EFFECTIVENESS OF COMMUNICATION STRATEGIES OF THE "TOBACCO KILLS –QUIT NOW" CAMPAIGN: A CASE STUDY OF NAIROBI COUNTY.

By

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A PROJECT SUBMITTED TO THE SCHOOL OF JOURNALISM IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF DEGREE OF MASTER OF COMMUNICATION STUDIES, UNIVERSITY OF NAIROBI

OCTOBER 2015

DECLARATION

This is to declare that this project is my original work and has not been presented for a degree in any other university for marking.

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This project has been submitted under my approval as the university supervisor

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DEDICATION

This work is dedicated to my Parents: My loving and inspiring parents, my Husband and

Daughter who have been my greatest pillars in this venture.

ACKNOWLEDGEMENTS

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS AND ACRONYMS

AIDS   Acquired Immune Deficiency Syndrome

AIHW   Australian Institute of Health and Welfare

BATK   British American Tobacco Kenya

BCC   Behaviour Change Communication

CCDCP   Chinese Center for Disease Control and Prevention

GATS   Global Adults Tobacco Survey

GOK   Government of Kenya

GYTS   Global Youth Tobacco Survey

KHDS   Kenya Health Demographics Survey

KNBS   Kenya National Bureau of Statistics

MMWR   Morbidity & Mortality Weekly Report

MOH   Ministry of Health Statistics

MTK   Mastermind Tobacco Kenya

NCD   Non-Communicable Diseases

NTFIC   National Tobacco Free Initiative Committee

PSAs   Public Service Announcements

SHS   Second-Hand Smoke

SPSS   Statistical Package for Social Sciences

TV   Television

UN   United Nations

WHO FCTC World Health Organization Framework Convention on Tobacco Control

ABSTRACT

This study sought to find out effectiveness of communication strategies of the "tobacco kills –quit now" campaign in Nairobi County. The study reviews literature based on the effectiveness of communication strategies of the "tobacco kills quit now" campaign which include smoking, Effectiveness of antismoking campaigns, advertising creative strategies of antismoking campaigns, strategic communication and other interventions for social change in Kenya. The study employed both qualitative and quantitative methods. Data collection was undertaken through the following process: Training of research teams and pre-testing of tools: During this training, pre- testing of tools was undertaken as part of the research teams' orientation to the study objectives. 100 questionnaires were administered and a response rate of 72% was recorded. The collected questionnaires were sorted, cleaned, and coded. Once coded, the questionnaires were keyed into the Statistical Package for Social Sciences for analysis. Descriptive statistics was used to analyse the data and findings were presented in frequency tables, pie charts and bar charts for easy understanding. Qualitative data from the focus group discussions was summarized using thematic framework and analyzed using NVIVO 10 software. Dominant themes were identified through content analysis where systematic sorting of data was done according to the research objectives. The study established that the anti-smoking campaign by the ministry of health was not grounded on any specific theories of behaviour change. This is despite the fact that grounding a campaign in one or more theories of behaviour change enables campaign planners to explain why and how a campaign should work, thus assessing the campaign's progress throughout the health communication process. The anti-smoking campaign was however greatly influenced by global best practices and previous researches such as Global Youth Tobacco Survey and Global Adult Tobacco Survey when developing mass media communication strategies. Anti-smoking messaging was only moderately effective in addressing target audience. Target population of the ministry of health was the general household and not specific demographics. In Nairobi, only 40.9% of the smokers quit smoking following anti-smoking messaging on cigarette packets while only 34.9% of the smokers quit smoking following anti-smoking messaging on TV/Radio. The use of English and Swahili only in composing the anti-smoking message failed to address the population that is only conversant with their vernacular languages. Further, the messaging was appropriate to some extent because the ministry borrowed greatly from global trends and best practices. TV, Radio, Internet and Newspaper are the most accessible channels of communication in Nairobi County. This implies that the tobacco control unit of the ministry of health should not only rely on TV, Radio and Cigarette packet messaging to relay the anti-smoking messages. They should consider other channels of communication like the internet and newspapers. Many people buy cigarettes in single sticks, which imply that they do not manage to read the warnings on the packets. Anti-smoking campaign by the tobacco control unit of the ministry of health was effective in causing behavior change among the target audience only to a moderate extent. This is evidenced by the fact that only 40.9% of the smokers quit smoking following anti-smoking messaging on cigarette packets while only 34.9% of the smokers quit smoking following anti-smoking messaging on TV/Radio. However, majority of the people in Nairobi County are aware of the dangers of smoking and second hand smoking.

CHAPTER ONE
INTRODUCTION

1.1 Introduction

Mass-reach health communication interventions can be powerful tools for preventing the initiation of tobacco use, promoting and facilitating cessation, and shaping social norms related to tobacco use Anti-cigarette smoking messages, Effective communication with various stakeholders within and outside an organization is a key factor for organizational success. With the increasing workforce of women in various organizations, communication in mixed-and same-gender teams has undergone a major change and many corporates feel the need to review and restructure the existing formal and informal oral communication structures. Tobacco is estimated to kill up to one of every two users. No other risk factor carries such a high mortality rate and costs more than half a trillion dollars in economic damages annually (WHO, 2013b). Nairobi, the capital city of Kenya and one of the largest in Africa, is the hub of trade and business in Eastern Africa. The city's population has grown over the years from 11,500 inhabitants in 1906 to 3.1 million people in 2009 [KNBS, 2010] with more than half the city's population living in informal settlements and slums occupying less than 1% of Nairobi's area and less than 5% in residential area (Mitullah, 2003).

In the past several decades, the progress of tobacco control in Kenya has been slow and hindered by the deeply entrenched culture of smoking, lack of funding for tobacco control, and insufficient capacity for delivering effective interventions (Ma et al., 2008). Since 2006, with Kenya as a member country of WHO FCTC (World Health Organization Framework Convention on Tobacco Control), Chinese public health authorities have been pressed to implement more policies on tobacco control (Global

Times, 2010). Recent years have seen more mass media antismoking campaigns on TV, Internet, mobile media, and magazines, outdoor and electric billboards in Kenya. However, the effectiveness of these antismoking campaigns is still in question – while they may be preventing young teens from smoking, or leading to an increased awareness of the link between smoking and health, there is no evidence shows that antismoking campaigns have had a manifest effect on changing the behavior of those who already smoke (Mullin, Prasad, Kaur, & Turk, 2011). The situation is, although the rate of quitting increased from 9.4% in 1996 to 11.5% in 2002, 74% of smokers still indicated no intention of quitting (Yang et al., 2005).

