professionals and non-literate communities get the message when they see "AIDS" as a faded color and tied with a rope or string. The color rendering used leaves one guessing whether the object tying the word AIDS is a rope, string or thread made from metal (wire), natural fiber or plastic. Suppose a thread is used to tie the word AIDS, possible because of the knot, prevention is weakened since thread is perceived as too weak to secure something as severe as AIDS.

The written messages are: - What to know about AIDS, how to prevent the AIDS virus spreading (staying faithful to spouses, avoiding sex with promiscuous people, using officially recognized health facilities to treat sexually transmitted diseases and using condoms). A part of the non-written message emanates from the enlarged word AIDS, the faded color and a roped tied around the text suggest danger and the need to keep the disease safe in one place. Messages are written in English, perhaps, because the target audiences are casual sex workers and promiscuous people. Many casual sex workers are school leavers; they speak English as working language and a means of avoiding cultural identity and its restrictive sex morals. They find themselves in casual sex work because of frustration in education. Classroom education has been and continues to promise but does not always deliver white-collar jobs and upward mobility. Whereas blue-collar jobs used to be, in the nineteen sixties, the reserve of people without formal education, formal

employment for fresh school leavers became rare in the nineteen seventies. Today in the nineteen nineties, university graduates find it difficult to find jobs they consider befitting their education: anybody who drops-out at secondary school level of education is hard pressed to find formal or informal employment. Subsistence agriculture depends on the availability of land; to be landless is common in many parts of Kenya frustrates efforts to use agriculture as a means of generating income. Since avenues, for income generation, are scarce, some people turn to casual sex work.

The weakness with presenting messages in English remains translation: not every target audience accurately translates English to its vernacular language. With this in mind, let us now use some of the indigenous ideas about sex discussed earlier to examine the following messages. First, the message "Prevent the AIDS virus spreading by staying faithful to your spouses". By "spouses" this message appears to condone multiple sex partners. It appears to accommodate polygamy; in so doing, it may contradict the opinion of gender advocates who think that polygamy contravenes the rights of women. The message also seems to support polyandry; it is by supporting polyandry that it is likely to run against the opinions of those who think "one man one woman" or "one man several women". By going against the opinions on polygamy, this message yields contradictions; the contradiction is one reason why people dismiss the message and its poster.

Definitions of being faithful tend to vary from one community to another and one person to another; there are shades of faithfulness. In one Christian sense, to be faithful means having sex with only one and a married spouse while to be faithful in Islam often entitles one man to have sex with his wives who may be as many as four. Where virginity is cherished, to be faithful implies having no sex until marriage. Among many traditional Kenya communities, sex with a past boyfriend, the age-mate, friend or relative of a spouse is permitted and seen as being faithful to the spouse. From these examples, one can see that "staying faithful to your spouses" is not very useful in preventing AIDS. Any one of the sex partners who may contract AIDS without a sexual encounter may infect other partners even though they remain faithful in their different ways.

Prevent the AIDS virus spreading by avoiding sex with promiscuous people. In general, people, especially puritans, see both full time and casual sex workers as promiscuous and of bad moral conduct. Yet, prostitutes themselves hold a contrasting opinion of their profession; they see their trade as an honorable means of earning a living and consider themselves to be professionals who have gone through rigorous training,



qualified and have acquired the necessary experience to practice what appertains to the particular trade. On reading this message, prostitutes and their supporters may take it to be another unfortunate assault on their profession, dismiss it and miss the lesson of the poster. Any message on the use of condoms, however constructive it may be, is likely to be prejudiced and rejected.

In puritan sex morals, "by avoiding sex with promiscuous people" is closely related to "by staying faithful to your spouses". While adultery is sexual unfaithfulness on the part of married persons, promiscuity implies indiscriminate sexual union as is commonly said of prostitutes, who sell sex to willing buyers. *Ngat ma wange tar*<sup>12</sup> and *lakwele*<sup>13</sup> (one with over-size sex appetite) are the closest Acholi translations for a prostitute but are neither sex for sale nor indiscriminate sex union because oppressive morals have stunted sex freedom. Similar sex morals make it difficult to translate the promiscuity of this poster to rural dwellers; in so doing, it renders the message less relevant to a section of Kenyans.

"If you have a sexually transmitted disease, use officially recognized health facilities for treatment" is the advice in this poster. To advise patients thus, amounts to strengthening the position of government and government-recognized health facilities; it is based on unquestionable trust in authority, things government and official. Out of this trust, people, including those who developed this poster, merely assume that officially recognized health facilities are effective and best for persons infected with sexually transmitted disease. Bio-medical professionals say that other sexually transmitted infections are HIV super highways- it is very easy to catch AIDS when one is already suffering from a sexually transmitted disease. Whether or not the target audience of this poster know that sexually transmitted infections are HIV super highways is not clear. Since no further explanation is offered, one can say that the authors of this poster merely assumed that the target audience is in the know.

In general, Kenyans have begun to lose trust in public offices because officers have failed to deliver even the very things they promise to deliver. In addition, the often-sighted corruption and nepotism have encouraged dissatisfaction with and giving up on the office. In the field of health, indigenous and Western-style health services compete against one another; in some instances, people prefer the former to the latter. Almost

<sup>12</sup> *Ngat ma wange tar* literally means one whose eyes are white; it refers to one who takes quick and much interest in members of the opposite sex with a view to consuming sex

<sup>13</sup> *Lakwele* refers to one with over-size sex appetite

everyone knows that bio-medical health care does not cure AIDS; in other words, people have no hope in officially recognized health facilities because they do not provide curative solutions to AIDS. It is the loss of faith in the office and the related officially recognized health facilities raising doubts of the message "If you have a sexually transmitted disease, use officially recognized health facilities for treatment".

The message, "Use a condom. It reduces the risk of getting AIDS" tends to leave viewers unsure of the effectiveness of condoms; it only reduces the risk but does not fully prevent one from getting AIDS. Where death is concerned, people desire a device that is full instead of a partial measure. Other factors, which inhibit compliance with the use of condoms, are discussed more comprehensively in the analysis of the poster concerning itself fully with the use of condoms.

*Poster One C* (Fig.4.11). The illustrations of this poster are two paintings; each is 483 millimeters high and 206 millimeters wide; together the two give an impression on one image measuring 483 x 420 millimeters.



Fig. 4.11 Poster One-C, Stay Faithful (from National AIDS Consortium)

The left side of the image depicts a family while the right side represents a female shaking hands with a male and in an undefined setting. As is often the practice in painting, these paintings began with pencil sketches. Using crayon and felt-pen, the sketches were developed into fully-fledged paintings serving as illustrations for the messages. Again, painterly efforts to define the human figure, especially infections. There is a strong likelihood that the people in the pictures are offspring of a marriage between Africans and Europeans. Apart from "AIDS-what to know", already discussed volume and highlights result in showing, without intending, people suffering from some skin, the messages appear in san-serif, extra-bold, extended, lower case letters and 20

millimeters in size. The messages are placed on top of the pictures. The layout appears to enforce reading from top to bottom and pictures before texts.

The left-side illustration, a mixture of yellow and orange, provides a background color that is a rather rare, not yet common, color in Kenya African homes. However the beige coffee table is a common sight. The man is dressed in a green safari-suit that is similar to the color of the plant; his wife wears a magenta dress that is similar to the color of the flower vase while the child is in a white-red striped outfit. The red in the child's clothes is similar to the red of the lampshade. The color of sofa set draws from the beige and green; over all, it seems the color scheme depends on Western-style economy and matching of colors. The floor is not distinct, in shape, area or color; the vagueness suggests that the artist did not give it adequate attention.

Designers often see green, red and magenta as complementary colors; but complementarities does not reveal the choice of colors for the man, child and the woman's clothes. It is very rare to find safari suits as green as the one the man is wearing; it is equally difficult to find women dressed in magenta as the lady in the illustration does. Because of the rare nature of clothing colors, it is difficult to say what the colors mean. A combination of green and white swirling like a storm or wave is the background color in the left side of the illustration. Within the background color stands and a man a woman shaking hands and smiling at each other. The woman is dressed in a dark orange dress and red shoes; she resembles the lady who is in the left illustration—their faces and styles of clothes as well of hair are closely similar and reflect the styles of the 1950s and early 1960s. On the other hand, however, the man is dressed in a dark suit, white shirt, blue and white tie and silver shoes. The clothes the two are wearing symbolize urban culture, but the reasons for the particular colors remain unpredictable.

It appears the poster is inspired by two different thoughts; the left side is influenced by faithfulness while the right side seeks to dismiss misunderstanding about sex. In both cases, the messages appear intended to be for everybody in Kenya while the illustrations appear to target urban dwellers. Illustrating "stay faithful to your spouses" is likely to be very difficult because faith is something difficult to represent visually. Given this difficulty, the illustration on the left side seems to represent a family life full of love instead of being faithful to spouses. The role of the child in expressing faithfulness is subject to question; it is likely to mislead one into thinking that the child only comes about because of remaining faithful to spouses. Yet one can love a spouse and get a baby

but be unfaithful to the spouse. The role of the home and its furnishing in expressing faithfulness is also questionable; the home depicted resembles one which belongs to a successful family yet a well furnished home can belong to unfaithful spouses.

On the right side of the illustration, the two are shaking hands and smiling; the message for this illustration is "you do not get AIDS through normal social contact". The problem with this message is the word "normal" because there is hardly any social contact, which is abnormal. A social contact can be bad good or bad and harmful or beneficial; as to whether or not any social contact is normal or abnormal is difficult to understand and depict. Hand shakes and a smiles suggest friendly relationships and can be exaggerated or of a different style but may not necessarily be described as normal since no handshake or smile is really abnormal.

While some people could, with some difficulty, understand and comply with the written messages in the poster, rural dwellers are likely to find the pictures unusual, offensive and hard to accommodate. Looking at the picture illustrating "stay faithful to your spouses" one notices that people in rural areas do not entertain plants in the house because plants including trees are placed outside the human world- in the spiritual or super natural realms. Only leaves, stems and roots severed from the plant are brought inside the house; severing the parts is like removing them from the supernatural world and bringing them to a human sphere where they are used for medicinal or everyday purposes.

The woman's position, between the man's legs strikes an unusual sexual discourse because traditional Kenya conversation on sex is usually hidden and private. According to, Mr. Kamenjo (of the Department of Architecture at University of Nairobi), Kikuyu sexual conversation has to do with *ithingira*, a house for *the man of the home*<sup>14</sup>. In this house, he and his friends spend much of their leisure time. Any of his wives may visit the house only by invitation; since this work is on sexuality, let us assume that the visitation is on account of sex. In order to tell his wife to visit him on the night of a particular day and consume sex, he removes his sword from its sheath and asks any of his children to take and place it on his wife's bed, with instruction for her to oil it. The child does as requested. On receiving the instruction and on seeing the naked sword on the bed, the wife will know that all this sword business is *an invitation to her husband's*

<sup>14</sup> *The man of the home* is a husband in an often polygamous marriage

*ithingira*<sup>15</sup>. She responds by oiling and returning the sword to her husband at night and sex-related activities ensue, in the *ithingira*. With this example, of African conversation on sex, let us return to the poster and its illustration.

One can now understand more clearly why the sexual posture, of a woman standing between a man's legs, is likely to be culturally unusual. It may suggest that the two adults lack good sex manners. African romance does not usually take place before children; sexual behavior as the two appear to do in front of their baby is taboo. The saying *latin dire wek anen meni kany ma meni obutu iye*<sup>16</sup> is a testimony of Acholi sex enjoyed in secrete and never before children. *Dako ngo ma neno laco wa iwange*<sup>17</sup> is the doubt undermining the illustration (on the right side of the poster) for, in African culture, a woman does not look a man in the eye. Gender advocates can easily consider this practice unacceptable and may argue that nothing should stop a woman looking at a man in the eye; to disagree with the practice is, perhaps, a misunderstanding of the Acholi message in looking at someone in the eye. In this cultural district, a person looks at another in the eye only when there is a fierce fight; yet this poster suggests a normal contact. In everyday contact, there is hardly any case when a woman looks at a man in the eye; neither is it conceivable for a woman to shake hands with a stranger and smile at him. Fear for the eye lodges in many cultural experiences. It is said that the eye is a diviner; meaning, the eye sees even secretes. Considering secrecy is a treasured part of every society, people do not like the eye because it can discover a secrete and cause shame; a woman who looks at a man in the eye is seen as trying to know too much and cause trouble. An intense stare is socially offensive and invites *oboke cet*<sup>18</sup>; the woman in the illustration is looking at the man as if he has some dirt on him, she is culturally offensive. Another fear for the eye is in *layir*<sup>19</sup>; looking at others in the eye is a bad undertaking because it leads to being mistaken for having evil power in the eye. It is out of these and other cultural experiences that some people would feel the woman should not have looked at the man in the face. Even if the situation were not aggressive, looking

<sup>15</sup> An invitation to her husband's *ithingira* means invited to have sex

<sup>16</sup> *Latin Lenge wek anen kany ma meno obutu iye* (child move that I may see where you mother lies) is an Acholi saying that makes a statement on sex before children, it is never done.

<sup>17</sup> *Dako ngo ma neno laco wa iwange* states an indigenous opinion against women looking at men in the eye. To look at another person in the eye suggest fist-fighting, a confrontation that does not befit the ever beautiful male-female relationship

<sup>18</sup> *Oboke cet* a leaf used for cleaning shit from the anus. Giving the leaf was like saying "you stared, now clean the dirt you found, otherwise stop staring at me".

<sup>19</sup> *Layir* is a person with evil in the eye; it is believed that his stare can make one severely sick.

at a man symbolizes excess bravery or lack of restraint; in Acholi and other African communities people behave with restraint.

**Poster One D** (Fig. 4.12). The illustrations are paintings similar to those in posters A, B and C above. Again, there are two paintings placed on the left and right sides of the poster in portrait format. The painting, on the left side, shows a man seated on a sofa, most likely in his living room with mosquitoes flying around his head; it is intended to illustrate the message *UKIMWI- hausambazwizwi na mbu au vijidud vigine*<sup>20</sup>. Meanwhile, the right-side painting shows people in a bus; it attempts to illustrate the text *UKIMWI hausambazwi kwa kugusana kwa kawaida kama vile kuketi pamoja kwa basi ama mahali pengine popote*<sup>21</sup>. As already noted in the preceding posters, the human figures are inaccurate, the shoulders of the person sitting on a sofa appear of extraordinary size for an average-built man.



Fig. 4.12 Poster One-D, Ukimwi Housambzwi (form National AIDS Consortium)

Whereas all other texts are written in Kiswahili, "AIDS" and "The Ministry of Health, Nairobi, Kenya" is in English; it is not obvious why the two are in English. UKIMWI and "AIDS" are set in a sans-serif typeface, upper case letters and measuring 25 millimeters. The rest of the Kiswahili text is in a san-serif and lower case letters. "Maelezo", is smaller (25 millimeters) than its equivalent of "what to know" which is 35 millimeters; perhaps, the available space forced its size to be smaller but one cannot explain why the condensed type face of "what to know" was abandoned at the expense of harmony.

To include and illustrate two messages per poster and symmetrical layout has been consistent throughout the "what to know" posters. However, reasons for placing

<sup>20</sup> *UKIMWI- hausambzwi na mbu au vijidud vigine* means, AIDS is not transmitted through a mosquito bite or that of another insect

<sup>21</sup> *UKIMWI hausambazwi kwa kugusana kwa kawaida kama vile kuketi pamoja kwa basi ama mahali pengine popote* means, AIDS is not transmitted through common touch which takes place when sitting together in a bus or anywhere else

two messages on one poster, symmetrical layout and failure to deliberately lead the eye through the posters remains unclear. No doubt, the illustrations dominate the field of vision, perhaps, to attract attention to the poster; the big-sized illustrations may be reason why the posters appear tight and over-crowded. The crayon green, yellow and little streak of brown or purple is repeated. Again the people are dressed in red, navy blue clothes; the only person in green is, apparently, the one suffering from AIDS. Though some people think Africans have a homogenous skin color, African complexions vary from person to person; everybody in the illustration is given practically one color. From poster one-A to one-D, reasons for colors are not obvious.

It seems the basic intention in the poster is to dismiss the view that AIDS spreads via insect bites and by touching people suffering from the condition. Such views were based on scanty understanding on the ways by which people catch HIV; to dismiss such misunderstandings required publications as may be seen in figs. 4.13-4.16.



Fig 4.13



Fig. 4.14



Fig. 4.15



Fig. 4.16

Figures 4.13-4.16 showing is not spread by mosquito bites, kissing, handshake or toilet

Though the misunderstandings may have been nation-wide in Kenya; the dress code and vehicles strongly indicate an urban target audience. Rural dwellers are apparently excluded at the expense of transmitting AIDS-messages evenly and throughout the country. Looking at the illustration and its text *UKIMWI- hausambazwi na mbu au vijidudu vigne*, one gets the impression that the mosquitoes are only flying about; they have not yet bitten the man in the picture. Judging from his reaction, he seems hurt by something else, from somewhere outside the picture. Attempts to link the mosquitoes flying above his head may not convince a viewer that the pains emanating from his left arm came from one small mosquito.

Without the text *UKIMWI hausambazwi kwa kugusana kwa kawaida kama vile kuketi pamoja kwa basi ama mahali pengine popote*, it could be difficult to read that the man in the green shirt has AIDS. Without the same text, viewers may also find it difficult to see that people around and touching him would be or not be infected with

AIDS. In other words, the illustration depends on the text to successfully transmit its messages. There is a very great possibility that the viewer who does not read the text could think that the man in the green shirt is cracking jokes sending those around him laughing. This possibility makes the poster less efficient in communicating AIDS-messages to rural dwellers that cannot read the written word. Any literate rural dweller may understand the text but with some surprises because he will have probably already known from the mass media that AIDS is closely related to sex. Besides, news of AIDS arrived in rural areas as a sex-related something. To learn that even insects or mere touch could infect them would be alarming and a possible outcome of misunderstanding the ways by which people may get HIV-infected. The alarm may send wrong signals; for example, people may give up the struggle against AIDS for they know they cannot control insect bites.