Tobacco products manufacture, like farming, is dominated by British American Tobacco Kenya (BATK) and Mastermind Tobacco Kenya (MTK). Total production between 2007 and 2010 was 12.2 billion, 12.17 billion, 11.01 billion and 12.17 billion sticks respectively (KNBS, 2011). It is estimated that BATK controls 70% of the Market and exports its products to 17 countries in the region; MTK controls 29% of the share market and the remaining 1% is shared between the other manufacturers and importers (GOK, 2011).This is a change from the year 2000 when BATK controlled over 92% of the market share; leaving MTK and Japan Tobacco to share the remaining 8%; and 2002 when BATK share dropped to 71% while MTK share rose to 23%. Other players at the time included Cut Tobacco (ILA, 2008).

Currently antismoking campaigns are more likely to use informational appeals, rather than emotional appeals; they seem to underemphasize messages related to social norms, barriers to quitting smoking, and individuals' self-efficacy (Cohen, Shumate, & Gold, 2007). However, there has been little or no study focusing on the effectiveness of

2

different message strategies used in antismoking campaigns, especially in developing countries such as China. Therefore, this study will explore how antismoking campaigns in terms of message strategies based on Taylor's Six-segment Massage Strategy Wheel could influence smoking cessation of Kenyans adult smokers.

The Tobacco Control Act (2007) is the principal law governing tobacco control in Kenya. This comprehensive law defines key terms and covers topics including, but not limited to, restrictions on public smoking; tobacco advertising, promotion and sponsorship; and packaging and labeling of tobacco products. Other topics addressed by the law include public education and information campaigns; sales to minors; and enforcement of the law. The Tobacco Control Act (2007) grants powers, including implementation and enforcement authority, to individuals appointed under the Public Health Act. The Traffic Act provides a definition of "public service vehicle," incorporated by the Tobacco Control Act about smoke free provisions. In this case, public places constitute any enclosed environment as well as other environments frequented by the public.

1.2 Background of the Study

Kenya has been a Party to the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) since 24 June 2004. It is a tobacco-growing country and is a regional hub for manufacturing tobacco products, but it has been involved in curbing the tobacco epidemic since 1992. According to the Ministry of Health Statistics (MOH, 2010) Kenya Health Situation Analysis, non-communicable diseases (NCDs), for which tobacco is a known risk factor, are responsible for more than 55% of the mortality in the country and 50% of the public-hospital admissions. The environmental impact of tobacco

growing is also a concern because wood from natural forests is being burned to cure tobacco leaves. Kenya has however made efforts to reduce the use of tobacco and tackle its serious consequences, particularly tobacco-related diseases. In 1992, tobacco control campaigns were initiated in the country as part of the World No Tobacco Day celebration. In 2001, the Ministry of Health (MOH) established the National Tobacco Free Initiative Committee (NTFIC) to coordinate tobacco control activities and designated a tobacco control focal point. Kenya participated in the negotiations of the WHO FCTC and, despite the presence of a strong tobacco-industry lobby, enacted a comprehensive Tobacco Control Act in 2007 to control the production, manufacture, sale, labelling, advertising, promotion and sponsorship of tobacco products. A Tobacco Control Board was established under the same Act to provide advice on tobacco control to the Minister responsible for public health (WHO, 2012)

The Tobacco Act, 2007, introduced text warning on all cigarette packets as a way of informing people of the harmful effects of Tobacco. However, even with a prolonged campaign in sensitizing the public there seems to be little decline in tobacco consumption. According to the Kenya Health Demographics Survey (KDH, 2008/2009) 19% of Kenyan males between 15 and 49 years of age use tobacco products, and 18% smoke cigarettes. Less than 2% of the women of the same age use any kind of tobacco, and 1% smoke cigarettes. The Global Youth Tobacco Survey (GYTS) 2007 found that 8.2% of schoolchildren 13 to15 years of age smoked cigarettes, and 10.1% used some form of tobacco. The fact that 12.7% of boys and 6.5% of girls consume some form of tobacco is a clear indication that young girls are smoking more than their mothers are. A growing prevalence of cigarette use is shown by comparing the 2007 GYTS with the

2001 GYTS, when 6.6% of 13- to 15-year olds used cigarettes and 8.9% used some form of tobacco.

Further, Global adults tobacco Survey (GATS, 2014) shows a sharp increase of Tobacco use 19.1% of men, 4.5% of women, and 11.6% overall (2.5 million adults) currently used tobacco (smoking and/or smokeless tobacco).15.1% of men, 0.8% of women, and 7.8% overall (1.7 million adults) smoked tobacco. 5.3% of men, 3.8% of women, and 4.5% overall (1.0 million adults) currently used smokeless tobacco. 72.0% of daily tobacco users use tobacco (smoking and/or smokeless tobacco) within 30 minutes of waking up.

The tobacco industry lobby for its interests through influencing political and legislative process, manipulating public opinion, fabricating support through front groups, intimidating and threatening government officials, by exaggerating their economic importance, discrediting proven science evidence and engaging spies in tobacco control fora. Thus a need to stop tobacco industry interference as the Tobacco Control Act 2007 contains a number of prohibitions. Overall, 6.0% of the adults were daily tobacco smokers, 1.8% were occasional tobacco users, while 92.2% were non-smokers. An estimated 6.7% and 4.5% of the rural and urban residents, respectively, were daily tobacco smokers. Overall, 41.3% of current smokers initiated smoking between 20-24 years of age, while 32.3% initiated between 17-19 years, 13.5% between 15-16 years, and 7.5% when they were less than 15 years of age. Among tobacco users, 61.0% used smoked tobacco only (72.2% of men and 16.1% of women), 33.2% used smokeless tobacco only (20.8% of men and 83.0% of women) and 5.8% used both smoked and smokeless tobacco (7.0% of men and 1.0% of women).

Arguably, media health campaigns, Warning labels on cigarettes, employ threatening words combined with scary pictures to relay information to target audience. However, all questions about the effectiveness of these warnings meet with evasive answers or references to research publications that cannot be found. (Hammond *et al, 2004)* suggest that cigarette warning labels do not have aversive effects and that policy makers should not be reluctant to introduce these labels.

A national mass media campaign across Kenya entitled "Tobacco Kills – Quit Now!" was launched by the Ministry of Health, to warn people about the harmful effects of smoking tobacco and particularly the harms of second-hand tobacco smoke to the unborn, babies and young children; and to encourage smokers to heed the country's smoke-free laws and to quit smoking. The Ministry of Health (MoH, 2014) with technical and financial support from World Lung Foundation undertook an important mass media campaign, which combines public service announcements (PSAs) on TV and radio and community posters in both Swahili and English.

The acquired immune deficiency syndrome (AIDS) epidemic is spreading fast in Africa in spite of the various efforts and resources put in place to prevent it. In Kenya, reproductive health programs have used the mass media and other communication interventions to inform and educate the public about the disease and to promote behavior change and healthy sexual practices. Media campaigns on HIV prevention and testing have been used extensively for instance "Wacha mpango wa kando". Although there has been a decrease in HIV infection the numbers a relatively high, KAIS (2009) a Comparison of 2007 KAIS estimates to results from the 2003 Kenya Demographic and Health Survey, the overall prevalence of HIV among 15-49 year olds did not significantly

change - 6. 7 percent in 2003 to 7.4 percent in 2007. A closer look at subpopulations, however, revealed important patterns. While urban HIV prevalence had stabilized or even declined, the burden of HIV in rural areas had increased. Since 2003, adults with no formal education and the poor faced increases in HIV prevalence compared to those with wealth or formal education, whose prevalence remained the same or had declined (KAIS, 2009).