*Poster One* (fig. 4.17) The poster is approximately 400 by 400 millimeters in size and includes a colored image of a man and his audience, sitting under a tree in or near home, discussing an issue.



Fig. 4.17 Poster One, Three facts about AIDS (rom National AIDS Consortium)

The image floats on a white ground and is bracketed by text at top and bottom. The man in turquoise-blue striped shirt is carrying a publication labeled "FACTS ABOUT AIDS"; he is likely to be an authority that is giving his audience facts on the AIDS to an attentive rural audience of females and males. He alone is sitting on a chair; he must be a visitor who has traveled some distance to give lessons on the epidemic. His right hand is raised suggesting that he is leading the discussion or telling his audience something important. The huts in a compound devoid of grass signify a rural setting; round huts with mud walls, small windows without shutters, grass thatched conical roofs and compounds without grass to keep away snakes are still characteristic of Kenya rural homes.



Line drawing in ink and watercolor wash is the basic media and techniques of image making. The impression one gets is that of a quick color sketch, a technique that is often devoid but suggestive of detail. Quick sketching in colors frequently precedes painting; it is like taking accurate notes before writing a more detailed piece on a subject. Only a few of the branches and leaves show indicating that the tree, under which the audience and its AIDS expert or educator are seated, is nearer to the viewer. While the tree in the foreground is incomplete, more detailed and out of the picture frame, one near the huts is complete and at a distance; differences in the heights and details of the trees indicate efforts at perspective representation.

This attempt as perspective drawing, without a recognizable middle ground, leaves the illustration more or less two dimensional or flat. Many factors contribute to the two-dimensional appearance of the picture. The faces of the people are more or less flat, the lines indicating human structures where fabrics fold and break are largely inaccurate representations of the people's body masses. The tonal value of the tree trunk gives the tree its third dimension (volume), the leaves and branches appear to be two-dimensional. The use lines, light and shadows to show round huts standing in the way of light coming from the right gives the impression of an old and disintegrating homestead.

Out of the artist's limited skill or deliberate act, some of the people in the drawing appear physically challenged because their limbs look abnormally big or absent. One gets a sense of abnormality on seeing that the man standing near the AIDS authority has no legs yet he is depicted standing; the female wearing a yellow dress and sitting closest to the viewer has oversized legs and the man in a checkered blue shirt is sitting on nothing. The lines showing where the trunk meets the roots of the tree in the foreground, and showing the grains of the wood from which the chair is made, both, are based on inaccurate knowledge of trees and wood. A tree which has its roots close to the surface is not the type shown in the illustration; if it is, then its stem and young green leaves belong to a younger and another tree. It is hardly possible there is any wood with grains as large as shown in the wood from which the chair is made; this kind of chair is often made from timber, which is young, cheap, and without grains.

The five huts appear inadequate accommodation for all the people in the illustration. Given the possibility that some may have come from far and assembled in this one homestead, in such a case, some homesteads should appear in the distance. The configuration of the houses is strange to most rural communities in Kenya. In rural areas,

the positioning of huts obeys vertical (seniority may between parents and their siblings or the first and second wives) and horizontal (as may between age mates or brothers) relationships. In most instances the huts are built with their doors facing a center often occupied by a shrine, outdoor fire place, a tree or kraal. In this case the huts are built facing one direction as if to enhance a strange ceremony. The lack of children, chickens, pets and livestock make this homestead relatively strange.

Granted, rural people sit under trees; a big tree in the compound is their place to assemble and socialize or to debate on issues affecting their lives. The artist who generated the illustration of this poster may be an outsider or a casual onlooker because he makes the leaves of the tree few and sketchy, unable to shade people from the sun. Even in environments where thorn trees are common, the thorn tree under which people assemble has plenty of leaves, enough to keep direct sun away and protect people from direct intense heat from the sun.

Both copies, "Don't be fooled, AIDS is not witchcraft, AIDS is real" and "Avoid sex before marriage, Stick to one partner, Or use a condom", appear in upper-case letters, their capital heights are 18 millimeters and 12 millimeters, respectively. "Printed Courtesy of STI Project, World Bank IDA Credit 2686-K" appears in upper and lower case letters; it is 9 millimeters in size. "NGO AIDS CONSORTIUM with PATH" AND "UNSAID/FBI/AIDSCAP" is abbreviations appearing in capitals and measuring four millimeters in height. "Kenya National AIDS/STI Control Program, P.O Box 19361 Nairobi, Telephone 729502/27149 (office) Fax 729504" also appear in four millimeters.

Writing text in upper case is known to inhibit legibility (Paterson and Tinker: 1946, pp.161-168), yet the important slogans of this poster appear in upper case; this why it is advisable to write body and display text in a mixture of upper and lower case letters. The most likely reason for this is that many people still think that capital letters is the way to stress and give significance to the message. Word and letter spacing is mechanically even but is visually uneven and unpleasant; mechanical spacing is common with inexperienced typographers, who do not know its opportune use. This is why spaces preceding the letter "W", in the word witchcraft "M", in the word marriage, appear wider than the other spaces, out of place and rather visually uncomfortable. A combination of the use of capitals throughout and the apparently generous spacing between letters make the copies appear scattered all over, sketchy, uncomfortable and difficult to read.

The layout of the poster resembles an illustrated page or flyer that begins and ends with text. In this instance, it seems an illustration is used merely to cause a break, to allow the reader to assimilate preceding text before continuing to read subsequent text. The relationship between the Kenya national coat of arms and its qualifying text, Ministry of Health, sit rather precariously on the first line "Don't be fooled". The spaces between letters and words in that line is wide, enough to cause rivers making reading difficult and uncomfortable. Meanwhile, the text of small size letters, at the bottom of the poster, gives the impression that the information is escaping through the bottom of the page.

The crowd of people seated under the tree, draws the eye to that section of the poster; it acts as the point of focus and draw attention to the poster simply because people often seek to find out what draws a crowd gather. After this initial center of attraction, it is only logical to think that the viewer starts to read the poster from the top and proceeds to bottom because information is arranged from top to bottom. The viewer also reads from left to right since literate people are taught to read information, set on a page, from left to right. In short the eye movement is likely to be, first, on the people, then from top to bottom of the beige color. In its movement from top to bottom of the poster the eye is likely to zigzag its way down the face of the poster while making momentary stops at intervals of interest.

White is the color in which the illustration and text of this poster float instead of fitting with a sense of harmonious and comfortable belonging. Every text appears in black making it distinct from the illustration and easier to read. Light chocolate is the color of every person in the illustration together with the stem of the nearest tree and chair. To use the same light chocolate raises questions on the designer's ability, and indeed the ability of scholars, scientists, and professionals in Kenya, to observe and use colors. One may want to know whether cost was a critical requirement, to explain the use of monochrome. The structures of people's faces also signify something uncomfortable with drawing skills; treatment of faces suggests that the people are the same in age and members of one family. If the people were of different families and homesteads, some would be of darker complexion and much older than others.

The method by which the artist arrived at the individuals may be questioned; it probable that one image was traced again and again; with minor alteration in pose, expression, hairstyle and clothing, the different individuals were created. The colors of

their clothes are of a limited range, green, blue, yellow, red and white; the limited range further suggest that these people are children of the same family since personal preferences force parents to buy more or less the same color of clothes for their children.

Newly thatched roofs show colors between beige, straw and dry green, characteristic of the roofs of the huts in the picture. Mud walls, too, have different shades of brown depending on the soil from which the mud is made. Using black instead of the darker shades of the colors of grass used for thatching the roofs or mud on the walls are probably unskilled use of colors which unintentionally giving the impression that the huts are disintegrating or are suffering from something wrong. Similar inexperienced, if not uninformed, use of color makes the faces appear as if the people with those faces suffered from something gross. Apart from the contrast to enhance reading and objective representation, it appears there is not obvious reason to explain why other colors were used the particular way they were used. The white spaces make the poster airy and comfortable to look at and less disturbing.

There are many ideas, which helped generate this poster: AIDS is not witchcraft, avoiding sex before marriage, sticking to one partner or using condom. It seems the AIDS expert set out to educate his audience and empower them not to think that AIDS is witchcraft and avoid sex before marriage. The ideas are based on the realization that some Kenyans, especially those living in rural areas, turn to divine priests to cure AIDS because they think the disease is the work of witches. At the same time many spouses have sex before marriage; sex before marriage is a way by which those who intend to marry gain intimate knowledge of each other and is like a promise to take each other's hand in marriage. The copy of the poster instructs viewers, who may be suffering from AIDS, to consult medical doctors, for more effective management of the disease. Meanwhile another section of the copy instructs viewers, who may be lovers, to abstain from sex until they marry, stick to one partner or use condoms. All these steps are expected to prevent HIV-infection and control the epidemic.

Judging from environment and personalities in the illustration, one can say that the intended target audience is most probably rural dwellers. Whatever the intended audience, the disparity between the text and illustration is conspicuous. It seems the illustration fits a different copy; the different copy could be "Discuss AIDS Publicly". The current copy (Don't be fooled and AIDS is not witchcraft, Avoid sex before marriage, Stick to one partner, Or use condoms) seems to deserve illustrations different

from the existing one. Assuming that rural dwellers are the intended audience, one cannot help noticing the use of non-Kenyan language. The language used is English, yet many rural dwellers still neither speak nor read English; they would depend on the few of them who are competent in English to translate the copies. The messages themselves seem to function independently; they neither related to nor flow from each other. One wonders what "AIDS is not witchcraft" has to do with "Avoid sex before marriage" and "Stick to one partner". It also seems "Don't be fooled" has a very indirect relationship with "Or use condom" which has little to do with the huts or tree.

When AIDS first came on the scene, there arose the need to know about it more and urgently. The lack of knowledge inspired medical and social research; the two aspects of research generated knowledge, which was disseminated to all. One who says, "don't be fooled", in general, claims knowledge and proclaims superior wisdom; it is difficult to this in the scene of AIDS. After several years of serious observation and thinking, some Acholi rural dwellers say *ryeko ne pud pe tye*<sup>22</sup>. Having reached this conclusion, it is rather useless for the poster to tell them "don't be fooled", they will not listen rendering the poster to be ineffective. To say "don't be fooled" is also harsh on a people who believe in witchcraft; rural dwellers know that witchcraft is not a matter of fooling around. Witchcraft works for rural dwellers; to tell them that to believe in witchcraft is to be fooled tends to contradict their opinions to the detriment of communicating through this poster. Though the meaning of *AIDS is real*, a copy of this poster, remains unclear, rural dwellers is likely to debate on whether AIDS or witchcraft is real. In the minds of rural dwellers, witchcraft is real; to say that it not real, amounts to contradicting the obvious.

As was discussed in the section on reactions to the AIDS-epidemic, rural dwellers turned to divine priests because bio-medical treatment had failed them; in essence, witchcraft is a last resort. Before a bio-medical cure for AIDS is found, the message of this poster is likely to uselessly impinge on the belief in witchcraft. It is important to note that Christian Evangelists sought to but have not fully dismissed witchcraft; this poster, too, appears to do the same. An attempt to undermine witchcraft in a rural setting is close to performing an impossible task. Africa's rural dwellers are deeply rooted in witchcraft and often move freely between biomedical, herbal and

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<sup>22</sup> *Ryeko ne pud pe tye* (its wisdom is yet absent) is an Acholi expression which means knowledge on AIDS is yet little and of no consequence

witchcraft modes of healing (Campbell: 2003, p.26). Therefore, to undermine witchcraft is likely to greatly change the face of healing in Kenya and other parts of Africa.

To avoid sex before marriage is possible if only the poster could tell its viewers how and why. How to avoid sex in rural areas is difficult because the desire for sex is biological and social. An aspect of African sexuality indicates that *dano ka tidi, kome yil*<sup>23</sup>; the expression refers to the secretion of body hormones pounding the mind with messages leading to the urge to have sex. The process by which hormones transforms an "innocent" person into one full of desire for sex is considered impossible to control forcing people to reject the advice "avoid sex before marriage". Once the advice is rejected, the poster is likely to be rendered ineffective.

Traditional sex practices and reasons therein seem to make it difficult to answer why one ought to avoid sex before marriage. In practically every culture, females and males attract each other leading to courtship begins the process. A typical Acholi courtship takes place in homes where boys visit girls of their choices and initiate discussions on marriage prospects. It may also take place where teenagers perform their dance place and at market places on market days. Boys and girls go market places or teenage dances do so to seek entertainment and marriage. A successful courtship ends in an agreement to marry beginning with elopement; it is during this trial marriage when sex may be consumed. Trial marriage without sex was a prestigious and praiseful undertaking. But from this scholar's experience, marriage before marriage is nowadays culturally unthinkable because youths say, "it ensures that no one marries *a vegetable*"<sup>24</sup>. Since there is hardly may do enter proper marriage before trial marriage, sex after marriage is not a good proposition. Therefore, to tell these Acholi people to avoid sex before marriage is like telling them not to marry; given the social significance of marriage, to ignore the message is a viable option. When one listens to news of out-of-wedlock pregnancy in Kenya, especially among school children, it is easy to think that sex before marriage is also a cultural practice that makes it easy to ignore any message like "no sex before marriage".

"Use a condom" as a message is discussed as a part of the analysis in another poster; let us, at this point, concern ourselves with "stick to one partner". This message

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<sup>23</sup> *Dano ka tidi, kome yil*, when a person is young, his body itches; meaning, sexual desires among the youth is so great that it is practically impossible to surmount.

<sup>24</sup> *A vegetable* is a person who cannot impotent or infertile.

ignores the reason why and the fact that many people, especially men, are polygamous in the open or secret. "One partner" reminds us in Africa of early Christian missionaries who preached that a man is supposed to marry only one wife because God created Eve for Adam. The missionaries succeeded to convince some Africans into monogamous marriage but many still practice polygamy in the open or in discreet sex with mistresses. If polygamy, as a form of having sex with several partners, withstood the onslaught of Christianity, the message "one man, one wife" is likely to fall on deaf ears.

That the need for many children in the face of a low child survival rate only partly explains why "one man, one wife" has been difficult to realize. In a subsistence economy, polygamy has the potential to generate many children who become a source of labor to produce food and take care of livestock for the family. Besides, children provide a sense of security, the sense of security seems to improve with a higher number of children; in this instance they say, *lutino yweyo mac ki ingeyi*<sup>24</sup>. In a patriarchal setting, some wives say the labor acquired through polygamy goes to make a husband rich; this statement is more of a protest against domination of the society by men. Of course, the general understanding is that a man, who has many children, is considered wealthy since daughters are expected to fetch him bride-wealth and sons are supposed to beget him grandchildren. A man possessing many off springs is considered to be politically powerful; he can swing public opinion more or less freely. These and other reasons for children may negatively affect messages telling people to stick to one partner. One partner is seen as risky as anything that is only one of it; once damaged or lost in anyway, there is no more. Besides one wife is often seen as inadequate, too little to produce the desired number of children.

Some of the messages, which emanate from the illustration, confound the overall impact of the posters. A few were already discussed earlier in this section. Efforts at perspective drawing, uninformed color rendering of the huts, people and trees, the homestead without children and the absence of other homesteads nearby, all, makes it difficult to relate to the drawing with everyday life in the village. In the end, rural dwellers, the intended target audience, may not associate with the poster and its messages.

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<sup>24</sup> *Lutino yweyo mac ki ingeyi*, children will sweep fire from your back; an Acholi expression which means, children will take care of you

Let us now pay a brief attention to the expression of some of the people in the illustration. The female in a yellow printed dress sits with her legs stretched out straight as though she were basking in an early morning sun instead of listening to serious lessons on AIDS. From the cultural background of this scholar, a woman to bask in the sun early in the morning signifies something gone wrong. She strikes an onlooker as a person who is either mourning the death of her loved one, is sick, has been beaten by her husband or is in some kind of pain. The way she supports herself with her right hand symbolizes out-of-control clinical or emotional pains; she cannot bear the burden of life, she needs her right hand to keep upright. Most of all and in the scholar's upbringing, it is culturally unacceptable and very rare to find a lady sitting with her legs stretched out in a public gathering.

The lady wearing a green-yellow print seems to attend a public meeting with her hair ruffled or with her rollers still on her head; this is not a common sight in Kenya. The uncommon sight raises a number of important questions on illustration skills impressions. First, it is not clear whether the illustration is to be objective or subjective. If it is supposed to be objective, then the drafting skills do not help realize the intention and the outcome the outcome may have a negative impact on viewers of the poster. Her hairdo gives an impression of a personality who should carry the blame for catching AIDS; apportioning blames has hardly helped to reduce the rate of HIV-infection. There is also a lady spotting afro-hair style and red-black-white dress with a white collar. She seems concerned with something else that is neither the messages in the poster nor lessons the expert is giving on AIDS. Equally noticeable is the young man who is wearing a cap facing the wrong way, as if to challenge or defy the establishment. These possible impressions (given by the lady weary unkempt hairdo, the lady red-black-white dress and the young man wearing a hat the wrong way round) tend to cast some doubts on the illustrations and messages of the poster.

In general and as may be seen among the Maasai and other peoples of Kenya, women in public gatherings tend to sit by themselves; they do not mix with men. This observation brings into question the Kenya community that the illustration depicts. Furthermore, where feet are visible, women are represented without shoes while their male counterparts are wearing shoes; one wonders whether or not this is a record of the existing disparity between males and females. On account of this representation alone, gender advocates could reject the poster and its messages.



*Poster Two* (Fig. 4.18) The size of the illustration of this poster is 390 by 405 millimeters. Drawing a black outline of people and filling in colors for the individuals, their clothes and other details generates the image.

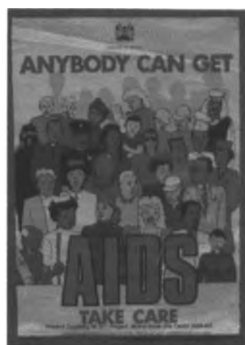


Fig. 4.18 Poster Two, Every can get AIDS (from National AIDS Consortium)

The illustration is a clear demonstration of restraint in the use of available means, economy in design, in those lines and flat colors were used to depict people of different ages, professions, religions, sexes, races, attires and expressions. One cannot help noting the use of virtually one size of lines and flat colors to produce simple, clean and pleasant to see drawings. In addition, the same basic image making tools are used to distinguish intricate and subtle differences as this which distinguish the Japanese, Korean or Chinese lady in white from an Indian lady with a red colored dot on her forehead.

A number of factors bind the illustration into a whole. Though the faces are diverse, a face is a face like another face; viewing one against another and together presents impression of a mosaic. The use of faces resembles a modular design where a module is repeated to knit the design into a whole. Shoulders of people standing side by side create horizontal relationships; figures fill the spaces between and behind shoulders forging a vertical relationship. An Arab Muslim man and woman create a diagonal relationship. A middle-aged female in red and who looks like a Maasai occupies the middle of the poster; dressed in shades of red are an Asian woman and a young man in dark glasses. The constellation of red establishes a spiral relationship, which includes the lady in an orange dress and cap. A visual triangle is apparent, when one connects the different races in the picture; the word AIDS is set in the triangle, which holds the text in place and prevents it from dropping off the bottom of the page. The gray outline of people, below "Anybody can get", gives the impression of distance, three-dimension and lots of space.

"Anybody" is only part of the message; it is one that is illustrated and emphasized. According to the illustration "anybody" makes reference to any sex, religion, profession, age or race. It seems the expression, anybody, is anonymous and difficult to attract intimate attention and possible reaction from individuals within the target audience. All type is sans serif; the messages are in upper case letters; and, apart from "Ministry of Health", names sponsors and proprietors appear in upper and lower case letters. "AIDS" is 130 millimeters, the largest text and most pronounced message; "Anybody can get" is 30 millimeters, "Take care" is 25 millimeters, "Printed Courtesy of STI Project, World Bank IDA Credit 2686-K." is nine millimeters while "Kenya National AIDS/STD Control Programme, P.O Box 19361 Nairobi, Telephone 729502/27/49 (office) Fax 729504" and "Ministry of Health" are four millimeters in height.

Red is the color of messages while other information appears in black. "AIDS" has a thick line around the letters; the line makes the word stand out of the background of images, which would have otherwise swallowed it. "Take Care" is shorter than "AIDS"; when the two are viewed together one gets the impression a triangle standing upside down or a very fat person sitting on a thin one. In either case, the situation is uncomfortable; this is why the larger "AIDS" sitting on the shorter "Take Care" appear uncomfortable. What relieves the discomfort are:- one, the line of text "Printed Courtesy of STI Project, World Bank IDA Credit 2686-K"; and two, "AIDS" appears stuck on the illustration absorbing most of its weight. The last three lines of text at the bottom of the poster look squeezed as if space to accommodate the vital information had run out; "Kenya National AIDS/STD Control Programme, P.O.Box 19361 Nairobi, Telephone 729502/27/49 (office) Fax 729504" cannot avoid slipping away from the bottom of the poster as if the printer's guillotine barely missed it. The precarious position the last line of text is created by the leading between it and the line of text it follows.

The Kenya Government coat of arms and "Ministry of Health" are placed at the top of the page, this is probably to inform viewers that the poster has the approval of the government, it is official. Unless the viewer is pro-government, placing government identification prejudices the reception of subsequent information and deny the poster any chance of being effective. It seems the designer intended the viewer to read, "Anybody can get AIDS" in one smooth-flowing sweep but this intention is difficult to realize. In reading the message, the illustration comes between "Anybody can get" and "AIDS", it breaks the message into two making it difficult to effect the original intention. What is

likely to happen is that viewers will first read "Anybody can get", look at the illustration and then read "AIDS" before reading "Take care" finally.

The colorful and attractive nature of the illustration forces a pause between "Anybody can get" and AIDS; the pause is probably long enough to disrupt smooth flow of information a momentary loss of sense in the message. "Take care" is much smaller than "Anybody can get" and "AIDS"; the difference in type sizes allows fewer to read it later and last. Though the great difference in size makes it appear an afterthought, it may be a successful method of laying out information according to its order of importance. At any rate, the AIDS-messages, all, appear in red, enforcing the notion and viewing them as coming from the same source and serving one purpose. It [the term anybody] is unlikely to commit the viewer since he may translate "anybody" to mean anybody else but him, he is likely to exclude instead of including himself. On the other hand, a viewer can give up trying arguing that there is no point in trying if anybody can get the disease. "Anybody can get AIDS" may mean only those who are interested and able will get AIDS. Those who developed the message probably intended it to imply that AIDS can get anybody; if that were the case, they should have stated so. The warning "Take care" ends the message but does not specify what should be taken care of; its size is smaller making it appear less important than both "AIDS" and "Anybody can get". Yet it may be argued that the warning is as important; consequently, it should come first and be as big and bold as "Anybody can get".

Practically every space within the poster is filled with information. This may disturb orderly and comfortable reading though an experience reader is likely to read the page from top to bottom. It is in respect to reading a page from top to bottom that "Ministry of Health" and the national coat of arms is expected to be read first and "Kenya National AIDS/STD Control Programme, P.O Box 19361 Nairobi, Telephone 729502/27/49 (office) Fax 729504 " to be read last.

Out of tradition, the illustration is likely to be read first and from a distance because it is the largest unit of the posters; it is colorful and it is a crowd of faces- a crowd of people and faces often attract attention. "AIDS" is likely to be read second and possibly, as the viewer gets closer to the poster because it is in read and the second largest object in the poster. In addition, the red of the letters appear more saturated and stronger; the thick lines define the text, set them out of the surrounding images and make them distinct and special. After "AIDS" the viewer is likely to see "Anybody can get"

and relate it to "AIDS" and the illustration before reading "Take Care" and threading the mixed and disorderly information into the right and sensible order. Color in typography is already mentioned; messages are in red while from other information is that messages stand out, are emphasized and the significance of AIDS is emphasized. Since red is associated with danger, one could also say that presenting the messages in red signifies the dangerous attribute of AIDS. The text presented in black or subdued more because of their sizes rather than the color black.

The illustration is full of colors: white, black, pink, gray, red, green, turquoise, blue, and yellow. It seems the race; age, profession, sex and religion of the individuals determine the color scheme in the illustration. Europeans are more or less pink with yellow, blonde or black hair while Africans are shades of brown and have black hair, which turn gray on reaching old age. Meanwhile a nurse appears in the characteristic white, the police is in police navy blue, the priest has a white collar while the musician has dark glasses.

Health educators noticed that some people thought they would not catch AIDS either because of their race, age, religious affiliation, sex or profession. As already mentioned in the section on reactions to AIDS, Kenyans first heard of the disease as something going wrong in Uganda and thought of it as a Ugandan affair. AIDS entered the country and dominated the health scene in Western Kenya; again, those who were not yet affected thought it was something of Western Kenya, prostitutes, promiscuous people; a thing of "non-total" (uncircumcised) men, old people and "sinful" communities. Faced with the stark danger AIDS places on their doorsteps, some people still feel invincible against the disease. Convinced that the sense of being invincible was false, health educators found it necessary to tell people "anybody gets AIDS".

Through telling people that anybody can get AIDS, health educators expect everybody to take care and help cut down on the spread of the disease. As the illustration suggests, the target is general, everybody who speak and read English- the written message is in English. At the level of those who realized the need and developed the poster to meet the need, translating the desired results into image and message seems correct and is likely to be effective in educating the a member of the general to public to take care and prevent the spread of AIDS. However, health educators' expectation of the poster is likely to be confounded by the less intelligible nature of the message.

Since the target audience appears to be the general public including rural Kenyans, the positive thing about the poster is that there are rural people in its illustration; the middle age woman who looks like a Maasai and the old man at the bottom left corner represent rural Kenya. When rural dwellers see the two individuals, they can identify with the poster and may feel that the message concerns them as well as other peoples of the world. Unfortunately, many of the rural dwellers neither speak, neither write nor read English; the translation, necessary before the messages are clearly understood, may entail losses in meanings.

It is good for all to know that AIDS can get anybody; but it is necessary to postulate on what may be the effect of this knowledge. The complication and likely failure of the message reaching its intended audience has to do with the premium people place on others, especially professionals. Rural dwellers sometime see the *muzungu*<sup>25</sup> (White person) as a very powerful individual who has all the means to succeed. Unless he does not want to, a White person overcomes all hurdles including avoiding AIDS. They see medical doctors and nurses as people who treat all diseases; they have mastered sicknesses and their treatments enough to be beyond AIDS. The moral conduct of priests has not been in obvious doubt; it is difficult for rural dwellers to understand how even priests can get AIDS. Instead of encouraging people to struggle against AIDS, the poster may generate disbelief and confusion among rural dwellers, who might think AIDS is too powerful and unmanageable.

On the other hand and almost in stark contradiction to the likely opinions of rural dwellers, a possible professional design opinion is that the poster is well designed as is likely to be effective. It is full of impact; the illustration is colorful and able to attract attention. Individuals, represented in the drawing, engage the viewer in finding and picking his identity; the process of wondering through the poster gives the viewer time to read, digest and understand the message. Though understanding the message does not guarantee a positive response, the message of this poster has a chance because it presented clean, loud and clear. This is, so far, the only poster that attempts targeting all the communities in this multi-racial Kenya. Asian, Arab and European communities have hardly featured in the campaign against AIDS as if they are immune to HIV-

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<sup>25</sup> *Muzungu* connotes a racist reference to a White, but rural Kenyans probably use it to speak about non-Africans, without much knowledge of its racist implications.

infection or the parties concerned ignored these minority citizens and residents. In the same minority vein, the omission of the physically challenged is notable in the poster.

*Poster Three* (fig. 4.19) The image comprises a drawing which occupies an area of 493 by 337 millimeters. The drawing is an illustration of people who engage in popular sex activities, contract AIDS, get sick, become thin and die while others wait to die. From the illustration alone it is difficult to say whether the medium is oil, acrylic or watercolor but it was painted using bristle brush technique. On examining the treatment or bodies of vehicles, one thinks these parts were executed in airbrush technique; it is possible that both bristle and airbrush techniques were used to generate the drawings.



Fig. 19. Poster Three, AIDS is Killing Thousands of People (from the Ministry of Health, Kenya Government)

There is a left and right side of the illustration. The left side of the illustration depicts a man in the company of females who are schoolgirls, workingwomen or casual sex workers struggling over him. Judging from his expensive, dressy and fashionable suit, orange car and urbanized people's positive attitude towards conspicuous consumption, one can give his being successful and rich as the factors which attract the women and girls to him. The right side of the poster mirrors its left side; the story is the same but the center of attraction is a female in body tight and stretch blue jeans, high-heeled shoes, a top which exposes her sexy breasts and a hair-do involving extensions. On the same right side, instead of school girls there are schoolboys and there are male casual sex workers or young and newly employed males who are busy trying to enjoy life. From both sides of the illustration, one cannot avoid noting that the people, on the extreme right, will die of AIDS first.

Without avoiding the problems inherent is color-shading to make Africans three-dimensions, the representation is realistic, pictorial and gives an accurate picture of the goings in urban life. It [the illustration] shows females who wear clothes that expose their physiques; these females are sometimes seen as having loose moral conduct and the type who spread AIDS. The negative view of clothing that exposes parts of the body

resides in traditional Kenya. Among Ilkcekonyoki Maasai, *enkalasha* (a skirt) must be long enough to cover a woman's knees because exposing the knee is often seen as an improper behavior. A teacher at Nyabururu Girls Secondary School, in Kisii in Western Kenya, informs that Jennifer Apiyo, Lydia Kwamboka and other students' essays of 1969 indicated that female students of that time did not like short dresses. Dresses that highlight female sexuality is seen as a thing for the West (p'Bitek 1989, p.45) and Africans who have deserted good moral behavior.

The same illustration (*fig. 4.19*) also contains schoolgirls whose bags resemble expensive leather handbags, not suitable for school-going children. At the time this scholar began his school education in the nineteen fifties, school and everyday life were considered to be mutually exclusive. A proper schoolgirl never indulged in activities that attracted the attention of men; this is probably why some Kenyans think that costly handbags are for professional ladies instead of schoolgirls. Similar opinions suggest that the girls in the illustration are merely hiding in innocence of the schoolgirl. If they were schoolgirls, they would not wear expensive shoes and socks to draw men's attention to their legs, a powerful center of sexual attraction and promise of rewarding sexual experience. The illustration also says something about men who are car owners dressed in expensive suits to show off success and wealth; the men know success and wealth gets them the women of their choices. Meanwhile, the schoolboys are dressed in establishment-defying clothes as we practiced in secondary school during the 1960s. During the 1990s it was common to see boys sporting box hairstyles indicating moving away from the earlier thinking that schoolboys were not supposed to consume leisure. Schoolboys who consume leisure are seen as trying live a life beyond their age and economic brackets where they are likely to meet with troubles as AIDS.

Even with good readers with good eye-sight in mind, the type sizes are too small to be read from a distance of ten meters onwards; the possible reason for the small type sizes is that the pictures attract viewers a distance, the text are supposed to be read when the viewers are close to the poster. Equally important in the reading of posters is the length of lines. Research findings from work done in the field of Newspapers suggests that a body of text that set in short lines are easier and faster to read and comprehend (Hartley and Burnhill: 1971, pp.265-278). In a rather in sharp contrast to works of Hartley and Burnhill, one may also read faster and comprehend more as the length of line increases. Though a person may read faster with increase in length of line (Wiggins: 1967, pp.5-18), the

lines of text are notably long inhibiting fast reading. It is important to remember that people often read posters in a hurry; meaning, a well-designed poster should facilitate fast reading; in this case, however, one can say that the poster is not well designed because it inhibits fast reading.

The first line of text is broken into "AIDS is killing thousands of people and is causing suffering" and "To many more". The manner of breaking a sentence is not as intelligible as "AIDS is killing thousands of people", first line, and "And is causing suffering to many more". One proposition for the break in sentence is that the designer ran out of space forcing a part of the sentence to spill over into the second line; this took place at the expense of "To many more" not making sense when read alone and centered. People know when a sentence flows over and continues at the beginning of the next line, not in the middle; "Too many more" is disturbing because it begins in the center of the next line. In a similar manner, for the same reason and with same disturbing consequence, "Avoiding many sexual" is broken into "Avoiding many sexual" and "Partners".

The excess word spacing and leading are out of tune with good typography. The word spacing, in the two lines of text on top of the poster, appears generous and an even-the spacing between "killing" and "thousands", "of" and "people" appear bigger than others giving uneven appearance and flow. The leading between the line of text "To many more" and the line above is small enough to forge a closer relation between it and "Thousands of People". The close relationship may force the eye to move to the lower line resulting in unexpected reading which momentarily jerks the reader's understanding. The condensed characters used in at the bottom of the poster gives an impression of even word spacing. But the little leading, when combined with the extra-bold characters, gives the impression of a tight, compact, visually uncomfortable and difficult to read text. The size and weight difference between the last two lines of the message and information on the authorities responsible for the poster make the two adhere together.

The manner of organizing the objects, people and types crowd the poster, choke the messages and forces the viewer to weed through the poster before finding the messages. Considering that viewers are often short of time and desire to be given the central information quickly, it is clear that messages should be conspicuous or easy to find. One can see why this poster may experience a level of failure; aspects of its messages may be lost in the maze of information requiring too much effort to find them.



It was mentioned under typography above, that there the right side of the illustration mirrors its left side. Perhaps, this is the reason why the layout of the poster is based on a central axis leading to symmetry. However, one can see how the poster benefits from symmetrical balance; one cannot help arguing that symmetrical balance was the result of conscious creative efforts. The decline of health as one goes down the page reveals how one's health may progressively decline as the disease takes effect over time; placing less healthy, below healthy and almost dying people below less healthy ones is a well thought out layout. Given this level of successful layout, one would have expected the coffins of the dead to be below the individuals who are about to die.

Layout, of text and picture, is an attempt to lead the eye from one area to the next and through the poster. Without this effort, a viewer start anywhere he pleases yet one of the main points in a good layout is to encourage following information, from the beginning to the end. In this poster, one it is observable that the viewer is not led from one arc of the poster to the next and is likely to get lost before getting a hold of his point of interest and absorb informing. One can imagine the possible frustration of viewers who fail to find anything captivating in the poster- they switch off viewing to the detriment of communication. It is very possible that a viewer will first see the space between the two sides of the illustration because it is the only space offering some quiet and it is in the middle of the page. The disappointment of a viewer who first focuses on this "blank" space can be clearly understood; depending on it level of its effect on the viewer in question, the disappointment may interfere with decoding the messages.

Whether the paper came calendared or the poster was laminated after it was printed remains difficult to determine; the glossy white color makes the poster look clean and can protect the poster from soiling, especially dust. White dominates the visual field; together with the lack of grounds on which the objects either stand or sit, white dominance may explain why the objects appear to float or swim like fish in the ocean. This is especially obvious in the second row of people who are sick and waiting to die.