Muturi (2002) concludes that successful behavior change communication must include strategies that focus on increasing understanding of the communicated messages and understanding of the audience through application of appropriate methodologies. Building a relationship with the audience or stakeholders through dialogues and two-way symmetrical communication contributes toward this understanding and the maintenance of the newly adopted behaviors and practices.

The guiding philosophy of communication for social change can readily be traced to the work of Paulo Freire (1970), the Brazilian educator who conceived communication as dialogue and participatory for the purpose of creating cultural identity, trust, commitment, ownership and empowerment (in today's term). The proposed model builds on this principle and a broad literature on development communication developed by practitioners, communication activists and scholars (such as Beltrán, Díaz Bordenave, Calvelo, Shirley White, Prieto Castillo, Everett Rogers, Mata, Simpson, Servaes, Portales and Kincaid), as well as on theories of communication, dialogue and conflict resolution. In bringing together the work of practitioners and scholars it is obvious that there is considerable agreement on the role of communication in development.

According to Maria *et al.* (2002), it is inappropriate to base a model of communication for social change on a linear process that describes what happens when an individual source transmits a message to a receiver with some desired and predetermined individual effect. For social change, a model of communication is required that is cyclical and relational and leads to an outcome of mutual change rather than one-sided, individual change. Communication as dialogue rather than monologue, as a cyclical process of information sharing which leads to mutual understanding, mutual agreement and collective action. This alternative model serves as the foundation upon which the Communication for Social Change Model is based.

Therefore, interventions geared towards positive development should extensively cover research on theories and models of communication for the desired expected result. Some behaviors are inherent to specific groups and hence require deeper understanding of the people's culture, knowledge, perception, social context and attitude. By involving the targeted groups in these interventions, they will assist in identifying their problems and coming up with possible solutions. This will also help build a sense of ownership subsequently resulting to sustainability of the project, which means adopting to the desired change. However, downplaying of research before introducing interventions can also result to cognitive dissonance whereby the targeted audience ignores the prescribed behavior even though they are aware of its harmful effects.

1.3 Problem Statement

The Ministry of Health and World lung Foundation rolled out an anti-smoking campaign in 2015 intended to create awareness on the dangers of smoking. The campaign was national wide and employed radio, TV and posters to relay the information. The problem therefore is that this kind study has never been conducted in Kenya and it would be interesting to find out the success rate and whether communication strategies were employed and their level of effectiveness. Despite numerous efforts by the government of Kenya and other stakeholder against tobacco use, the global adult tobacco survey indicates that 2.5 Million adults (men and women) use smoke and / or use smokeless tobacco. 3.1 million adults were exposed to tobacco smoke at home, 21.2% of adults (2.1 million adults) were exposed to tobacco smoke when visiting restaurants, 86.1% of adults (3.1 million adults) were exposed to tobacco smoke when visiting bars or nightclubs and, 30.2% of adults (0.5 million adults) were exposed to tobacco smoke when visiting universities (GATS, 2014). Smoking has been found to harm nearly every bodily organ and organ system in the body and diminishes a person's overall health. There is sufficient evidence revealing dire health consequences associated with consumption of tobacco products. Smoking is the leading cause of cancer and death from cancer. It causes cancers of the lung, esophagus, larynx, mouth, throat, kidney, bladder, liver, pancreas, stomach, cervix, colon, and rectum, as well as acute myeloid leukemia (U.S. DHH, 2014) The rising number of tobacco users in Kenya according to GATS (2014) is a serious concern that can contribute to an increase in non-communicable diseases and unprecedented deaths amongst the active users as well as non-smokers. Secondhand smoke causes

disease and premature death in nonsmoking adults and children (US.DHHS, 2010). Exposure to secondhand smoke may increase the risk of heart disease by an estimated 25 to 30 percent (US.DHHS, 2006). Children exposed to secondhand smoke are at an increased risk of SIDS, ear infections, colds, pneumonia, and bronchitis.

Arguably, Construction of anti-smoking media health campaigns has heavily relied on the top-down approach allowing very little participation to other key stakeholders like the smokers themselves, community leaders, and religious institutions, among others. There seems to exist an over-reliance on donor funding on what goes into these campaigns thus resulting in low participation of other key stakeholders. The tobacco health campaigns assume a linear approach in their construction resulting in very little involvement of other key stakeholders among them the consumers to these smoking media campaigns. Campaigns are heavily reliant on research conducted in other countries and the success rate recorded. Unfortunately, there are different dynamics to tobacco smoking and they include socio-dynamic; geo-dynamics; physio-dynamics.

There is also that assumption of a "one size fit all" approach campaign, thus failing to target specific audience with specific messages. The notion of generalizing might be unsuitable to some audience given that different audiences have a unique way of decoding messages. Also, this study has never been conducted in Kenya and it will be crucial in the design of future anti-smoking campaigns.

1.4 Significance of the Study

The smoke-free policy in Kenya is set by the 2010 Constitution, Article 42 of which guarantees the right to a clean and healthy environment. In addition, the Tobacco Control

Act 2007 provides that (1)"Every person has a right to a clean and healthy environment and the right to be protected from exposure to second-hand smoke [SHS]. (2) Every person has a duty to observe measures to safeguard the health of non-smokers. (3) Every head of family, including a parent and/or guardian, is responsible for ensuring that the children are free from second-hand smoke". No person shall smoke in any "public place", and the list of such places includes indoor offices and workplaces; health, education and worship facilities; and stadia and sports and recreational facilities. The Constitution of Kenya provides for the right of good health for every Kenyan, therefore the right to information is inevitable. A well-designed campaign informing people of the provision of the tobacco control Act notwithstanding the dangers of tobacco use is paramount. Many people will benefit from the information whether smokers or non- smokers.

1.5 Justification of the Study

Tobacco use is one of the most common risk factors for non-communicable diseases (NCDs). According to the Kenya Ministry of Health, NCDs contribute to nearly 50% of all admissions in public hospitals countrywide. In Kenya, 69 per 100,000 deaths for individuals aged 30 and above result from tobacco use. Five percent of all non-communicable deaths in Kenya result from tobacco use, and 55% of all deaths from cancers of the trachea, bronchitis, and lung are attributable to tobacco (GATS, 2014).