While the color rendering the illustration of this poster is realistic, accurate and reminds one of a technically well-done painting it tends to also remind one of dirt and food colors, especially of soup, gravy, ice cream and chocolate. The rendering of the car on the extreme right, apparently belonging to the lady in blue jeans, impresses one with the feeling that the vehicle has been through dust, mud and dirt. Virtually the every face appears to have been washed in some kind of gravy, some of the blue clothes look as if

they have been through blue ice cream, the man in a olive green suit seem to have been through green jelly while the coffins look as if they were coated with chocolate. Outside comedy, the impression of food given in AIDS- related issues and death may have been unintentional because associating the two does not enhance the transmission of the messages. As already mentioned earlier, white gives the impression of cleanliness, a desired quality in hospitals and a symbol of health. The shine on the orange vehicle is an attempt to remind one of urban culture, where people have the time and money to buy and maintain expensive objects. It is difficult to see what color scheme has been used, the scheme is not obvious.

It is possible that this poster was intended to bring about AIDS-awareness. The target audience is most probably people in urban centers like Mombasa and Nairobi because it is in the two where the scenes and styles of clothing depicted in the poster are most common. With the target audience as a pointer, it is possible to say that the poster was born out of the impression that AIDS is an urban disease affecting the youth, fresh university graduates, youth out-of-school or recently employed individuals. Another idea of the poster is to discourage overt expression, a behavior popular with those who live in cities and towns and one which is popularly seen as behaving like prostitutes without sex moral. The developers of this posters assumed that people who behave as seen in the illustration spread or catch the disease and make life difficult for others outside their social groups.

The target audience is educated urban dwellers, which is why the language used in the poster is English. It is hoped that AIDS will be brought under control when people with cars and are rich stop lavishing love on pupils and doing so without protection. Aspects of the desired results are reflected in the message "AIDS has no cure, protect yourself from AIDS by: Avoiding many sexual partners and abstaining from sexual intercourse. "AIDS is killing thousands of people and is causing suffering to many more", as a message, seeks to inform people on the damaging effects of AIDS. The illustration is closely related to the written messages; it says which people are dying by the thousands and are suffering by a number greater than thousands. Though not illustrated, the second group of messages, at the bottom of the poster, concerns what should be done about AIDS and why. There are, however, illustration for "AIDS has nor cure", "protect yourself", "avoiding many sexual partners", "abstaining from sexual intercourse" and "using condom".

Translation of written message into image appears to be inaccurate in that the message says thousands of people are dying or suffering while only a few people are shown in the poster. In the minds of viewers, either the illustration or written message is a lie. There are six coffins but only four people have died, it is difficult to figure out where the extra two dead people came from. One way of accounting for the extra two dead persons, a viewer may imagine that there is an element of exaggeration in the message and overall picture of the campaign against AIDS. There is a significant difference between the first and second row of the illustration- the cars are missing and the people are standing singly, alone as if they have been abandoned. By the third row, only portions of some of the people are shown indicating the progress to death. Whereas the progress towards death is difficult to mistake, the illustration inadvertently and against recommendations of those who concern themselves with the management of AIDS shows how lonely it is to suffer and die from the disease.

While the translation of written messages into images is either inaccurate or absent, translation of messages and image into desired result is unclear. Whether the image will or will not lead the target audience to protect itself by avoiding many sexual partners, abstaining from sexual intercourse or using condoms can be contested. A casual look at the situation in Nairobi suggests that sex workers and their clients as well as rich urban dwellers and their real or apparent sex partners do not abstain from sex nor do they avoid sex with many partners. However, it is possible that condom has become popular with sex outside steady spouses. A part of the difficulty in translating messages into desired results has to do with the nature of the messages themselves; some of the messages are written in unclear ways. For example, one wonders what avoiding many sexual partners means; maybe it means to avoid sex with many partners. Anybody who may wish to turn this message into action is unsure of its meaning; uncertainty may lead to inaction.

One cannot avoid associating central personalities in the left and right side of the illustrations- the man in a dark suit and the lady in tight-fitting blue jeans, respectively. In addition, it is easy to associate the two with riches and AIDS. At the same time it is noticeable that those who are close survive longer than those who are further to the apparent source of AIDS. The illustration suggests that it is safer to have sex intimately with HIV-infected persons rather than keep a distance; the suggestion contradicts ordinary sense, delays response and makes it difficult to turn the messages into actions.

Obviously, the target audience of this poster appears to be urban and not rural dwellers. Yet it is important to view it from indigenous points of view since today's urban dwellers have their roots in and may want to identify with their indigenous cultures. From the illustration, one with roots in indigenous culture may marvel at the pictures and may say, "this is it, we have always said that living in town wastes young people, now you can see". This reaction comes after decades of hostile experience in and non-approval of aspects of urban life and a wishful return to cultural roots. Those who have their roots in indigenous culture say that living in towns spoils the youth; to them AIDS is the result of behaving like sex hooligans.

The scene of this poster can be likened to a theater; it is like watching one of those school plays and getting the message: change your sex behaviors in order to avoid AIDS. On the other hand, however, it is possible that some people could see the illustration as theater, laugh and dismiss the message as something of entertainment. The lack of background gives the illustration its theater-like outlook; the pictures are removed from their usual surrounding and placed in a theater in the same way an object of culture may be removed from its surroundings and placed in a museum display case. Only under theater lights, make-up and freedom could these people appear and behave thus. Swaggering goes on as if to create an impression instead of behaving normal; there is intense but docile rivalry since there is no fighting; some of the participants look like spectators. In the second and third rows, the individuals appear to be posing for studio photographs rather than walking away or standing in the pangs of AIDS. These and other features give the poster its plastic, man-made or artificial characters leading to doubts on the seriousness of its messages.

The first question a man, in a polygynous marriage, is likely to ask is what he does with his other wives after avoiding sex with many partners; polygamy makes it impossible for husbands to avoid many sexual partners. Making love as a promise of marriage is still common, yet dishonoring marriage promises is equally frequent, this means people find it difficult to avoid love affairs and sex with many partners. Marriage hopefuls may ignore the message "avoid sex with many partners". Kenyans, especially rural dwellers, see sex as a means of ensuring continuation of the family line or what Mbiti sees as personal immortality (Mbiti: 1969, p.25). Any suggestion that Kenyans should abstain from sex questions their experiences, belief and wisdom in managing their sex affairs. The condom was introduced to Kenya as an instrument of

controlling both birth and disease. Efforts to control birth may have been mistaken for having no children, which works against the cultural fabrics of Kenya since children and the means by which parents hope “to live after they have died”. Again, any mention of condom is likely to meet with opposition because people see as a way of preventing them from having children. Eventually, thoughts of abstaining from sex or using condom are likely to foil successful transmission of AIDS-messages via posters.

*Poster Four (fig. 4.20)* The poster is 420 by 580 millimeters; out of this area, the illustration occupies nearly 260 by 400 millimeters. The illustration is a painting with a strong black outline, typical of book illustration where the object is defined in outline and the enclosed space filled with color. The drawing is an even mix of objective accuracy and exaggeration; much of it is either outright inaccurate or grossly exaggerated.



Fig. 4.20 Poster Four, Bibi yaa watoto wako wanakuhitaji (from the Ministry of Health, Government of Kenya)

Africans are well known for well-developed and comparatively large feet because many of them walk long distances and start using shoes after attaining the age of twenty years. But the feet of the children in the illustration are too big for their ages while their father's feet or shoes are equally too big for his height. The faces of the two kids, especially the boy's face, are too big and matured for their ages; this goes to reveal exaggeration. In general, females have shorter torso than legs; even with respect to this observation, the lady in the picture has her legs exaggerated or the dress does not fit. It is obvious that she her arm is thicker than her legs suggesting elephantiasis of the arm.

Meanwhile, the man has something gone wrong with his waist; the only way his right leg can appear more or less in full. Given his posture and the position of left leg, his right leg would appear smaller, if not in perspective. His right hand would be fore-shortened unless something deformed his right hand to make it longer than expected. On the whole, his right part of the body looks different enough to belong to another person,

not him. Since neither the exaggeration nor the apparent deformity serves any obvious purpose, one has no choice but say this case of poor free-hand drawing based on inaccurate observation of human morphology.

A family is the subject represented. The family is most likely young because there are only two children. This kind of family resembles the ideal of family planning: perfect bioengineering or good luck, only two children, a boy and girl and well spaced because the girl is much younger than her brother. As a family planning agent would say, a well-planned family is well dressed, fed well, healthy and a happy family. It is also probably an educated family who has absorbed and practices a little Western culture- everybody is dressed in shoes and good clothes as if they wanted to pose for the artist and the man is carrying his daughter while the boy appears to be dying to play with his sister.

There exists a rather strong belief among design professionals that a sans-serif type appears neater, clearer and more modern: consequently favorable with readers (English: 1944, pp 66-67). It is probably out of this belief that all the type faces in this posters are sans-serif normal, though the Kiswahili translation appears bolder and slightly bigger; it is not entirely clear how this happened. "Your wife and children need you" is 19 millimeters while Bibi na watoto wako wanakuhitaji is 20 millimeters in size; both appear in black and upper case letters. "Protect you family, user a condom every time you have sex" is 11 millimeters while its Kiswahili translation Linda jamaa yako tumia mpira unapofanya mapenzi is 12 millimeters in size; again, both of them appear in black and in upper case letters.

In the Kiswahili version of the poster, the Kenya Government coat of arms is placed above the Ministry of Health, written in capitals, appearing in black and is 4 millimeters. "Printed Courtesy of STI Project, World Bank IDA Credit 2686-K" appears in both upper case and lower case letters; it is in black and 7 millimeters of size. "Kenya National AIDS/STD Control Programme, P.O.Box 19361 Nairobi, Telephone 729502/27/49 (office) Fax 729504 is the last line of text in the Kiswahili poster; it is 4 millimeters high, appearing in upper and lower case and is in black. The poster written in English ends in a different way from its Kiswahili counter part: it signed by "NGO AIDS Consortium with Path and UDSAID/FBI/AIDSCAP", all in black abbreviations and only "with" appearing lower case letters, the type size is 4 millimeters.

The notion that capital letters emphasize and give prominence to the message is the likely reason why the messages appear in capital letters. While using capital letters is

believed to make the message stand out, it makes letter spacing, word spacing and leading tricky; any failure to overcome the tricks may lead to uneven spacing and difficult reading. In the case of this poster, letter spacing and word spacing appear too wide and uneven resulting in confusion between words. In addition, the leading are too small for the type sizes used forcing the eye to connect words from the next line in an unusual reading style. Na reads together with wanakuhitaji while "wife needs you" reads together; this manner of reading makes the normal reading of a sentence along a line difficult and confusing. In the last two lines of the poster, letter spacing, word spacing and line spacing look generous; consequently, the letters and words appear scattered far apart making reading and getting the sense difficult. The last two lines of the poster written in Kiswahili are notably far apart; the two seem to make two different statements yet they are supposed to be a part of one sentence.

The text is centered while the illustration is asymmetrically balanced; two kinds of balance are used at the same time. Since the two balances are used without any visible advantage, one is encouraged to say that the layout is inconsistent. Yet consistency is an aspect of good layout and design. The big-sized and colored illustration dominate the poster and is likely to be seen first, form the center of focus on which the eye rests for sometime before reading the messages. Within the illustration, the eye is likely to move from the blue of the man's shirt to the woman's blue shoes and the boys blue shorts. From the woman, the eye is likely to reach the boy, not only to connect the blue objects but also associate the yellow of her dress and head-scarf with the yellow in her son's shirt. The boy may be seen as trying to reach his sister and perhaps play; his hand leads the eye to his sister.

A closer examination of the illustration reveals elements that move the eye out of the poster to nowhere. The boy is looking at his sister who is looking at the viewer; the viewer is likely to engage in a visual conversation with her. The girl's mother is looking at something to right of the poster; she is looking at something outside the picture frame. Her husband acts in a way, which almost complements hers; the two are looking at something out the poster. Their teeth show but they are not smiling suggesting that the something they are looking at is unpleasant. Where they are focusing their eyes and attention without smiling forces the viewer to look outside the poster; such a viewer may take his attention away from the poster to something else. The same closer examination may also reveal that white dominates over all other colors; the gloss of the white gives

the poster a clean, pleasant and healthy outlook. As is common practice, most text appears in black all the time because it a printer's stock and is cheaper than other colors; tradition and economics are the reasons why the text appear in black. On the glossy white of the poster, black-white contrast enhances reading even in conditions of poor light, as may be the case in offices and corridors where the poster is likely to be displayed.

A casual look at colors suggests that red, blue, white and yellow are favorite colors in Kenya; why this is the case is beyond the scope of this thesis. Whatever the cultural association of those colors, one may say that the individuals are dressed in blue, yellow and more or less red color clothes because Kenyans prefer those colors to others. However, it is difficult to see the brown of the man's trousers and see it in a combination with a blue shirt and black shoes. Despite the said weaknesses in color application, the illustration is full of impact.

Men with families are the target audience of this poster. In Kenya as in many parts of East Africa, a husband is still seen as the head of the family and the person who provides for his wife and children. As the head of the family, the future of his family lies in his hands; this poster was probably born out of the idea that the man is the sole head of the family. Though so much family responsibility is vested in husbands, some of them engage extramarital sex without protection. Opinions on extramarital sex and polygamy vary from one individual to another and one culture to another. Some people give men the freedom to mate with women of their choices while some religions say extramarital sex is sinful; Islam permits polygamy while Christianity preaches monogamy. This particular poster may have originated from Christianity and its monogamy, which is why it may not appeal to and fail to communicate with non-Christians. The poster may have also been developed with the idea that a condom protects one from infection by sexually transmitted infections; using a condom amounts to protecting one's wife and children. The important assumption is that the target audience will accept the condom and accept as such; in situations where the target audience finds condoms acceptable, the message may send contradictory messages and risk being rejected.

With the Christian and gender advocate's sense of sex moral, the poster sets out to make unfaithful husbands feel guilty, repent and become morally upright. To urge such a husband into positive action, the man in the picture is depicted carrying his daughter indicating a sense of dependence. His wife stands facing him for he the point of



reliance in all matters and even his son has to use his left arm before he can reach the little girl. What is illustrated more or less accurately, is the message "Your wife and children need you" or *Bibi na watoto wak wanakuhitaji* in Kiswahili. The remaining messages- "Protect your family, use a condom every time you have sex" are not translated into pictures.

One of the problems with translating the messages into action rests with "use a condom every time you have sex; it may be better to say "use condom every time you have sex outside your marriage". Many couples may find it unnecessary and unthinkable to use condoms when having sex with each other; using condoms connotes unfaithfulness, mistrust and interference with family union. Outside the condom as a symbol of protection, the man is not protecting his wife and son; by holding his daughter in his hands, one see some sense of protection. People need time to learn to use and to accept condoms before they can see them as protection; unless that is done, a negligible number of people will respond to this message.

Anybody, who has a foot in traditional East Africa, will agree that husbands are not fond of holding or carrying children because the activity is seen as thing for women, children and grandfathers. The way of carrying a child is common when the child is sick or in is threatened with physical danger; there is no obvious danger prompting her father to carry her. A rural dweller that may see this poster is likely to wonder what could be wrong with this husband; he may even categorize him as someone who lies flat like an envelope in his house- under the control of his wife.

others giving uneven appearance and flow. The leading between the line of text "To many more" and the line above is small enough to forge a closer relation between it and "Thousands of People". The close relationship may force the eye to move to the lower line resulting in unexpected reading which momentarily jerks the reader's understanding. The condensed characters used in at the bottom of the poster gives an impression of even word spacing. But the little leading, when combined with the extra-bold characters, gives the impression of a tight, compact, visually uncomfortable and difficult to read text. The size and weight difference between the last two lines of the message and information on the authorities responsible for the poster make the two adhere together.

The manner of organizing the objects, people and types crowd the poster, choke the messages and forces the viewer to weed through the poster before finding the messages. Considering that viewers are often short of time and desire to be given the central information quickly, it is clear that messages should be conspicuous or easy to find. One can see why this poster may experience a level of failure; aspects of its messages may be lost in the maze of information requiring too much effort to find them.

It was mentioned under typography above, that there the right side of the illustration mirrors its left side. Perhaps, this is the reason why the layout of the poster is based on a central axis leading to symmetry. However, one can see how the poster benefits from symmetrical balance; one cannot help arguing that symmetrical balance was the result of conscious creative efforts. The decline of health as one goes down the page reveals how one's health may progressively decline as the disease takes effect over time; placing less healthy, below healthy and almost dying people below less healthy ones is a well thought out layout. Given this level of successful layout, one would have expected the coffins of the dead to be below the individuals who are about to die.

Layout, of text and picture, is an attempt to lead the eye from one area to the next and through the poster. Without this effort, a viewer start anywhere he pleases yet one of the main points in a good layout is to encourage following information, from the beginning to the end. In this poster, one it is observable that the viewer is not led from one are of the poster to the next and is likely to get lost before getting a hold of his point of interest and absorb informing. One can imagine the possible frustration of viewers who fail to find anything captivating in the poster- they switch off viewing to the detriment of communication. It is very possible that a viewer will first see the space between the two sides of the illustration because it is the only space offering some quiet

## Chapter Five

# Summary of Findings And Recommendations

### Summary of Findings

*Principal Findings* In this study, the principal finding is that there is noise in communicating AIDS-messages through posters. This study has shown that a number of factors confound the transmission of AIDS-messages through posters. Aesthetic differences and media repertoire is the main noise or factor confounding the design and use of posters to effectively communicate AIDS-messages. Yet the development of AIDS-posters concerns only superficial considerations of target audiences' aesthetics system, communication system and media repertoire.

In order to reach the principal finding of the study, a few selected AIDS-posters were used to investigate their effectiveness in Kisumu City. The investigation indicated that posters are not very effective in communicating AIDS-messages. Consequently, they do not play significant roles in controlling the spread of AIDS. In addition, a critique of the intercultural design process was undertaken. The critique showed that some of the AIDS-posters are not well designed. Poor design is a part of the reason why messages struggle and sometime get lost before reaching their target audiences.

Without widely successful bio-medical and spiritual interventions, health education finds itself leading the struggle against AIDS. From the beginning, when the first Kenyan AIDS-case was reported in 1984, several drugs and other curative measures were initiated; all were intended to control or eliminate AIDS. However, it seems neither medical nor spiritual cures have been effective and popular; this is why attention has been given to prevention and education to effect it. Measures to intervene and control the epidemic were put in place. Using the established information system (Boerma: 1991, p.24), health educators put out posters and other IEC materials. However, it is rather clear that AIDS has continued practically unabated inviting doubts on the efficacy of health education and their posters. This observation indicates that there is noise in communicating AIDS-messages via posters; the noise arises, in part, from the complex nature of cross-cultural communication to which health education experts give ill-informed and superficial considerations.

This study is a pioneering work opening the door to studies in the field of IEC, in general, and AIDS-posters, in particular. From archival research part of this study, it was clear that Kenya does not host many critical studies in Visual Communication Design. Consequently, few literatures exist in the field. There are even fewer critiques of intercultural design process and analyses to explain why posters have been less effective in controlling AIDS. Given that health education is leading the struggle against AIDS, one cannot help underscoring the significance of this study and its efforts to help improve on health education in Kenya, the East African Region and beyond. From the same archival research and general observation, one can say that Kenya has little analytical text in the Visual Arts. This study contains a technical evaluation of posters and attempts to provide a start on which Design Appreciation may be built.

*Noise in the use of posters.* Seeing AIDS as something for others, instead of me, lingered on and may have stood in the way of the campaign against AIDS. Some Kenyans continue to see AIDS as an outside something that some misfortune brought into their country. This and similar views of AIDS seek to dismiss the disease; they also tend to generate self-pity and a feeling of being helpless forcing people to resort to supernatural intervention. Posters urging action against the epidemic may be mistaken for trying to do the impossible for AIDS is of God and only He can take it away. Where AIDS is seen as something from another country, the never-pronounced feeling is that only outsiders can take it away.

That AIDS was manufactured in the United States of America as program in biological warfare does not go away and is partly responsible for the view that AIDS is an external conspiracy. A CNN interview aired over Kenya Television Network (KTN) in the evening of 10 December 2004 reveals the existence of such an opinion. A keen viewer of the program could have noticed that Prof. Wangari Maathai, a Nobel Prize winner who was being interviewed, is of the opinion that AIDS was manufactured in the USA as a part of a conspiracy against Africa. The opinion of the scholar, a politician and prominent leader is likely to be shared by many Kenyans. Little wonder therefore, AIDS-posters may be seen as an undesirable and unnecessary as a part of external conspiracy.

Out of shame and fear some people wish they could suffer another ailment instead of AIDS. Wishing it to go away and get another person is one root-cause of deliberately mistaking AIDS for another ailment leading to constant denial; of course, some people mistake AIDS for something else because they are not in the know. No

matter the reason for denial, refusal to accept AIDS seems to persist providing one reason why posters may be ignored and their messages never received. This may happen because those who see posters may think the messages are for those, who already have or will soon have the condition.

The section concerning the history of posters showed that traders introduced posters to Kenya. Given Kenya's struggle for Independence, posters sometime strike the view that they are unnecessary *Muzungu* (Whitman or non-Kenyan) thing. Of course, a significant segment of Kenya population comprises people who did not live before Independence and the country will soon be free of the hard feelings that delivered political independence. Before that time comes, it would be important to design AIDS-posters that are truly relevant to the part of Kenya in which they are to be used. It is becoming clear that the level of shame and fear for AIDS has reduced; it is hoped that this trend will continue as it may help in the prevention and management of AIDS, especially orphans who may be too young to fend for themselves.

Some people remain worried that AIDS is an STI interfering with getting children, the very essence of life. Where life without penetrative sex is meaningless; sex with condom and various forms of non-penetrative sex is often viewed as no sex. This view of sex explains why AIDS-posters urging safe sex send wrong signals and do not get far with delivering their messages. Life also the concerns of Kenya doctors and nurses in that they are trained in bio-medical intervention to save life. This is one reason why these health workers feel uneasy to see patients die from AIDS. The other reason has to do with contradictions in biomedical cure and failure to find a cure for AIDS. It is indeed frequent to see health professionals exhibiting a chauvinistic devotion to Western bio-medical intervention at the expense of alternative health delivery; primary health care and traditional health delivery. Given that these health professionals occupy and control the core of health delivery in this country, it is clear that to improve on posters requires the support of bio-medical health workers.

Equality between sexes began by trying to stop discrimination at places of formal employment and mistreatment of women in homes. Between that beginning, in the nineteen seventies, and now, the beginning of the twenty-first century, gender advocacy has been busy trying to enhance the welfare of women in a number of ways. In the field of AIDS, gender advocates have been accusing gender-imbalance for the continued fast spread of AIDS; this happens though gender balance appears not to be a firm promise to

control AIDS. Female circumcision has been coined as female-genital-mutilation and rather unfairly blamed for the spread of AIDS among Kenya communities who practice circumcision. But, there is no telling that ending the practice would end the spread of AIDS; especially when one considers that some cultures center on circumcision. The struggle between holding onto tradition and changing to Western culture is, perhaps, one reason why some Kenyans are beginning to see placing gender-balance in AIDS as a Western-driven something intended to disrupt families. AIDS-posters that insinuate the rights of women to their reproductive sex, in general, and those which attack female circumcision, in particular, is also seen as things aimed at disintegrating families.

Since 1985, when the campaign publicly began, equality between sexes has significantly embedded itself in Kenya; and it has many good sides. In the field of STI, it has inspired the development of female condoms and other forms of protection against infection via sexual intercourse. However, in the field of health education, it is important to avoid situations where husbands feel that the message will help separate them from their wives. While on one of his search for a channel of communication that may work in Kenya, this author made contact with other campaigns that tend to compound the campaign against AIDS. Contact with anti-female circumcision at Olosho Oibor in 2003 is an example. Considering the goings-on in Olosho Oibor of Kajiado District in Rift Valley Province, one can say that placing female circumcision at the center of AIDS has been inaccurate. Those seeking to eliminate female circumcision in this location say that the practice causes AIDS; this is inaccurate. It would have been more accurate to they said that using one cutting implement to through several *intoyie* (circumcision candidates) can facilitate the spread of AIDS, especially when one of the candidates is HIV-infected. The motivation for the inaccurate information is not yet clear though one can say that it is possible that the concerned campaigners hope to discourage female circumcision by causing fear. It is also possible that the campaigners are aware that Maasai culture does not approve of marrying a woman who is not circumcised. In this case, to stop female circumcision is like driving a wedge between men and their women. There is a strong suggestion that there is a struggle between holding-onto African traditions and changing to Western and other cultures of the world and accommodating internally generated change. This struggle is likely to bring confusion leading unclear but popular thinking. Given anti-Western campaigns of the 1960s, one can suggest that AIDS-messages and posters need to avoid getting entangled in gender imbalance.

Without doing so, AIDS-messages and their posters are likely to remain less effective in the control of AIDS in Kenya.

The death of well-trained and productive workers leading to loss of profit appears to be the major reason why business leaders have responded to AIDS. Emphasis on profit gives the impression that profit, instead of lives, is all that is at stake. A poster-viewer is, consequently, tempted to think that they [business leaders] are likely to be less concerned with posters outside their business interests. There are some posters that advertise condoms; these posters could also be viewed as a necessary evil in *biashara* (pushing sales). On the whole, posters carrying business overtones are likely to be dismissed as mere sales gimmicks; in this case, the business overtones are the noise that those who develop posters ought to avoid.

How much of Kenya experience hard-hitting advertising and with what consequences can be the subject of another major study. It is in such a study when one may more elaborately illustrate reactions to advertising posters including those advertising condoms. However, a casual observation at billboards indicates that people do not pay sharp attention to the advertisement and may not necessarily rush to the shop to purchase the advertised goods. It would seem advertisement of goods is effective only slowly and after a long time. That people may rush to buy the advertised good or service is a show of a lukewarm treatment of the advertisement. It is possible that AIDS-messages, carried by billboards, are given the same lukewarm treatment; anything short of urgent response may not be good enough to control the spread of AIDS. Business overtones, therefore, is not the way to go in the development of AIDS-posters.

Another source of noise resides in health education programs designed for the highly industrialized countries (Europe, North America, Asia) instead of less-industrialized nations (Kenya and many countries of Africa and South America). Health education programs and materials are fashioned on Western design; yet one can see that education programs and messages designed for the industrialized countries are often inappropriate in Third World (The Panos Institute: 1989, p.65). This work has helped to explain the failure on the assumption that target audiences get the AIDS-messages. Yet differences in aesthetic systems and media repertoire prevent the target audience from getting the message. The pictures, texts and colors used in posters are coded in languages of industrial communities and are often misinterpreted and misunderstood by their Kenya audiences. Writing text in vernacular languages and illustrations featuring indigenous

Kenyans and settings are superficial attempts at delivering health messages to peoples in Kenya. The superficial attempts miss out on deeply rooted aspects of indigenous African culture at the expense of high fidelity in communication via posters.

In *User Hostility in Health Care Delivery System in Kenya*, this scholar observed that health workers assume a superior attitude towards their patients (Odoch Pido: 1993). Through participant observation, this scholar also observed that individuals, who are the message sources, often assume positions superior to those of their target audiences. From this position they see the target audience as ignorant and helpless but see themselves as some sort of hero who can control AIDS and save lives without much reference to the target audience. In a part of this work, it was also observed that religious leaders see the target audience as their followers, if not subjects, who cannot and must not act independently. Elders and parents see AIDS- victims as their children who do not want to listen and cannot be advised. At the same time the target audience sees the source as a big interference to their rights and freedom, especially to enjoy sex. Both the source and target audience possess a negative attitude towards AIDS; they see the disease as something terrible and undesirable. All these negative attitudes negatively affect the development, transmission and reception of messages to the detriment of communication.

Information gained in the course of this work indicates that inadequate knowledge is yet another source of noise in communication via posters. When this work began, there was far less information and knowledge on AIDS. None-the-less, the observation in this work is that both the target audience and source do not know enough to about AIDS. Both the source and target audience have only a general understanding of communication and each other. More importantly, the source often views design as merely drawing instead of a process of evolving a product that addresses a need. From this scholar's work experience in the field of design, it is possible to see that Kenya design professionals tend to leave debates on what design to academics. Consequently, the professionals focus more often the business of doing design instead of thinking and understanding it. On the whole there are low levels of knowledge on AIDS, target audience, source, design and posters. The low levels of knowledge tend to inhibit the development of posters that are effective in checking the spread of AIDS. Before more effective posters can be realized, it is necessary to raise the mentioned levels of knowledge.



*Aesthetic differences as noise in AIDS-posters.* Poster messages include written words and pictures executed in colors; the messages thus coded in colors and pictures are placed in space, according to Western rules of organization. The outcome is a poster, which may be visually correct; but the same may not be orally correct according to the everyday way of communication in rural Kenya. Posters remain a relatively new channel of conveying messages; it is unfamiliar to many Kenyans. Viewing, the poster, comprehending it and translating its message are negatively affected by the relatively strange nature of posters. On the other hand, oral communication dominates the scene in Kenya and this mode of communication is sometime taken as given, for granted. In designing posters, designers and their clients try but can only give a superficial consideration to the audience's oral and non-verbal media of communication. Giving a superficial consideration to the audience's mode and media of communication confounds the efficient working of AIDS-posters.

In one of his works, *Mismatch in Design Education*, this author argued that Western design concepts have influenced definitions of Design and Design Education in East Africa. In so doing the Western design concepts have colored poster design; yet, designers often experience problems applying some of the definitions to the practical tasks of designing posters. For example, design in Kenya may be defined as a general act and complex activity; this definition of design tends to blur a clear and precise view of the purpose in designing posters to control AIDS. It also encourages non-designers to design without the concern required to make design relevant to Kenya. Fitness to function and its "form follows function" were not Kenyan intellectual aesthetic revolution seeking to replace "tradition" with "modern". Kenya designers' over indulgence with creation and process may raise political, intellectual and practical problems.

At the Department of Design, University of Nairobi, it is popular to see design as a tool for national development; many design professionals in the country, Kenya, share this view. As tool of national development, design finds itself included in the tools required to move Kenya through the stages of development to become a developed. Put simply, design is expected to deliver Kenya to a developed world, of high technology and where African design. The hardly-asked question is which design, African traditional or Western-style design, is to do the job. A part of answer to the question lies in p'Bitek's "*I see and Old Homestead, In the valley below, Huts, granaries, All in ruins*"; (p'Bitek: 1998, p.124). Seeing African traditions as things of the past is the view that encourages seeing

traditional African design within a Darwinian sense. In this sense where African design is considered to be at its early stage of evolution, it is too simple to meet the complex problems in AID-related communication. Yet African design relates people with their social, ambient and spiritual environment and secures survival (Rubin: 1989, p.17). While it is a form of entertainment, it is also a communication device enabling its users to interact with other people and universal forces (Schneider: 1976, p.24). These and other African design concepts sound plausible because AIDS is already a part of the social environment that needs culturally oriented communication to stop its advance.

After African traditional design leaves the scene, the field is left for Western-style design. This author has argued elsewhere that Kenya designers often mistake complex design for effective design. A glance at the public view of development, one can see why Kenya designers would consider Western-style design concepts as developed and complex enough to meet head-on the complex problems in the campaign against AIDS. This opinion of Western-style design may explain why posters in Kenya are similar to those in the West at the expense of communication. If posters are going to be more effective in combating HIV-AIDS in Kenya, it would be necessary to leave Western-style design and develop another set of design concepts that depend on circumstantial, not local, needs in communication.

*Education as noise in AIDS-posters.* Formal design education is noise for it is alien and more or less irrelevant to health education. School, college and university curricula continue to be influenced by alien definitions of design; this is why formal design education is alien. The existing and alien existing forms of design education are only obliquely related to and do very little to check the AIDS epidemic. Design education began with and is influenced by art education; this is why art-related opinions, tendencies and behaviors linger on in the minds of professionals who design posters. Looking at posters as self-expressions is one example. Self-expression without regard to the target audience encourages communication by and for the source; little wonder, therefore, that it is difficult for the self-expression-driven posters to be very effective in the campaign against AIDS.

Inclusion of primary health in curricula for design education, especially at university level, is not yet explicit and mandatory. Let us take, for example, the curriculum for design education at the Department of Design, University of Nairobi. At this oldest East African department of design, theory courses concern themselves with the

history, philosophy and theory of design in Africa and the rest of the world; there is not a topic on the theory of design for health education. Occasionally, students undertake projects in designing AIDS-posters to be used in the campaign against AIDS. Artistic considerations and good grades are often the concern of students in such projects; little attention is given to target audiences of the posters. History suggests that posters were not developed specifically to meet information, education and communication needs in primary health care. Instead, they were developed to meet more accurately requirements of manufacturing, production and other service industries. Consequently, the needs posters addressed and the criteria for good posters have been more accurate to industries and their consumers rather than health.

The development of AIDS-posters has largely been a matter of central authority, at the Ministry of Health and Non-Government Organizations, doing its thing and hoping it works; accountability to make sure the program works is hardly the emphasis. A keen observer on the scene once told this scholar that acting-out is the emphasis at the central authority. Posters used in transmitting AIDS-messages are often designed by a number of experts. These experts include in-house or free-lance designers, consultants, and medical advisers in the Ministry of Health and through workshops. Educating the population to ensure they practice safe sex and avoid AIDS are some of the principal aims in designing AIDS-posters. Target audiences who are supposed to change their behaviors have little or no say. Even where the task of developing posters begin with a base survey of the target audience to determine their primary needs and behavior, the collected data does not revolutionize the resulting posters and make them more sensitive to the struggle against the AIDS-epidemic.

Indigenous sex education defines acceptable and unacceptable manners in which sex education takes place; it is discrete, indirect and private. Person-to-person and face-to-face communication is the most common channels of transmitting messages and lessons in indigenous sex education. Any form of sex education that falls outside acceptable media, channels and style, meets with suspicion and possible failure. That is one reason why posters, which tend to be overt and public, are considered unacceptable and rejected. Sex education among indigenous people takes time and is given by those, who target audiences know closely; they are grandparents, parents and senior siblings. The lesson is repeated and sustained over time and throughout life; the target audience also learns by contradicting the message contained in the lesson, suffering for it and

doing better next time. Of course, death is the next time in the field of AIDS. Unlike indigenous sex education, AIDS-teachers are often unknown; this is why the message hardly ever gets through.

Through the same indigenous education, knowledge on sexuality and sex practice is accurately passed on from one generation to the next to a point where any deviation is punished until the set of knowledge turns into a set of rules governing acceptable sexual behavior. Posters which seek to teach lessons different from what people already know is treated with suspicion; it is this suspicion which delays or inhibit response to AIDS-messages. Some Kenyans find "modern" health delivery system user-hostile because it is authority enforcing instead of patient-centered (Odoch: 1993). Health delivery system in hospitals and clinics make patients feel intimidated, if not somewhat helpless; posters are not fully free from hospital-related prejudices. It is this prejudice that confounds the efficacy of posters; to reduce its effect and increase the positive effects of posters requires changing patients' attitude towards hospitals.