 According to a report in the business daily, Kenya titled "*Tobacco does more harm than good to Kenyan economy*" (2013) posits that, the tobacco industry is known to provide false figures that exaggerate their role in tax contribution and employment creation in Kenya. In reality, however, tobacco farming and consumption has mainly contributed to

mass impoverishment of the growers and poor health of consumers. The per capita cigarette consumption in Kenya is 200 per annum. This means at 40 million people, then the country is consuming eight billion sticks yearly. In addition, at Sh5 a stick, this amounts to Sh40 billion spent on cigarette consumption each year. This is more than the total annual budget of the Ministry of Health. The tobacco industry, therefore, takes all this and gives back 10 per cent plus diseases and death (Business daily, 2013).

1.6 General Objective

To find out the effectiveness of communication strategies of the "tobacco kills –quit now" campaign in Nairobi County.

1.6.1   Specific Objectives

1. To find out how anti-smoking campaign is influenced by communication theory and research

2. To investigate the effectiveness of anti-smoking messaging in addressing target audience

3. To find out whether the channels of communication used were effective in addressing target audience

4. To interrogate the extent at which the anti-smoking campaign has been effective in causing behavior change among the audience

1.7 Research questions

1. How is the anti-smoking campaign influenced by communication theory and research?

2. How is anti-smoking messaging effective in addressing the target audience?

3. To what extent are channels of communication effective in addressing target audience?

4. How has anti-smoking health campaigns been effective in causing behavior change among the audience?

1.8 Conceptual Framework

1.8.1 Taylor's Six-segment Strategy Wheel

Moving beyond the informational and transformational strategy taxonomy introduced by Puto and Wells (1984), Taylor (1999) built the six-segment message strategy wheel as a comprehensive model to generate message strategy, to plot competitive strategies, and to compare message strategies across cultures. Consistent with previous research, Taylor introduced two basic advertising approaches, the informational view and the transformational view. Then three subcategories within each of the two dimensions are identified in the model, thus offering a more sophisticated tool for analyzing advertising message strategies.

According to Taylor's six-segment message strategy model, the informational view is composed of three segments: ration, acute need, and routine, while the transformational view is composed of the ego, social, and sensory segments. It is important to note that under Taylor's model, either a single advertising approach (for example, social) or a combination of approaches (for example, social and ego) can be selected for an advertising strategy.

1.8.2 The Informational View

The ration segment of Taylor's model is based on consumers' need for information which is sometimes referred to as containing ''reason why'' copy (Taylor, 1999). According to Taylor (1999) the role of communication in this segment is to inform and persuade based on logic. The acute need segment of Taylor's model largely focuses on consumers' immediate needs. This is used in a situation where the consumer does not have a lot of time to gather information before making a decision (Taylor, 1999). The following segment of the informational half of Taylor's model is routine. Advertising in this segment either take advantage of routines that exist or try to create one (Taylor, 1999).

Method for reconstructing the traditions of communication theory to highlight their practical relevance loosely follows Taylor (1992).Theoretical met discourse (that is, communication theory) derives from and theorizes practical met discourse (everyday ways of talking about communication), and in so doing both (a) appeals rhetorically to certain met discursive commonplaces, which is what makes a theory seem plausible and commonsensical from a lay point of view, and (b) skeptically challenges other met discursive commonplaces, which is what makes a theory seem interesting, insightful, or maybe absurdly nonsensical from a lay point of view. This combination of plausibility and interestingness constitutes the presumptive practical relevance of a theory. Because different theories turn out to be relevant in significantly different and often conflicting ways, theoretical met discourse turns back on itself to debate the differences and thereby constitutes itself as a dialogical-dialectical field. Our present task, then, is to jump-start that self-reflexive process in the field of communication theory.

1.8.3 The Transformational View

Advertising following the ego segment under the transformational side of Taylor's model focuses on showing how the product appeals to individual's perceptions of whom they are (or whom they want to be). This strategy is largely based on individual needs for respect or recognition through consumption. The social segment of Taylor's model shifts away from the individual and towards the collective (Golan & Zaidner, 2008). Here, the role of advertising is to place the consumption of a product/service within a social situation. The sensory segment is the final segment under the transformational half of Taylor's model. Within this segment, advertisers appeal to consumers' senses of smell, touch, hearing, taste, or sight. Any advertising messages that directly appeals to consumers' senses will fall under this segment.

Since first introduced by Taylor in 1999, the six-segment message strategy wheel has been found to be useful for capturing and identifying strategies in use. Morrison and White (2000) used the wheel to analyze message strategies used by Super Bowl advertisers. Lee (2000) applied the wheel to analysis of differences between American and Korean automobile advertising, and Lee, Nam and Hwang (2001) further applied it to compare strategies used in television commercials by American and Korean advertisers. Cunningham and Jenner (2000) applied the wheel to political decision-making. Hwang, McMillan, and Lee (2003) found a preference for informational strategies in their study of advertising on corporate websites. Taylor (2005) used the wheel to predict the direction of changes in message strategy. Golan and Zaidner (2008) adopted the wheel to analyze viral advertising and found ego strategies was heavily relied. Venger and Wolburg (2008) used the model to find differences in strategies used in tobacco

advertising in the Ukraine and in the United States. Lee, Taylor, and Chung (2011) applied the wheel to analyze changes in advertising strategies during an economic crisis and demonstrated that financial service advertisers shifted away from transformational approaches in favor of informational approaches.

Adapted from Taylor (1999)   Dr Stephan Dahl
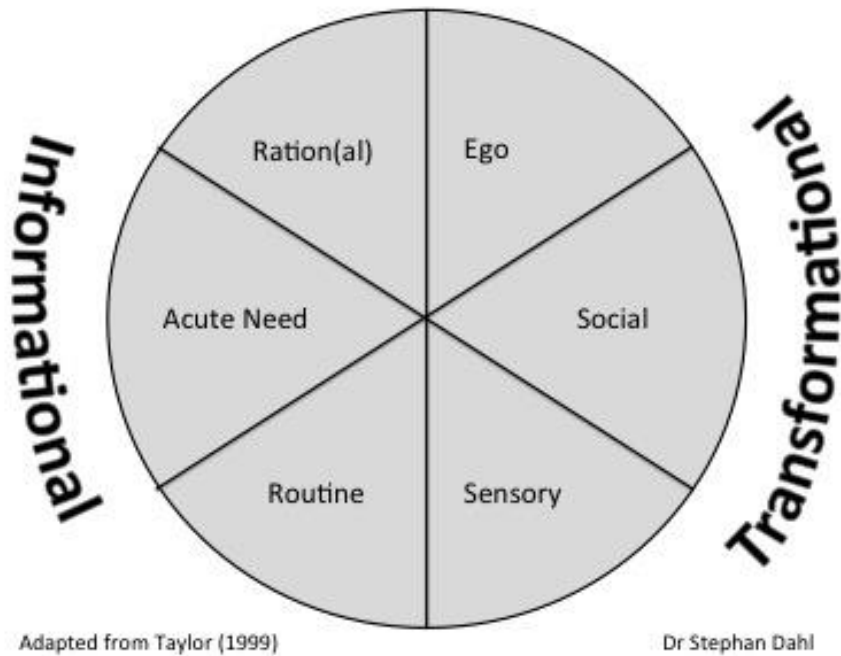
Figure 1.1: The Transformational View