*Technical observations on posters* Many of the posters are A2 in size (420 x 594 millimeters). To determine image sizes is hard since many of the images comprise several smaller images. Besides, the images are without distinct outlines, inter-twined with text and of shapes that are virtually difficult to measure using a scale-rule. Though it is difficult to measure the size of images, designers tend to make their illustrations big signifying one means of making a point dominant, outstanding and important. The lack of variation in the methods emphasis make a point on designers' lack of creativity required to make AIDS-posters fresh and able to sustain intellectual attention.

Many of the posters carry pictorial representation of Africans that are difficult to recognize as distinctly JoLuo, Turkana or any other Kenya indigenous ethnic community. In some instances, noticeably broad foreheads and sharp noses give shine a dim light enough to make one think the people represented in the picture are of Somali origin. Familiarity to enhance the transmission of messages is a part of reasons why scenes of treatment, instruction and discussion taking place in hospitals or homes are common in posters. Given that familiarity enhances the transmission of messages, it is possible difficulties in recognizing the identity of the people represented in posters contribute to noise in communication. While pictorial representation form the visual center of many, some posters depend on typographic illustrations. Only literate, well-informed and visually sophisticated target audience can ensure the success of posters based on

typographic illustrations; non-literate and visually unsophisticated audience is unlikely to make sense of such posters and get the message.

In some of the posters, it is clear that the techniques of applying colors in crayon and brush leaves untidy impressions. To be tidy has become an essential part of everyday life and an indicator of good health. Line drawing in ink and water color wash can be a precise and powerful tool of visual communication; but some of the line drawing, together with half-hearted attempts at perspective, leaves viewers with the impression that the works are incomplete. Untidy, badly illustrated, inaccurate and incomplete posters are published at the expense of transmitting their messages. Tidy posters are a good remedy and a way to generate posters that can easily be accepted by target audiences.

As if to contradict and inhibit communication, designers of AIDS-posters use too many typefaces; too many typefaces is uneconomical and confusing. They [designers] use upper case letters though text set in upper case letters are difficult to read because they do not generate distinct and characteristic word shapes, which facilitate word recognition and reading. Capital letters at the beginning of sentences is a traditional writing practice but they give a discordant and up-hazard impression. Italics are used to lay emphasis and yield variation though they are known to look sickly and difficult to read. There is apparent lack of economy in design. Excess leading and word spacing scatter text and makes reading difficult and uninteresting. In order to address these problems, it is advisable to use as few as one typeface in one poster; doing so may help reduce clutter and concentrating attention on the message. It is important to use upper-case letters in combination with lower-case letters as this may enhance word characters, improve reading and delivery of the message.

For a number of reasons not yet entirely clear, AIDS-posters bear various and diverse colors. Through these colors designers intend to make different statements and show relationships between health and safety as well as disease and danger. Colors are also used to define people, the environment in which they live and work, social relationships and culture; and health delivery, where to find it and how it may be received. Little scholarly work exists to inform on Kenyan's indigenous and non-indigenous opinions of, use of and reaction to color. However, it is observable that blue is beginning to establish itself as a health-related color while red is getting to be closely associated to disease. On a day without clouds, blue, whatever the shade, can be likened

to clean drinking water, something a clear, uninterrupted, uncontaminated and healthy; red symbolizes blood, fire and danger.

Outside red and blue, color application remains defused, confusing and conflicting. Designers use colors to emphasize messages but it seems the target audience gets different signals. Red may be designers' way to give a message its importance yet it may force viewers to shy away from posters because it signals danger, a threat to life. Designer think of and use white as something clean but some indigenous Kenyans see white as threat; to them, white represents *lak polo* (the fang of the sky), lightning. Designers, who use toning to define the volume of a healthy person, sometimes misrepresent, without intending, the blotched skin of a sick individual.

AIDS-posters are conceived as a device with a set of functions. First, they are conceived as a vehicle through which messages travel to target audiences. Some of the target audiences have been illegal drug users, truck drivers, casual sex workers, school pupils, out-of-school youth, or an ethnic community. Attempts to reach these target audiences have influenced message designs and illustrations. Ideally, the design of posters ought to begin and end with their target audiences; but the ideal is hardly the case. Announcement is the essence of all posters; but AIDS-posters are often also conceived as IEC materials; this is why they tend to be devoid of details, hard-hitting and direct. These same attributes work against their efficiency in informing, educating and communicating with target audiences. The struggle to make posters carry more details, be softer and subtle and fit the general character of good education propels them beyond the understood function and nature of posters. People concerned with the development of posters are engrossed in transforming yet retaining posters; this exercise of "keeping one's cake and eating it at the same time" is frustrating and unsatisfactory.



Fig. 5.1



Fig. 5.2



Fig. 5.3

The above posters seem to concern picture text relations and balance (from Kenya Institute of Education

AIDS-posters are also conceived as text-picture relations, where text is the written word and pictures illustrate the word. Color may be applied to text or picture as a means to highlight or de-emphasize written messages; size (big or small) and weight (bold, medium or light) are other ways to emphasize or de-emphasize the message. All these and other instances are reasons why one may say that posters are sometimes conceived as matter of established professional protocols. Designers' concern with elements and principals of design may have derailed posters' function, as a vehicle for transmitting AIDS-messages, and made theme more intellectual and professional objects. Even in areas of Family Planning, one can see designers concern themselves with crafting professionally correct posters (figs. 5.1-5.3, above). Such concerns may include balance between picture and text, and using pictures to draw attention to posters.

Professionally right views of posters, (especially those governing layout, color application and application of typography) appear to affect the designs of AIDS-posters (figs. 5.4-5.6). If designers were less concerned with the dictates of their profession on what is a good or bad AIDS-posters and focus on posters that communicate with given target audiences, the outcome would be effective AIDS-posters.



Fig. 5.4



Fig. 5.5



Fig. 5.6

The above posters appear to be influenced by existing designs in concerns as Family Planning (posters from Ministry of Health, Kenya Government)

Stigmatization is one of the problems affecting the efficacy of AIDS-posters. One can say that the posters are channels of communication across cultures (African, Asian and European) and their different social groups (according to age, sex, professions and income levels). To target a group by sex, profession, ethnicity or age risks stigmatization and a possible negative response. To write messages in Kiswahili or DhoLuo excludes those who do not speak the language and may give the wrong signal in that English speakers are immune to AIDS. It is advisable to use the language (spoken or

picture) of a community that is also the target audience of the particular poster. Without a fundamental understanding of the complexities in cross-cultural communication, health educators will continue to put out posters which destroy more than build the campaign against AIDS. Closely related to language, opinions and practices regarding sex differ from culture to culture; each culture has unique ways to maintain these opinions and practices. Sex education and posters that disregards the sexuality of the target audience risks contradiction and failure.

Several factors confound the efficacy of posters in the campaign against AIDS. Superficial consideration of differences in aesthetic and communication systems, especially indigenous views concerning sexuality and health and media repertoire is the principal factor confounding the use of posters to control the AIDS epidemic. To design posters which are effective in the struggle against AIDS requires detailed and informed consideration of the said factors. It requires restructuring design education to address needs in health care and remodeling health care to be user-friendly. Design academics and their students tend to design posters which are in keeping with trends that are established in the profession. In short academics, who design posters, also appear to be concerned with imagination, craftsmanship and design principals used to generate and bond the elements of the picture (figs. 5.7-5.9).



Fig. 5.7



Fig. Fig. 5.8



Fig. 5.9

The above figures were posters in preparation to be presented to a client whose business is communication (from the designer)

As a part of their professional education, students, in the Department of Design (University of Nairobi) often design posters as may be seen in figs. 5.10-5.112, on the next page. The posters shown are three of the twenty or so posters students designed in 2000 and for Anti-Corruption Unit of the Government of Kenya. To generate the posters First year students competed for the three winning posters to be used to campaign against



corruption in Government offices. The winning posters were printed and circulated throughout the country. It is not yet clear competition is the best way to train designers who develops posters that can be more effective in the campaign against AIDS in Kenya. However, it was a good experience for students and their lectures.



Fig. 5.10



Fig. 5.11

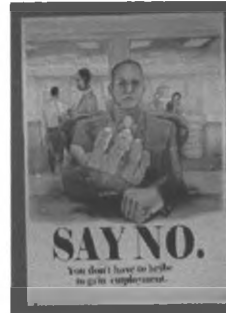


Fig. 5.12

The above posters were design by students of the Department of Design, University of Nairobi

In addition to designing posters, in general, students also engage in the design of AIDS-posters. Examples of some of the posters are shown in Fig. 5.13-5.15. At both the general level and level specific to AIDS, it is observable that students learn to correct posters. Little scholarly work exists in the field of design to fight the AIDS-pandemic in Kenya; more and detailed scholarly work is necessary before any of the forms of design can be used to develop posters, which are effective in the control of AIDS.



Fig. 5.13

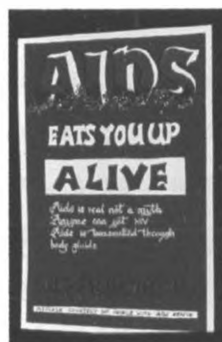


Fig. 5.14



Fig. 5.15

AIDS-posters that were designed by students in the Department of Design, University of Nairobi

## Recommendations

*On noise*, it is expedient to remove noise in communicating AIDS-messages through posters. In order to do this it is important to close differences in aesthetic systems, communication systems and media repertoire between the source and its target audience. Who-so-ever concerns the development of IEC materials ought to include design as a fundamental source of new ideas required to move health education out of trodden paths. It is also important to include target audiences in message development, dissemination, evaluation and redesign. Education of design and health professionals ought to indulge more in health education, especially the development and objective evaluation of posters and other IEC materials. Indeed, a new professional is now required on the scene; health educator is such a professional.

*On cross-cultural communication*; bio-medical intervention has some distance to cover before they can remove AIDS-related sufferings. By the year 2000, some drugs were already developed to help manage AIDS. But the drugs are not always available to people with AIDS. In the absence of effective bio-medical intervention, prevention and its education remain the best practice. The crucial position of health education places posters in the heart of the fight against AIDS. The posters need to be viewed as a cross-cultural communication to which health educators and designers ought to give well-informed contribution. To develop AIDS-posters that are effective in Kenya requires, first, an education program that is embedded in Kenya aesthetic system. Second, it requires indigenous system of communication, especially channel of communicating health messages. The two requirements amount to a more thorough understanding and use of indigenous system of education in designing AIDS-posters. Translating posters written in English into vernacular languages remains superficial since the exercise is concerned with the written word, a very small part of poster design. A deeper involvement means conceiving the poster using vernacular, if not indigenous, thought system, message and target audience.

*On more studies*; this study is only a pioneering work, more studies are required to improve on posters and other IEC materials. Legibility and color studies are now urgent since they may inform the development of AIDS-posters that Kenya target audiences find relevant and appealing. Furthermore, studies on aesthetic interactions are necessary to establish design paradigms as a firm basis for the development of AIDS-posters in Kenya. Eventually, it is necessary to study Kenyan response to pictures as a

means of throwing some lights on how pictures may be used to communicate messages on AIDS and other important concerns.

*On misconceptions*, seeing AIDS, as a misfortune that foreigners brought to Kenya should be dismissed because it does not help in fighting AIDS. The view of AIDS as a condition befitting others has generated practices that confound efforts to check the spread of HIV-infection. AIDS is unlikely to be a *mzungu* thing intended to undermine African fertility and rapid increase in population. It is a mistake to see AIDS as something only doctors and nurses can take away. To interrogate and accuse poverty of cash, inequality among sexes, cultural practice and religious affiliation is to lay blames and emphases on wrong things. All these misconceptions complicate the struggle against AIDS; they require urgent action if AIDS-education is to succeed. Whereas, AIDS has interfered with traditional sex practices, careful education for behavior change may work better than nostalgia and other options.

Even at this point in time, when this dissertation is at its final stages, information on keeps coming in. The volume and intriguing characters of information and the misconceptions regarding AIDS suggest another piece. There is the return to the monkey misconception originating from the view that AIDS came from monkeys. In this way of thinking, returning AIDS to monkeys is a way to get rid of the pandemic. Other people say that if a lady wipes the opening of her vagina with a finger and does so soon after sex, she can escape HIV-infection. Some of misconceptions have their roots in sexually transmitted infections. For example, it is said that sustained gonorrhoea can turn into AIDS. At the same time, other people say that popping an antibiotic capsule before sex can prevent AIDS. There are many more such misconceptions. Whatever causes them, misconceptions needs time and much efforts to explain and stop them interfering with the campaign against AIDS.

*Missing the lessons*. Emulating successes stories but not understanding the facts is confusing and confounding the evolution of homegrown solutions against AIDS. For example, Uganda has been said to succeed in fighting against AIDS because of involvement by all including the head of state. Kenya has emulated this in the recent past yet extensive death caused by AIDS is the principal reason why the rate of HIV-infection is reducing in Ugandan. Mistaking AIDS for other ailments and resorting to supernatural powers have reduced while voluntary testing and counseling have increased. More work is required to intensify dissemination of information on AIDS. It is becoming clear that

AIDS is not a problem for health workers alone. Yet the picture in Kenya is one where doctors and nurses continue to assume control over the campaign. It is important to recruit full participation from other professionals. Meanwhile it is important to make health delivery system user-friendly as doing so will help in campaigning against AIDS and the management of affected individuals. Without recruiting other people's participation, health workers and religious leaders will continue to impose their directions on target audiences at the expense of successful AIDS-campaigns.

*Technical education*, education of a new breed of health educators was recommended above. The performance of the health educator is likely to be heightened by those who have technical education in the field of drafting, typography and graphic reproduction. No amount of creativity, however well intentioned, will go far with shoddy drawings, poor typography and bad printing. Without well-trained illustrators, posters will continue to carry pictorial representation that Kenyans will find strange and reject. Untidy, badly illustrated, inaccurate and incomplete posters will be published at the expense of transmitting AIDS-messages. Making sure the message reaches its audience is one of the cardinal points in typography. In order to achieve this goal the chosen typeface ought to be easy to see and read from a distance of a few meters; attractive to arrest the attention of fast-moving viewers; interesting enough to capture those whose attentions are already burdened and bored.

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## Appendix

### Poster analysis schedule

#### Source

Name .....Address ..... Date .....

Poster Size.....Reasons for size.....

Orientation.....Reasons for orientation .....

Illustration- size, type, color, quality and purpose ..... likely meanings to target audience .....

Slogan in (English,Kiswahili, vernacular) ..... quality of slogan .....

Development by designer/artist/health worker/competition/workshop/health/educator commissioning/ others/ process of development.

Target Audience: Racc-African/Asian/European- Community (Kikuyu, Kamba) .....Location-rural/urban/urban/rural.....

Primary target audience (health worker, beach community, commercial sex worker, student).....

Further segmentation of primary target audience (religious affiliation, age, sex) .....

Secondary target audience (top-level decision makers, health care workers, politicians).....

Reasons for choosing target audience .....

Sexuality:- Reasons for and quality of sexual intercourse .....

Safe sex practices/ Attitude towards spouse/Usual mode of communication (oral, verbal, print) .....

#### Message designers

What benefits will the target audience get by following the message .....

Is the message simple yes..... no.....

Reaction expected from target audience .....

Is the message effective

1. make a personal commitment to make the desired changes- yes... no...
2. acquire the skills to implement the changes yes..... no.....
3. create a supportive environment for practicing the behavior - yes...no...

### Design Student Interview Schedule

Name ..... age ..... sex ..... year of study.....

home address: Box.....City/town..... phone ..... fax.....

Institution .....

address: Box.....City/town..... phone ..... fax.....

Name any four subjects you consider are most useful in training designers

.....

State of relevance of above subjects to design practice

.....

My training is preparing me to function as an designer very well..... moderately well..... poorly

My training would have been better if I also had courses in the following subject/topics and equipment/materials

subject .....

topic .....

equipment .....

material .....

Two main reasons for choosing a career in design

.....

What, your opinion, is the description/definition of design?

.....

Mother tongue.....

Does the word design exist in your mother tongue? .....

If yes, the word/closest substitute is.....

Shortcoming of design practice in Kenya .....

Shortcoming of design education in Kenya .....

Role of design in Kenya .....

What influences design in Kenya .....

Signature \_\_\_\_\_ Date 13 November 1992

University of Nairobi, Department of Design

A Study of Posters in AIDS Education and Awareness, 2001

JP Odoch Pido

Interview Schedule

Interview Number

Name: \_\_\_\_\_ (optional)

Age: 18-24, 25-30, 31-40, 41-50, over 50

Gender: M F Mother

tongue: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employment Status: Fulltime, part time, casual, unemployed, student,

Residence, Rural, urban, transhumant

Education: 1,2,3,4,5,6,7,8, Form 1,2,3,4,5,6 Post Secondary, University

What is AIDS? How do people get AIDS? How can people protect themselves against AIDS? Can AIDS be cured? How did you find out about AIDS? When did you find out about AIDS? What is the best information source about AIDS? What is the worst source of information about AIDS? Radio, poster, school song, tixed, tv, church, friends, newspaper, boyfriend/girl friend, booklets, doctor/nurse, chief's baraza, church, relatives, parents, others

What is the worst information source about AIDS? Radio, TV church, friends, Bf/gf, parents, print materials, posters, booklets, leaflets, baraza, clinic,

What is the most convincing source of information about AIDS? What is the least convincing source of information about AIDS? Are you convinced?