1.9 Theoretical Framework

Grounding a campaign in one or more theories of behaviour change enables campaign planners to explain why and how a campaign should work, thus assessing the campaign's progress throughout the health communication process, not just at the end of the

campaign (Atkin, 2001; Coffman, 2002; National Cancer Institute, 2002; Randolph & Viswanath, 2004). Assessing progress enables planners to improve the campaign as it is developed and implemented, before more resources have been invested in a campaign that may not succeed. Public communication campaigns that are grounded in theory are easier to evaluate over the lifetime of the campaign (and easier to causally link to outcomes), as planners are able to identify at the outset the more immediate or proximal indicators of whether a campaign is on track, as well as the longer- term indicators of campaign effectiveness. Change theories relevant to public communication campaigns include: the theory of reasoned action, social cognitive theory, the health belief model, organisational, Community based organization theory and diffusion of innovation theory (among others), each described briefly below.

The theory of reasoned action postulates that attitudes and norms create behavioral intentions, which in turn cause behavioral outcomes. A public communication campaign may be designed to change or reinforce specific attitudes and norms for causing behavior change. An evaluation of such a campaign would assess reinforcement of or shifts in attitudes and norms, and would only expect behavioral change where attitudes were or became consistent with the desired behavior change. If such attitudinal shifts failed to occur or were not reinforced, the campaign would likely be revised. The costs of continuing the behaviour outweigh the costs of changing the behavior. It is particularly helpful for evaluating campaign messages, materials, and delivery media during the planning phases and early implementation to ensure that messages are understood by and resonate with the target audience.

17

Social cognitive theory postulates that behaviour change results from motivation to change and the acquisition of skills and abilities (self-efficacy) to change, within a given environmental context. A public communication campaign grounded in this theory would try to attract the target audience's attention, convey a compelling message, impart specific skills, and provide motivation to undertake behaviour change (preferably in conjunction with a reinforcing environmental change, such as a price increase on cigarettes, or the adoption of a smoke-free policy). An evaluation of such a campaign would assess attitudes and knowledge (skills) in the target population and desire to change the behaviour. In addition, a firm understanding of the environmental context would help shape the development of the campaign.

The trans-theoretical model ("Stages of Change") posits that people proceed through (linearly or cyclically) a readiness continuum of behaviour change stages from pre-contemplation to maintenance of the behaviour change. Public communication campaigns based on this theory will identify the specific stages of the target population and attempt to move them to the next stage, will have different messages for audiences in the different stages, or, perhaps, will target people at one stage only. Evaluation outcome measures will be determined by the purpose and target audience of the campaign, and may be limited to shifts along the readiness to change continuum (for instance from "happy to smoke" to "thinking about quitting").

The principles of community organization theory are based on community empowerment and capacity building. In order to be successful and have a sustained impact, public communication campaigns must include partnerships with community members, organizations, and governments, and mobilize communities to develop and implement

strategies in support of campaign goals. Evaluation of a campaign based on this theory would include stakeholder interviews, measures of community competence, monitoring of community activities, and other community evaluation techniques

Social marketing has been one of the approaches that has carried forward premises of diffusion of innovation and behavior change models. Since the 1970s, social marketing has been one of the most influential strategies in the field of development communication.

Social marketing consisted of putting into practice standard techniques in commercial marketing to promote pro-social behavior. The analysis of consumer behavior required to understand the complexities, conflicts and influences that create consumer needs and how needs can be met (Noveli, 1990). Influences include environmental, individual, and information processing and decision-making. Social marketing's goal is to position a product by giving information that could help fulfill, rather than create, uncovered demand. It intends to reduce the psychological, social, economic and practical distance between the consumer and the behavior (Wallack et al, 1993)

In United States, social marketing has been extensively applied in public information campaigns that targeted a diversity of problems such as smoking, alcoholism, and seat belt use, drug abuse, eating habits, venereal diseases, littering and protection of forests. The Stanford Three Community study of heart disease is frequently mentioned as one of the most fully documented applications of the use of the marketing strategy. (Maccoby & Farquhar, 1989). Social marketing has been used in developing countries in much intervention such as condom use, breast-feeding, and immunization programs. (Chapma, 1993) postulates that early health applications of social marketing in part of international

development efforts and were implemented in third world countries during the 1960s and

1970s.

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

This section entails the literature review based on the effectiveness of communication strategies of the "tobacco kills quit now" campaign which include smoking, Effectiveness of antismoking campaigns, advertising creative strategies of antismoking campaigns, strategic communication and other interventions for social change in Kenya

2.2 Smoking

The focus of worldwide consumer education programs has been on the effects of tobacco use. In order to highlight the leading cause of preventable death worldwide, these programs have largely been fear-based and designed to convince young people to stop cigarette smoking (Fletcher, 2007). Research in Australia and the United States has found that while smoking rates in the general population have declined, those among university students have not (see for example, AIHW, 2002; Tevyaw, 2006). Tevyaw (2006) noted that the rate of smoking among people aged 18-24, particularly college students, in the United States was relatively stable and had even increased in the decade to 2006.

In 2002, the Australian Institute of Health and Welfare (AIHW) reported that 15.1 % of Australians aged 14-19 were smokers. Almost a third (31.6%) of females in that age cohort stated they were daily smokers (AIHW, 2002) almost double the national average of 16.1%. While the rate of smoking among young women declines during their 20s (to 17.6%, the lowest in Australia), the rate of smoking for young men increases – to 30.1%, above the national average for the 20-29 years of age cohort. The AIHW (2004) reported that the proportion of daily smokers in the Australian population aged 14 years and over

had declined from just under 30% in 1985 to 17.4% in 2004. In 2004, 18.6% of males reported smoking daily compared with 16.3% of females. In 2006, the ABS reported AIHW data showing that 12.7% of males aged between 14 and 19 were current smokers, compared with 14.2% of females. Major conclusions of US research (Centres for Disease Control and Prevention) in 1994 were that, among other factors, nearly all first use of tobacco occurs before high school graduation; that most adolescent smokers are addicted to nicotine and report they want to quit but are unable to do so; and that adolescents more likely to smoke were those with lower levels of school achievement, with fewer skills to resist pervasive influences to use tobacco, with friends who smoke, and with lower self-images.

Studies of the effectiveness of communication campaigns designed to reduce tobacco use among young people are comprehensive and most deal with how young people accept anti-smoking messages. Gilbert (2005) found that campaigns designed to impact on young women need to adopt strategies which increase the awareness of young people about their own particular health risks. Gilbert (2005) argued that it was important to learn from women smokers rather than ignore their „expertise" and that campaigns should be gender specific "but in ways which do not blame and devalue women and girls" (p. 243). Other studies, Rodger *et al.* (2005), for example, have examined novel ways of reaching young people with anti-smoking messages SMS text messages in this case. Hafstad and Aaro (1997) studied the effectiveness of the third consecutive mass media campaign in Norway that used provocative emotional appeals to prevent the onset of smoking among adolescents. This kind of campaign reflects those also used in Australia for delivering both anti-smoking and safe driving messages to young people.

Hafstad and Aaro (1997) found that among the 4,994 respondents to their self-administered questionnaire, recall of the non-smoking campaign messages was highest among boys, and that, overall, boys showed the most positive affective reactions. However, smokers in particular reported negative reactions to campaign messages.

Miller *et al.* (2007) noted that no anti-smoking advertising campaigns have "met with unqualified success". Their research examined whether universal anti-smoking advertisements were optimal for teenagers by comparing adolescents" responses to different print ads across nine culturally diverse countries. Miller et al. (2007) found that individual reactions to the consequences portrayed in anti-smoking advertisements vary by culture. Booth-Butterfield (2002) found that adolescent tobacco smokers felt less in control of their lives in relation to non- users and, as a consequence of this, may be unable to adapt to anti-smoking communication to achieve positive health outcomes.

In 2003, Booth-Butterfield described smoking across a person's life span as a "thoroughly integrated, embedded behaviour". Factors, which led to this, were the complexity of the behaviour itself, external situational and socio-cultural factors, and psychological and biological factors related to individual communicators. Booth-Butterfield (2003) noted that it was difficult to alter extensively embedded behaviour. She argued that more focused communication interventions would result by examining how health-endangering behaviour are embedded among benign or other potentially dangerous behaviour. Investigations of this kind should occur before intervention communication strategies are developed. The current research is one-step in such an investigation as it sought to discover why young people might not believe anti-smoking

messages, a basic step in the research that should drive the development of an effective communication strategy.

In 2006, Dutta-Bergmann reported on a study of the use of "soap operas" as a communication tactic for delivering positive health messages. Dutta-Bergmann (2006) argued that formative research into the viability of this approach is needed to guide the development of communication strategies. Dutta-Bergmann (2006) argued that health-oriented individuals were more likely to remember health messages in soap operas and incorporate them in future behaviour than were unhealthy individuals.

Campo and Cameron (2006) examined the use of "social norms campaigns to investigate university students processing of anti-drinking messages. They found that such campaigns did generate a slight attitudinal shift, but not always in a positive direction. Zhao *et al. (*2006) had similar findings, although in this case mostly slightly positive, from their study that looked at behavioural change after adolescents were exposed to three anti-marijuana use advertisements. Stephenson *et al.* (2002) found that, among other factors, exposure to friends and family who used marijuana resulted in greater use of the drug by younger adolescents and suggested that this had implications for the design of future anti-marijuana messages. Ferguson *et al.* (1992) investigated predictors of recruiting others to smoke cigarettes among 273 seventh grade students who had smoked at least once. Ferguson *et al.* (1994) found that significant predictors of recruiting others to smoke include best friend (same sex) smokes, number of same-sex friends who smoke, and perceived positive consequences of smoking.

Brannstrom and Lindblad (1994) investigated the extent to which five years of exposure to news media messages affected the health of 16-80 year olds in an intervention area in

Sweden. They found that sex and social class in people recalling messages and "ordinary people" who delivered messages were seen as exemplars. Pinkleton *et al.* (2007) studied the effectiveness of a media literacy curriculum on tobacco use among 723 adolescents. They found that media literacy had a positive effect on reflective thinking about tobacco use, whether or not the participants had smoked tobacco.

Audrain-McGovern *et al.* (2003) argued from the results of their study of receptivity to tobacco advertising among 1071 high school freshmen, that counter-advertising messages should consider individual differences in novelty seeking because young people thus categorised were more receptive to tobacco industry campaigns. Similar findings are reported from research by, for example, Adelman (2001), Cummings *et al.* (1997), Etter *et al.* (2003), Pingree *et al.* (2004), Sussman *et al.* (2001 and 2006) and Rodgers *et al.* (2005).

In a study related to the present research, Hansen, Winzeler and Topolinski (2010) used terror management theory to examine the impact of anti-smoking messages in cigarette package labelling in the context of self-esteem and mortality-salient warnings. They found that warning messages on cigarette packages could be effective in inducing anti-smoking attitudes. However, they found a link between smoking and self-esteem, which suggested that those who based their self-esteem on smoking might not heed fear-based warnings. Hansen *et al.* (2010) argued that a differential strategy should be applied to warn smokers against negative consequences of smoking. They found that death-related warnings "are not effective and even have unwanted effects when smokers have a high smoking-based self-esteem". In their view, young smokers who want to impress their peers may base their self-esteem on smoking to a higher degree than others. Hansen *et al.*

(2010) suggest that such populations should be warned against noxious consequences of smoking with death-neutral messages that undermine their smoking-based self-esteem. Their research found that "when smokers are faced with death-related anti-smoking messages on cigarette packs, they produce active coping attempts as reflected in their willingness to continue the risky smoking behaviour".

Devlin *et al.* (2007) found from their study involving young people in England that fear-based anti-smoking appeals can encourage a defensive response and "ultimately rejection of the message, particularly among more committed smokers". Such appeals were likely to be effective only when combined appropriate forms of advice and support with the efficacy components of messages being designed to specifically meet the needs of young people (Devlin *et al.,* 2007).

2.3 Effectiveness of Antismoking Campaigns

Mass media tobacco control campaigns have been found to be successful in changing the public's knowledge and attitude, as well as reducing negative health behaviors in western countries (Wakefield, Loken, & Hornik, 2010). Numbers of studies have examined relationships between mass media antismoking campaigns and people's cognition, knowledge, attitude and behavior change toward smoking through both quantitative methods (Wakefield, Flay, Nichter, & Giovino, 2003; Strasser *et al.,* 2009; Shen, 2010; Harakeh, 2010; Hanewinkel, Isensee, Sargent, & Morgenstern, 2010; Cater, Donovan, & Jalleh, 2011) and qualitative methods (Ferketich et al., 2004; Wolburg, 2006; Gagné, 2008; Durkin & Wakefield, 2010). The results showed that mass media antismoking campaigns do have significant effects on preventing the public from smoking, increasing people's antismoking attitude and belief, and leading to an increased people's awareness

of the link between smoking and disease (Wakefield, Freeman, & Donovan, 2003; Richardson, Green, Xiao, Sokol and Vallone, 2010). Morbidity & Mortality Weekly Report (MMWR) (2004) provided evidence that the budget reduction in antismoking campaign on Minnesota adolescents increased in the percentage of adolescents who are susceptible to smoking.