What convinced you? Have you ever seen a poster about AIDS? Describe the posters you have seen Where was it? What did you think of that poster  
Participant post or position;

I would like you to look at some posters and tell me what you see in each one.

Poster A \_\_\_\_\_  
 Poster B \_\_\_\_\_  
 Poster C \_\_\_\_\_  
 Poster D \_\_\_\_\_  
 Poster E \_\_\_\_\_  
 Poster F \_\_\_\_\_  
 Poster G \_\_\_\_\_  
 Poster H \_\_\_\_\_

Comments

### Sample Description

Gender	18-24	25-30	31-40	41-50	Over 50
M	11	9	15	10	3
F	8	8	8	0	0
Total	19	17	23	10	3

Table 4.1 Age and gender distribution

Community	Number	M	F	%
Luo	58	40	18	
Luhya	9	7	2	
Kisii	3	2	1	
Kikuyu	3	1	2	
Kalenjin	1	1		
Taita	1		1	
Teso	1	1		
Turkana	1	1		
Unknown	1	1		

Table 4.2 Ethnic and gender composition of the sample

Community	18-24	25-30	31-40	41-50	Over 50	Unknown
Luo	13	19	17	5	3	1
Luhya	4	1	4			
Kisii	1		1	1		
Kikuyu	1	1		1		
Kalenjin				1		
Taita		1				
Teso				1		
Turkana			1			
Unknown				1		

Table 4.3 Age and ethnic group

Empl. Status	18-24	25-30	31-40	41-50	Over 50	Unknown
Self employed	4	11	6	3	1	4
Employed	2	9	9	7	1	1
Part. employed	3	2				
Unemployed	8	3	1		1	
Not reported						
Total	17	25	16	10	3	5

Table 4.4 Employment statuses by age

Gender	Agric	Wh. collar	Bl. Collar	Professional	Business	Student	Unreported
M	1	9	10	7	13	2	11
F	0	12	0	1	7	1	4

Table 4.5 Occupational Categories

The one female commercial sex worker in the sample is included among the businesswomen.

Gender	ST 1-5	St5-8	Secondary	Post	Univ	None	Unreported
M	1	7	19	9	4		8
F			17	6	2		

Table 4.6 Educational Level by gender.

Gender	Rural	Urban	Migrates	Unreported
M	0	34	8	6
F	2	17	0	5

Table 4.7 Residence by gender

Community	Rural	Urban	Migrates	Unreported
Luo	7	37	5	8
Luhya		5	1	4
Kisii		2	1	
Kikuyu		3		
Kalenjin			1	
Taita		1		
Teso		1		
Turkana			1	
Unknown		1		

Table 4.8 Residence patterns of the sample by ethnic group

Community	Medically correct vocabulary	Medically Incorrect vocabulary	No rept
Luo	53	4	1
Luhya	8		1
Kisii	2		1
Kikuyu	3		
Kalenjin	1		
Taita	1		
Teso	1		
Turkana	1		
Unknown	1		

Table 4.9 Knowledge of AIDS by ethnicity

Gender	Med correct	Medically incorrect	No rept
M	50	4	1
F	25	0	0

Table 4.10 Knowledge of AIDS by gender

Gender	80s	90s	Within the past year	Unanswered or NA
M	23	21	1	7
F	12	11		2

Table 4.11 When AIDS was first heard according to gender

Age group	80s	90s	Within the past year	Answer NA
18-24	2	14	1	2
25-30	8	90		4
31-40	18	7		1
41-50	7	1		1
Over 50		1		2
Unknown	1			

Table 4.12 When AIDS was first heard according to sample population

Gender	DR	Radio	TV	School	Poster	Print	Baraza	ch	WOM	Saw	NR	media
M	1	5		1	1	7			10	10	4	13
F	1			2		1	1	1	2	5		28

Table 4.13 Channels of hearing about AIDS



Poster A Two School Children

Gender	Got the Message	Almost Got the Message	Did Not Get the Message	No Response	Total
Female	1 4 1.28	6 24 7.69	18 72 23.0	1	25
Male	7 13.20 8.97	10 18.8 12.8	36 67.9 46.1	6	53

Age in years	Got the Message	Almost Got the Message	Did Not Get the Message	No Response	Total
18-24	2 10.52 2.56	3 15.78 3.84	14 73.68 17.94	1	19
25-30	3 13.63 3.84	6 27.27 7.69	13 59.09 16.66	3	22
31-40	1 4.34 1.28	4 17.39 5.12	18 78.26 23.07	1	23
41-50	2 20.0 2.56	1 10.0 1.28	7 70.0 8.97	2	10
Over 50	0 0 0	0 0 0	3 100 3.84	0	3
Unknown	0 0 0	1 100 1.28	0 0 0	0	1

Level of Education	Got the Message	Almost Got the Message	Did Not Get Message	No Response	Total
Standard 1-5	0 0 0	0 0 0	1 100 1.28	0	1
Standard 5-8	1 14.28 1.28	2 28.56 2.56	4 57.14 5.12	2	7
Secondary	4 9.75 5.12	11 26.82 1.41	26 63.41 33.33	0	41
Post Secondary	2 14.28 2.56	1 7.14 1.28	11 78.57 1.41	3	14
University	1 14.28 1.28	0 0 0	6 85.71 7.69	1	7
Unreported	0 0 0	2 2.56	6 75 7.69	1	8

Mother Tongue	Got the Message	Almost Got the Message	Did Not Get Message	No Response	Total
Luo	5 8.62 6.41	12 20.68 15.38	41 70.68 52.56	5	58
Luhya	1 11.11 1.28	2 22.22 2.56	6 66.66 7.69	2	9
Kisii	0 0 0	0 0 0	3 100 3.84	0	3
Kikuyu	0 0 0	1 33.33 1.28	2 66.66 2.56	0	3
Others	1 20 1.28	2 40 2.56	2 40 2.56	0	5

Key: Black arc labels, original response in figures, including no response in Did not get message  
 Red is percentage out total in the last column  
 Green is percentage out of 78 (total sample)  
 Grey is no response (added to Did not get the message)



Poster B CSWs at Bar with Potential Client

Gender	Got the Message	Almost Got the Message	Did Not Get the Message	No Response	Total
Female	1 4 1.28	11 44 1.41	13 52 16.66	3	25
Male	5 9.43 6.41	14 26.41 17.94	34 64.15 43.58	8	53

Age in years	Got the Message	Almost Got the Message	Did Not Get Message	No Response	Total
18-24	4 21.05 5.12	6 31.57 7.69	9 47.36 11.53	1	19
25-30	0 0 0	5 22.72 6.41	17 77.27 21.79	4	22
31-40	2 8.69 2.56	5 21.73 6.41	16 69.56 21.51	4	23
41-50	0 0 0	3 30 3.84	7 70 8.97	2	10
Over 50	0 0 0	1 33.33 1.28	2 66.66 2.56	0	3
Unknown	0 0 0	1 100 1.28	0 0 0	0	1

Level of Education	Got the Message	Almost Got the Message	Did Not Get Message	No Response	Total
Standard 1-5	0 0 0	0 0 0	1 100 1.28	0	1
Standard 5-8	1 14.28 1.28	2 28.57 2.56	4 57.14 5.12	2	7
Secondary	2 4.87 2.56	16 39.02 20.51	23 56.09 29.48	3	41
Post Secondary	1 7.14 1.28	4 28.57 5.12	9 64.28 11.53	4	14
University	0 0 0	2 28.57 2.56	5 71.42 6.41	1	7
Unreported	1 12.5 1.28	2 25 2.56	5 62.5 6.41	1	8

Mother Tongue	Got the Message	Almost Got the Message	Did Not Get Message	No Response	Total
Luo	5 8.62 6.41	17 29.31 21.79	26 44.82 33.33	8	58
Luhya	1 11.11 1.28	1 33.33 1.28	7 77.77 8.97	3	9
Kisii	0 0 0	1 33.33 1.28	2 66.66 2.56	0	3
Kikuyu	0 0 0	2 66.66 2.56	1 33.33 1.28	0	3
Others	0 0 0	4 80 5.12	1 20 1.28	0	5

Key: Black are labels, original response in figures, including no response in Did not get message  
 Red is percentage out total in the last column  
 Green is percentage out of 78 (total sample)  
 Grey is no response (added to Did not get the message)



Poster C Two Youth Holding Condoms

Gender	Got the Message	Almost Got the Message	Did Not Get the Message	No Response	Total
Female	4 16 1.28	3 12 3.84	21 85 26.92	8	25
Male	1 1.88 1.28	4 7.54 5.12	48 90.56 61.53	19	53

Age in years	Got the Message	Almost Got the Message	Did Not Get Message	No Response	Total
18-24	1 5.26 1.28	2 10.52 2.56	16 84.21 20.51	5	19
25-30	1 4.54 1.28	4 18.18 1.28	17 77.27 21.79	8	22
31-40	0 0 0	1 4.34 1.28	22 95.65 28.20	8	23
41-50	0 0 0	0 0 0	10 100 12.82	5	10
Over 50	0 0 0	0 0 0	3 100 3.84	0	3
Unknown	0 0 0	0 0 0	1 100 1.28	1	1

Level of Education	Got the Message	Almost Got the Message	Did Not Get Message	No Response	Total
Standard 1-5	0 0 0	0 0 0	1 100 1.28	0	1
Standard 5-8	1 14.28 1.28	0 0 0	6 85.71 7.69	2	7
Secondary	1 2.43 1.28	5 12.19 6.41	35 85.36 4.87	11	41
Post Secondary	0 0 0	0 0 0	14 100 17.94	9	14
University	0 0 0	1 14.28 1.28	6 85.71 7.69	2	7
Unreported	0 0 0	1 12.5 1.28	7 87.5 8.48	3	8

Mother Tongue	Got the Message	Almost Got the Message	Did Not Get Message	No Response	Total
Luo	2 3.44 2.56	5 8.62 6.41	51 87.93 65.38	21	58
Luhya	0 0 0	1 1.28	8 88.88 1.025	4	9
Kisii	0 0 0	0 0 0	3 100 3.84	0	3
Kikuyu	0 0 0	1 33.33 1.28	2 66.66 2.56	0	3
Others	0 0 0	0 0 0	5 100 6.41	2	5

Key: **Black** are labels, original response in figures, including no response in Did not get message  
 Red is percentage out total in the last column  
 Green is percentage out of 78 (total sample)  
 Grey is no response (added to Did not get the message)





Poster D CSW with Client on Bed

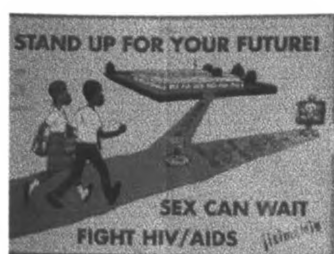
Gender	Got the Message	Almost Got the Message	Did Not Get the Message	No Response	Total
Female	2 8 2.56	4 96 7.69	10 68 21.79	9	25
Male	3 5 66 3.84	15 28.30 19.23	35 66.03 44.87	22	53

Age in years	Got the Message	Almost Got the Message	Did Not Get Message	No Response	Total
18-24	0 0 0	7 36.84 8.97	12 63.15 15.38	6	19
25-30	1 4 54 1.28	4 18.18 5.12	17 77.27 21.79	11	22
31-40	1 4.34 1.28	8 34.78 1.025	13 56.52 16.66	8	23
41-50	1 10 1.28	2 20 2.56	7 70 8.97	5	10
Over 50	2 2.56	0 0 0	1 33.33 1.28	0	3
Unknown	0 0 0	0 0 0	1 100 1.28	1	1

Level of Education	Got the Message	Almost Got the Message	Did Not Get Message	No Response	Total
Standard 1-5	1 100 1.28	0 0 0	0 0 0	0	1
Standard 5-8	0 0 0	1 14.28 1.28	6 85.71 7.69	4	7
Secondary	4 9.75 5.12	15 36.58 19.23	22 53.65 28.20	11	41
Post Secondary	0 0 0	2 4.28 2.56	12 85.71 15.38	10	14
University	0 0 0	2 28.56 2.56	5 71.42 6.41	2	7
Unreported	1 12.5 .28	1 12.5 1.28	6 75 7.69	4	8

Mother Tongue	Got the Message	Almost Got the Message	Did Not Get Message	No Response	Total
Luo	5 8.62 6.41	14 24.13 17.94	39 67.24 50	25	58
Luhya	0 0 0	3 33.33 3.84	6 66.66 7.69	4	9
Kisii	0 0 0	1 33.33 1.28	2 66.66 2.56	0	3
Kikuyu	0 0 0	1 33.33 1.28	2 66.66 2.56	0	3
Others	0 0 0	2 40 2.56	3 60 3.84	2	5

Key: **Black** are labels, original response in figures, including no response in Did not get message  
 Red is percentage out total in the last column  
 Green is percentage out of 78 (total sample)  
 Grey is no response (added to Did not get the message)



Poster E Children Walking Toward School

Gender	Got the Message	Almost Got the Message	Did Not Get the Message	No Response	Total
Female	0 0 0	7 28 8.97	18 72 23.07	10	25
Male	9 16.98 11.53	6 11.32 7.69	38 71.69 48.71	20	53

Age In years	Got the Message	Almost Got the Message	Did Not Get Message	No Response	Total
18-24	1 5.26 1.28	5 27.31	13 68.42 16.66	5	19
25-30	4 18.18 5.12	2 9.09 2.56	16 72.72 20.51	8	22
31-40	1 4.34 1.28	5 21.73 6.41	17 73.91 21.79	10	23
41-50	2 20 2.56	1 10 1.28	7 70 8.97	5	10
Over 50	1 33.33 1.28	0 0 0	1 33.33 1.28	1	3
Unknown	0 0 0	0 0 0	1 100 1.28	1	1

Level of Education	Got the Message	Almost Got the Message	Did Not Get Message	No Response	Total
Standard 1-5	1 100 1.28	0 0 0	0 0 0	0	1
Standard 5-8	4 57.14 5.12	1 14.28 1.28	2 28.56 2.56	2	7
Secondary	3 7.31 3.84	9 21.95 11.53	29 70.73 37.17	14	41
Post Secondary	0 0 0	0 0 0	14 100 17.94	8	14
University	0 0 0	2 28.56 2.56	5 71.42 6.41	3	7
Unreported	1 12.5 1.28	1 12.5 1.28	6 75 7.69	3	8

Mother Tongue	Got the Message	Almost Got the Message	Did Not Get Message	No Response	Total
Luo	7 12.06 8.97	11 18.98 1.41	40 68.96 51.28	21	58
Luhya	0 0 0	0 0 0	9 100 11.53	6	9
Kisii	1 33.33 1.28	2 66.66 2.56	0 0 0	0	3
Kikuyu	0 0 0	0 0 0	3 100 3.84	1	3
Others	1 20 1.28	0 0 0	4 20 5.12	2	5

Key: Black arc labels, original response in figures, including no response in Did not get message  
 Red is percentage out total in the last column  
 Green is percentage out of 78 (total sample)  
 Grey is no response (added to Did not get the message)



Poster F Anybody Can Get AIDS

Gender	Got the Message	Almost Got the Message	Did Not Get the Message	No Response	Total
Female	11 44 14.10	2 8 2.56	12 48 15.37	4	25
Male	19 35.84 4.35	8 15.09 1.025	26 49.05 33.33	11	53

Age in years	Got the Message	Almost Got the Message	Did Not Get Message	No Response	Total
18-24	10 52.63 2.82	1 5.26 1.28	8 42.10 1.025	1	19
25-30	9 40.90 1.53	2 9.09 2.56	11 50 1.41	5	22
31-40	7 30.43 8.97	3 13.04 3.84	13 56.52 16.66	6	23
41-50	3 30 3.84	4 40 5.12	3 30 3.84	3	10
Over 50	0 0 0	1 33.33 2.56	2 66.66 2.56	0	3
Unknown	1 100 1.28	0 0 0	0 0 0	0	1

Level of Education	Got the Message	Almost Got the Message	Did Not Get Message	No Response	Total
Standard 1-5	0 0 0	1 100 1.28	0 0 0	0	1
Standard 6-8	3 42.85 3.84	0 0 0	4 57.14 5.12	2	7
Secondary	22 53.65 28.20	3 7.31 3.84	16 39.02 20.51	3	41
PostSecondary	1 7.14 1.28	3 21.43 3.84	10 71.42 12.82	7	14
University	0 0 0	3 42.85 3.84	4 57.14 5.12	2	7
Unreported	1 12.5 1.28	4 50 5.12	3 37.5 3.84	1	8

Mother Tongue	Got the Message	Almost Got the Message	Did Not Get Message	No Response	Total
Luo	20 34.48 25.64	5 8.62 6.41	33 56.89 42.30	13	58
Luhya	4 44.44 5.12	0 0 0	5 55.55 6.41	2	9
Kisii	2 66.66 2.56	1 33.33 1.28	0 0 0	0	3
Kikuyu	2 66.66 2.56	1 33.33 1.28	0 0 0	0	3
Others	2 40 2.56	3 60 3.84	0 0 0	0	5

Key: Black are labels, original response in figures, including no response in Did not get message  
 Red is percentage out total in the last column  
 Green is percentage out of 78 (total sample)  
 Grey is no response (added to Did not get the message)



Poster G AIDS is Not Witchcraft

Gender	Got the Message	Almost Got the Message	Did Not Get the Message	No Response	Total
Female	0 0 0	8 32 1.025	17 68 21.79	3	25
Male	2 3.77 2.56	8 15.09 1.025	40 75.47 51.28	7	53