Within the context of low- and middle-income countries, mass media can be the most cost-effective medium to reach broad population segments (Creese, Floyd, Alban, & Guinness, 2000). Therefore, despite the relatively recent developments of mass media tobacco control campaigns in developing country contexts, their efficacy could be very significant in these countries. In Thailand, mass media antismoking campaigns are known to have the second largest impact in reducing the prevalence of smoking and reducing the number of lives lost to smoking, which shows the potential of antismoking campaigns in a developing country (Levy, Benjakul, Ross, & Ritthiphakdee, 2008). According to a pan-national campaign evaluation using a multistage, household-survey methodology in India in 2010, antismoking campaign awareness was associated with better knowledge, more antismoking attitudes, and greater cessation-related thoughts and behaviors (Murukutla *et al.,* 2011). In China, a pre-and post-campaign evaluation conducted in Beijing and Guangzhou (Chinese Center for Disease Control and Prevention [CCDCP], 2010) reported an increased awareness of the link between smoking and cardiovascular disease, with fewer respondents thinking that cigarettes are a valuable gift or one that most people would like, after that particular antismoking campaign intervention. However, these results from the national survey methodology could merely support the success of antismoking campaigns in increasing the public's awareness and attitude

towards antismoking, changing the public's knowledge about the link of smoking and disease, or preventing young people from smoking; there is no evidence that shows antismoking campaigns have a manifest effect on changing the behavior of those who already smoke, especially people who have quitted before and start smoking again. Also nation-wide survey method may not profoundly reflect smokers' real experience, opinion, and attitude toward antismoking campaigns and their smoking behavior change.

2.4 Advertising Creative Strategies of Antismoking Campaigns

Advertising creative strategies are classified into two broad types: an informational or transformational approach. While the former refers to advertising that appeal to ones' cognition or logic, the latter refers to advertising that appeal to consumers' emotions, experience or senses (Puto & Wells, 1984). Cohen *et al.* (2007) indicated that antismoking advertising was more likely to use an informational approach with humor appeals, rather than transformational appeals such as focusing on emotional and experiential anxiety, sadness, fear, or anger. Current antismoking advertisements overemphasize attitudes while underemphasizing social norms, barriers to quitting smoking, and individuals' self-efficacy (Cohen *et al.,* 2007). These health-issue-related antismoking campaigns, always characterizing by addressing the harms of a number of different tobacco uses, are widely used both in western and in developing countries.

On the one hand, these campaigns do help increase people's cognition, awareness, and attitude toward antismoking. On the other hand, no evidence shows a significant relationship between these antismoking campaigns and smokers' actual behavior change, especially quitting the smoke - more attention needs to be paid to different strategies to

attempt to address the undeniable health implications for those who continue to smoke (Thompson, 2011)

Studies of the effectiveness of communication campaigns designed to reduce tobacco use among young people are comprehensive and most deal with how young people accept anti-smoking messages. (Gilbert, 2005) found that campaigns designed to influence young women need to adopt strategies, which increase the awareness of young people about their own particular health risks. (Gilbert, 2005) argued that it was important to learn from women smokers rather than ignore their "expertise" and that campaigns should be gender specific "but in ways which do not blame and devalue women and girls". Other studies, (Rodger et al, 2005), for instance, have examined novel ways of reaching young people with anti-smoking messages – SMS text messages in this case. (Hafstad & Aaro ,1997) studied the effectiveness of the third consecutive mass media campaign in Norway that used provocative emotional appeals to prevent the onset of smoking among adolescents. This kind of campaign reflects those also used in Australia for delivering both anti-smoking and safe driving messages to young people. (Hafstad & Aaro, 1997) found that among the 4,994 respondents to their self-administered questionnaire, recall of the non-smoking campaign messages was highest among boys, and that, overall, boys showed the most positive affective reactions. However, smokers in particular reported negative reactions to campaign messages.

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2.5 Strategic Communication

Hallahan *et al.* (2007) defined strategic communication as the "purposeful use of communication by an organization to fulfill its mission" and note that Strategic communication differs from integrated communication because its focus is how an organization communicates across organizational endeavors. The emphasis is on the strategic application of communication and how an organization functions as a social actor to advance its mission. In their view, strategic communication "is about informational, persuasive, discursive, as well as relational communication when used in a context of the achievement of an organization's mission".

Sandhu (2009) described strategic communication as multidisciplinary "intentional'' communication that requires a purposeful actor, and rational and deliberate decision-making. (J.E. Grunig, 2006) argues that strategic communication is a „bridging activity" between organizations and their stakeholders that should be standard procedure, which are, institutionalized. That reflects the notion of two-way symmetrical communication, the practical applications of which (Lane, 2007) have argued are insufficiently considered by scholars and practitioners. (Argenti, Howell and Beck, 2005) defined strategic communication as being "aligned with the company's overall strategy, to enhance its strategic positioning". They noted that strategic communication must have a long-term orientation in which practitioners must "meet short-term needs by stay focused on the long-term issues facing organizations .(Zerfass & Huck , 2007) argue that strategic communication "prepares organizations for an uncertain future" (Cornelissen ,2005) notes that the scope and involvement of strategic communication as a management

function becomes more substantial when it stretches beyond a set of functional goals and tactics to corporate and business unit levels. In its critical management function, strategic communication practitioners thus need to respond to a business needs and concerns.

Argentic *et al.* (2005) posit three drivers of strategic communication: regulatory factors, organizational complexity, and the need to increase credibility. Cornelissen (2005) notes that as a strategic management function communication is "charged with counseling senior management, and guiding and managing reputations and relationships with important stakeholder groups". Strategic communicators concerns with communication disciplines and their associated tactics are directed at how they advance top-level strategic goals and objectives, rather than in implementing tactics (Cornelissen, 2005).

Grunig's (2009) discussion of two paradigms for public relations practice provides a further view of strategic communication as it relates to campaigns designed to generate behavioural outcomes. Grunig (2009) argues that practitioners working in the "symbolic, interpretive" paradigm of marketing communication "generally" believe publics can be persuaded by messages that change their cognitive representations. This approach, he argues, devotes excessive attention to the tactical role of communication in negotiating meaning by emphasizing messages, publicity, media relations and media effects. A contrasting "strategic management, behavioural" paradigm builds relationships with stakeholders. This paradigm facilitates two-way communication and dialogue and includes a framework of research and listening, as a result of which "messages reflect the information needs of publics as well as the advocacy needs of organizations" (Grunig, 2009).

This brief overview of literature related to anti-smoking campaigns directed at young people, and of the principles of strategic communication, suggests that professional communicators may need to be more carefully design campaigns to take account of the ways in which young people receive and process health information. The literature on the growing field of strategic communication provides some direction for organisations promoting positive behavioural outcomes.