Age in years	Got the Message	Almost Got the Message	Did Not Get Message	No Response	Total
18-24	2 10.52 2.56	3 15.78 3.84	14 73.68 17.94	1	19
25-30	0 0 0	5 22.72 6.41	17 77.27 21.79	3	22
31-40	0 0 0	5 21.73 6.41	18 78.2623.07	4	23
41-50	0 0 0	1 10 1.28	9 90 11.53	2	10
Over 50	0 0 0	1 33.33 1.28	2 66.66 2.56	0	3
Unknown	0 0 0	1 100 1.28	0 0 0	0	1

Level of Education	Got the Message	Almost Got the Message	Did Not Get Message	No Response	Total
Standard 1-5	0 0 0	0 0 0	1 100 1.28	0	1
Standard 6-8	0 0 0	1 14.28 1.28	6 85.71 7.69	2	7
Secondary	2 4.87 2.56	10 24.39 12.82	29 70.73 37.17	2	41
Post Secondary	0 0 0	1 7.14 1.28	13 92.85 16.66	4	14
University	0 0 0	1 14.28 1.28	6 85.71 7.69	1	7
Unreported	0 0 0	3 37.5 3.84	5 62.5 6.41	1	8

Mother Tongue	Got the Message	Almost Got the Message	Did Not Get Message	No Response	Total
Luo	0 0 0	9 15.51 11.53	49 84.48 62.82	8	58
Luhya	2 22.22 2.56	1 11.11 1.28	6 66.66 7.69	2	9
Kisii	0 0 0	1 33.33 1.28	2 66.66 2.56	0	3
Kikuyu	0 0 0	2 66.66 2.56	1 33.33 1.28	0	3
Others	0 0 0	2 40 2.56	3 60 3.84	0	5

Key: Black are labels, original response in figures, including no response in Did not get message  
 Red is percentage out total in the last column  
 Green is percentage out of 78 (total sample)  
 Grey is no response (added to Did not get the message)



Poster H Your Wife and Family Need You

Gender	Got the Message	Almost Got the Message	Did Not Get the Message	No Response	Total
Female	0 0 0	3 12 3.84	22 88 28.20	10	25
Male	4 7.54 5.12	4 7.54 5.12	47 88.67 60.25	19	53

Age in years	Got the Message	Almost Got the Message	Did Not Get Message	No Response	Total
18-24	0 0 0	3 15.78 3.84	16 84.21 20.51	4	19
25-30	1 4.54 1.28	2 9.09 2.56	19 86.36 24.35	11	22
31-40	3 4.34 3.84	2 8.69 2.56	18 78.26 23.07	7	23
41-50	0 0 0	0 0 0	10 100 12.82	5	10
Over 50	0 0 0	0 0 0	3 100 3.84	0	3
Unknown	0 0 0	0 0 0	1 100 1.28	1	1

Level of Education	Got the Message	Almost Got the Message	Did Not Get Message	No Response	Total
Standard 1-5	0 0 0	0 0 0	1 100 1.28	0	1
Standard 6-8	1 14.28 1.28	0 0 0	6 85.71 7.69	2	7
Secondary	1 2.43 1.28	5 12.19 6.41	35 85.36 44.87	11	41
Post Secondary	0 0 0	1 7.14 1.28	13 92.85 16.66	10	14
University	0 0 0	0 0 0	7 100 8.97	2	7
Unreported	2 25 2.56	0 0 0	6 75 7.69	4	8

Mother Tongue	Got the Message	Almost Got the Message	Did Not Get Message	No Response	Total
Luo	2 3.44 2.56	5 8.62 6.41	51 87.93 65.38	23	58
Luhya	0 0 0	1 11.11 1.28	8 88.88 1.025	3	9
Kisii	0 0 0	0 0 0	3 100 3.84	0	3
Kikuyu	0 0 0	0 0 0	3 100 3.84	1	3
Others	0 0 0	0 0 0	5 100 6.41	2	5

Key: Black are labels, original response in figures, including no response in Did not get message  
 Red is percentage out total in the last column  
 Green is percentage out of 78 (total sample)  
 Grey is no response (added to did not get the message)



Poster A Two School Children This poster was targeted at lower primary school children. It is intended to promote deferral of sexual debut. The hand is intended to mean stop but most viewers saw it as greeting

gender	got the message			nearly got the message			didn't get the message			no response			total
female	1	4	1	6	25	8	17	71	24	1	4	1	24
male	7	15	9	10	21	14	30	64	42	6	13	8	47

age in years	got the message			nearly got the message			didn't get the message			no response			total
18-24	2	11	3	3	17	3	13	72	18	1	5	1	18
25-30	3	16	4	6	31	8	10	53	14	3	16	3	19
31-40	1	4	1	4	5	6	17	77	24	1	4	1	22
41-50	2	25	3	1	12	1	5	62	7	2	25	3	8
Over 50	0	0	0	0	0	0	3	100	0	0	0	0	3
unknown	0	0	0	1	100	0	0	0	0	0	0	0	1

education level	got the message			nearly got the message			didn't get the message			no response			total
standard 1-5	0	0	0	0	0	0	1	100	0	0	0	0	1
standard 5-8	1	20	1	2	40	3	2	40	5	2	4	3	5
secondary	4	10	5	11	27	15	26	63	37	0	0	0	41
post secondary	2	18	3	1	9	1	8	72	11	3	27	4	11
university	1	17	3	0	0	0	5	83	7	1	17	1	6
unknown	0	0	0	2	28	3	5	71	7	1	14	1	7

mother tongue	got the message			nearly got the message			didn't get the message			no response			total
Luo	5	9	7	12	23	17	36	44	51	5	9	7	53
Luhya	1	14	1	2	28	3	4	57	6	2	28	3	7
Kisii	0	0	0	0	0	0	3	100	0	0	0	0	3
Kikuyu	0	0	0	1	33	1	2	67	3	0	0	0	3
others	1	2	1	2	40	3	2	40	3	0	0	0	5

Key: Black is original response  
 Red is percentage out total in the last column  
 Green is percentage out of both totals in the last column



Poster B CSWs at Bar with Potential Client This poster was targeted at commercial sex workers. It is to encourage them to cooperate and support each other in condom use

gender	got the Message			nearly got the message			didn't get the message			no response			total
Female	1	4	1	11	50	16	10	45	14	3	13	4	22
Male	5	11	7	14	31	20	26	57	38	8	17	11	45

age in years	got the message			nearly got the message			didn't get the message			no response			total
18-24	4	21	5	6	31	8	9	47	13	1	5	1	19
25-30	0	0	0	5	27	7	13	72	19	4	22	5	18
31-40	2	10	2	5	26	7	12	63	17	4	21	5	19
41-50	0	0	0	3	37	4	5	62	7	2	25	2	8
Over 50	0	0	0	1	33	1	2	66	2	0	0	0	3
Unknown	0	0	0	1	10	1	0	0	0	0	0	0	1

education level	got the message			nearly got the message			didn't get the message			no response			Total
Standard 1-5	0	0	0	0	0	0	1	1	1	0	0	0	1
Standard 5-8	1	20	1	2	40	2	3	60	4	2	40	2	5
Secondary	2	5	2	16	42	23	20	52	23	3	7	4	38
Post Secondary	1	10	1	4	40	5	5	50	7	4	40	5	10
University	0	0	0	2	33	2	4	66	5	1	16	1	6
Unreported	1	14	1	2	33	2	4	57	5	1	14	1	7

mother tongue	got the message			Nearly got the message			didn't get the message			no response			Total
Luo	5	10	7	17	34	25	18	36	26	8	16	11	50
Luhya	1	16	1	1	16	1	4	66	4	3	50	4	6
Kisii	0	0	0	1	33	1	2	66	2	0	0	0	3
Kikuyu	0	0	0	2	66	2	1	33	1	0	0	0	3
Others	0	0	0	4	80	5	1	20	1	0	0	0	5

Key: Black is original response  
 Red is percentage out total in the last column  
 Green is percentage out of both totals in the last column



Poster C Two Youth Holding Condoms. It is targeted at youth out of school. It is intended to push for acceptance by respectable youth and also shared responsibility by both sexes.

gender	got the message			nearly got the message			didn't get the message			no response			total
Female	4	21	8	3	18	6	10	59	19	8	47	16	17
Male	1	7	2	4	12	3	29	85	37	19	56	17	34

age in years	got the message			nearly got the message			didn't get the message			no response			total
18-24	1	7	1	2	14	4	11	78	21	5	36	10	14
25-30	1	7	1	4	28	8	9	64	18	8	57	16	14
31-40	0	0	0	1	7	2	14	93	27	8	53	16	15
41-50	0	0	0	0	0	0	5	10	7	5	10	7	5
Over 50	0	0	0	0	0	0	3	10	6	0	0	0	3
Unknown	0	0	0	0	0	0	1	10	2	1	10	2	1

education level	got the message			nearly got the message			didn't get the message			no response			total
Standard 1-5	0	0	0	0	0	0	1	10	2	0	0	0	1
Standard 5-8	1	20	2	0	0	0	4	80	9	2	40	4	5
Secondary	1	33	10	5	17	9	24	80	47	11	37	21	30
Post Secondary	0	0	0	0	0	0	5	10	2	9	55	18	5
University	0	0	0	1	20	2	4	80	9	2	40	4	5
Unreported	0	0	0	1	20	2	4	80	9	3	60	6	5

mother tongue	got the message			nearly got the message			didn't get the message			no response			total
Luo	2	5	4	5	13	10	30	81	59	21	57	41	37
Luhya	0	0	0	1	20	2	4	80	9	4	80	9	5
Kisii	0	0	0	0	0	0	3	10	6	0	0	0	3
Kikuyu	0	0	0	1	33	2	2	67	4	0	0	0	3
Others	0	0	0	0	0	0	3	10	6	2	67	4	3

Key: Black is original response  
 Red is percentage out total in the last column  
 Green is percentage out of both totals in the last column





Poster D CSW with Client on Bed This poster is targeted at commercial sex workers. It is to remind them that they should insist on condom use. Many put it on their walls to reduce the need to discuss the issue

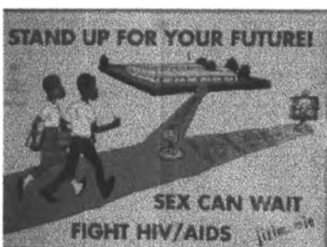
gender	got the message			Nearly got the message			didn't get the message			no response			total
Female	2	12	4	4	25	8	10	62	21	9	56	19	16
Male	3	9	6	15	18	31	13	41	27	2	70	46	31

age in years	got the message			nearly got the message			didn't get the message			no response			total
18-24	0	0	0	7	53	14	6	46	12	6	46	12	13
25-30	1	9	2	4	36	8	6	54	12	11	10	23	11
31-40	1	6	2	8	53	17	6	40	12	8	53	17	15
41-50	1	20	2	2	40	4	2	40	4	5	10	10	5
Over 50	2	0	0	0	0	0	1	33	2	0	0	0	3
Unknown	0	0	0	0	0	0	0	0	0	1	100	0	1

education level	got the message			nearly got the message			didn't get the message			no response			total
Standard 1-5	1	10	2	0	0	0	0	0	0	0	0	0	1
Standard 5-8	0	0	0	1	33	2	2	66	4	4	33	8	3
Secondary	4	13	8	15	50	31	11	36	23	11	36	23	30
Post Secondary	0	0	0	2	50	4	2	50	4	10	25	21	4
University	0	0	0	2	40	4	3	60	6	2	40	4	5
Unreported	1	25	2	1	25	2	2	50	4	4	10	8	4

mother tongue	got the message			nearly got the message			didn't get the message			no response			total
Luo	5	15	10	14	42	29	14	42	29	25	75	53	33
Luhya	0	0	0	3	60	0	2	40	4	4	80	8	5
Kisii	0	0	0	1	33	2	2	66	4	0	0	0	3
Kikuyu	0	0	0	1	33	2	2	66	4	0	0	0	3
Others	0	0	0	2	66	4	1	33	2	2	66	4	3

Key: Black is original response  
 Red is percentage out total in the last column  
 Green is percentage out of both totals in the last column



Poster E Children Walking Toward School This poster is aimed at upper primary school children. It offers two choices- school or death. It intended to persuade school children to chose school and with it, life with a brighter future.

gender	got the message			nearly got the message			didn't get the message			no response			total
Female	0	0	0	7	47	18	8	33	21	10	67	26	15
Male	9	39	24	6	26	16	8	45	21	20	87	51	23

age in years	got the message			nearly got the message			didn't get the message			no response			total
18-24	1	7	3	5	38	13	8	57	21	5	36	13	14
25-30	4	28	10	2	14	5	8	57	21	8	57	21	14
31-40	1	8	3	5	38	13	7	77	26	10	77	26	13
41-50	2	40	5	1	50	3	2	10	13	5	10	13	5
Over 50	1	50	3	0	0	0	1	50	3	1	50	3	2
Unknown	0	0	0	0	0	0	100	0	0	1	0	0	0

education level	got the message			nearly got the message			didn't get the message			no response			total
Standard 1-5	1	10	3	0	0	0	0	0	0	0	0	0	1
Standard 5-8	4	28	10	1	20	3	0	0	0	2	40	5	5
Secondary	3	11	8	9	33	24	15	55	39	14	52	37	27
Post Secondary	0	0	0	0	0	0	4	67	10	8	33	21	6
University	0	0	0	2	28	5	5	71	13	3	43	8	7
Unreported	1	12	5	1	12	3	6	75	16	3	37	8	8

mother tongue	got the message			nearly got the message			didn't get Message			no response			total
Luo	7	19	18	11	29	29	19	51	50	21	57	55	37
Luhya	0	0	0	0	0	0	3	10	8	6	20	16	3
Kisii	1	33	3	2	67	5	0	0	0	0	0	0	3
Kikuyu	0	0	0	0	0	0	2	10	5	1	50	5	2
Others	1	20	3	0	0	0	4	80	10	2	40	5	5

Key: **Black** is original response  
 Red is percentage out total in the last column  
 Green is percentage out of both totals in the last column



Poster F Anybody Can Get AIDS The message is that people of all races, ages, communities and occupations can get HIV-infected. To dismiss the notion that all AIDS is only for certain peoples.

gender	got the message			almost got the message			didn't get the message			no response			total
Female	11	50	17	2	10	3	9	40	14	4	18	0	22
Male	19	45	29	8	19	12	15	35	25	1	26	17	42

age in years	got the message			nearly got the message			didn't get the message			no response			total
18-24	10	55	16	1	5	1	7	38	11	1	5	1	18
25-30	9	41	14	2	9	7	11	50	17	5	22	8	22
31-40	7	30	11	3	13	5	13	56	20	6	26	9	23
41-50	3	30	5	4	40	6	3	30	5	3	30	5	10
Over 50	0	0	0	1	30	1	2	60	3	0	0	0	3
Unknown	1	10	1	0	0	0	0	0	0	0	0	0	1

education level	got the message			nearly got the message			didn't get the message			no response			total
Standard 1-5	0	0	0	1	10	1	0	0	0	0	0	0	1
Standard 6-8	3	43	5	0	0	0	4	57	6	2	28	3	7
Secondary	22	68	34	3	8	5	13	34	20	3	8	5	38
PostSecondary	1	7	1	3	21	5	10	71	16	7	50	11	14
University	0	0	0	3	43	5	4	57	6	2	28	3	7
Unreported	1	2	1	4	50	6	3	37	5	1	12	1	8

mother tongue	got the message			nearly got the message			didn't get message			no response			total
Luo	20	44	31	5	11	8	20	44	31	13	2	20	45
Luhya	4	57	6	0	0	0	3	43	5	2	28	3	7
Kisii	2	67	3	1	33	1	0	0	0	0	0	0	3
Kikuyu	2	67	3	1	33	1	0	0	0	0	0	0	3
Others	2	40	3	3	60	5	0	0	0	0	0	0	5

Key: Black is original response  
 Red is percentage out total in the last column  
 Green is percentage out of both totals in the last column



Poster G AIDS is Not Witchcraft The poster is intends to dismiss the notion that witchcraft causes AIDS

gender	got the message			nearly got the message			didn't get the message			no response			total
Female	0	0	0	8	36	11	14	63	20	3	13	4	22
Male	2	4	2	8	17	11	36	78	52	7	15	10	46

age in years	got the message			nearly got the message			didn't get message			no response			total
18-24	2	11	2	3	16	4	13	72	19	1	5	1	18
25-30	0	0	0	5	26	7	14	73	20	3	15	4	19
31-40	0	0	0	5	26	7	14	73	20	4	21	5	19
41-50	0	0	0	1	12	1	7	87	10	2	25	2	8
Over 50	0	0	0	1	33	1	2	66	2	0	0	0	3
Unknown	0	0	0	1	10	1	0	0	0	0	0	0	1

education level	got the message			nearly got the message			didn't get the message			no response			total
Standard 1-5	0	0	0	0	0	0	1	10	1	0	0	0	1
Standard 6-8	0	0	0	1	20	4	4	80	5	2	40	7	5
Secondary	2	5	2	10	25	14	27	69	39	2	5	2	39
Post Secondary	0	0	0	1	10	1	9	90	13	4	40	5	10
University	0	0	0	1	16	1	5	83	7	1	16	1	6
Unreported	0	0	0	3	40	4	4	57	5	1	14	1	7

mother tongue	got the message			nearly got the message			didn't get the message			no response			total
Luo	0	0	0	9	18	13	41	82	65	8	16	11	50
Luhya	2	28	2	1	14	1	4	57	5	2	28	2	7
Kisii	0	0	0	1	33	1	2	66	2	0	0	0	3
Kikuyu	0	0	0	2	66	2	1	33	1	0	0	0	3
Others	0	0	0	2	4	2	3	60	4	0	0	0	5

Key: **Black** is original response  
 Red is percentage out total in the last column  
 Green is percentage out of both totals in the last column