2.6 Other Interventions for Social Change in Kenya

Communication is recognized as an essential input into programmes. The role of the Ministry of Public Health and Sanitation is mainly to create demand for RH services and encourage programmes that sensitize and mobilize communities to achieve reproductive health goals and objectives. These interventions therefore form an integral part of the Community Strategy currently under implementation by the health sector. Over 20 different players collaborate with the Ministry to implement the National Reproductive Health Strategy and many of these provide advocacy and critical RH services as a priority. Despite the existing communication interventions, there is inadequate inter- and intra-sectoral coordination between government agencies and NGOs/ key collaborates for a coordinated and technically communication strategy implementation. Strategies are often formulated at the central level and dispersed to the field without field level input. Gaps are also evident in many aspects of Behaviour Change Communication (BCC) planning and implementation, an indication that many interventions are not strategic in approach. The donor dependent nature of many communication programmes components also affects both their content and sustainability (MOH, 2010). Good and effective

communication skills can advance you socially. By making useful contacts, one builds self-confidence and develops capabilities to help and lead others.

Studies of the effects of mass media campaigns reviewed here fall into three broad categories: controlled field trials, in which unexposed communities served as a control; evaluations of the effects of campaigns funded by state or national governments; and examinations of elements and factors that may optimize the effectiveness of campaigns. This last category includes examinations of different types of messages (in terms of theme, tone, format, and executional characteristics), how messages may influence youth by personal characteristics (gender, age, race/ethnicity, socioeconomic status, and high risk), and the ideal intensity of these campaigns and duration for airing them.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

This chapter details how the proposed study was carried out. It covers the design to be adopted to conduct the study, how data was collected, and eventual analysis of the data in order to generate research findings for reporting

3.2 Research Design

The study employed both qualitative and quantitative methods. Qualitative research was often described as inductive. Induction describes the process of constructing and validating theory using data analysis. Data analysis precedes theory construction. One methodology for qualitative and inductive theory construction is 'grounded theory' (Glaser and Strauss, 1967). Grounded theory involves working as closely as possible with the constructs used by the people who are being studied on and building up from these to abstract concepts that may be linked together in qualitative models of processes or meaning systems. Quantitative social research is usually organized around the aim of testing theory.

A common practice in quantitative social research is to review both theoretical and research literature with the aim of summarizing previous research in the form of a causal model. This model of the contingent relationships between theoretical concepts is then translated into a model of variables or indicators of concepts that informs a research design. The data analysis then conducted to evaluate the relative importance of each

causal variable in the model or to determine whether the most important causal

mechanisms are operating to determine outcomes (Blalock, 1989).

3.3 Data Collection Process

The approach, which was adopted in data collection, involved personal interviews with the selected 100 persons (18-55) in Nairobi County active smokers and non-smokers; structured questionnaires were employed as well as the use of focus group discussions with a few selected smokers and non-smokers to validate some of the results generated from personal interviews. This approach was adopted to cover up on those individuals who might sometimes give erroneous information (over- or underestimations) when interviewed individually. The study also employed interviews with key informants from the Ministry of Health.

3.4 Data Collection

Data collection was undertaken through the following process: Training of research teams and pre-testing of tools: During this training, pre- testing of tools was undertaken as part of the research teams' orientation to the study objectives.

Data collection: The research team collected both collected quantitative and qualitative data simultaneously using focus group discussions, and key informant interviews. Additional key informants were identified and pursued as needed throughout the research process to respond to missing data fields and new information gained in the research process.

Supervision and quality control: During the desk review, data mining and fieldwork, the lead researcher ensured continuous supervision of the research teams to ensure they participate in actual data collection.

3.5 Survey Design

The survey adopted three approaches that were used to collect data from individuals. Sample Selection that includes: (i) purposive sampling of Nairobi County; (ii) simple random sampling to select active smokers exposed to mass media anti-smoking campaign in Nairobi County and (iii) systematic sampling to select the individual who are related to active smokers and are exposed to the mass media campaign "Quit smoking".

3.6 Data Analysis

The study used descriptive statistics (means and frequencies) for the various variables. For both quantitative and qualitative data, data entry was done continuously in the course of data collection using transcribing, note taking, and filled in questionnaire. At the end of data entry, cleaning was executed and analyzed using SPSS software. Qualitative data was summarized using thematic framework (Bryan, 2008; Pope et al 2000) and analyzed using NVIVO software. Dominant themes were identified through systematic sorting of data according to the research objectives.

3.7 Ethical Considerations

Ethics are norms or standards of behavior that guide moral choices about our behavior and relationship with others (Chandran, 2004).The goal of ethics in research is to ensure that no one is harmed or suffers adverse consequences from research activities. According to Mugenda and Mugenda (2003), ethics deals with one's conduct and serves as guideline to one's behavior. Before administering the questionnaires, the research assistant will seek consent as the topic under study is sensitive and respondents may fear that they may be victimized using the responses they give on the questionnaire.

Respondents were not required to give any details that may lead to their identification. The researcher exercised high level of professionalism, confidentiality and honesty to ensure that the information given was only used for its purposes. The researcher and research assistants explained the main objective of the study and assured respondents of confidentiality. Focus group discussion participants were requested to allow tape recording but if they are not comfortable with it, no recording was still be exercised.

CHAPTER FOUR
DATA FINDINGS

4.1 Introduction

Before the launch of the "Quit smoking" campaign in 2015, many other antismoking advertising campaigns began to combat the problem of public smoking using a variety of media and campaign designs. Many researchers conducted studies and discussed how to discourage smoking and prevent initiation to the vice more so among the youth. There are also numerous efforts to protect the public from the negative effects of second hand smoke. The "Quit smoking" anti-smoking campaign rolled out by the Ministry of Health and the World Lung Foundation targeted second hand smoking at the household level. The campaign used radio and Television and to some extent posters to convey the message. The target group ranged between eighteen to fifty years old. One hundred questionnaire were dispatched and seventy of them were returned fully completed. I am going to discuss in details the findings of the study.

4.2 Response Rate

The researcher computed the response rate of the respondents from the administered questionnaires. The results are as shown on Table 4.1.

Table 4.1: Response Rate

Response rate	Frequency	Percentage
Completed	72	72
Incomplete	28	28
Total	**100**	**100**

The researcher administered a total of 100 questionnaires and managed to receive 72 satisfactorily completed questionnaires. This represented 72% response rate while the incomplete ones represented 28%. In addition to the questionnaires that were administered, a focus group discussion was set up to complement the task.

4.3 Demographic Characteristics

4.3.1 Respondents by Age
The study sought to establish the age of the respondents. The respondents were asked to indicate their age. The results are as shown on Table 4.2.

Table 4.2: Respondents by Age

Factors to Consider	Frequency	Percent
18-30	47	65.3
31-40	12	16.7
Over 51	9	12.5
41-50	4	5.6
Total	**72**	**100.0**

Majority of the respondents (65.3%) were aged between 18-30 years while those aged between 31-40 years accounted for 16.7%. Those aged above 50 years accounted for 12.5%. The age bracket of 40-50 had the least number of smokers. This indicates that the study obtained opinions from diverse age brackets. It also implies that smoking cuts across all age brackets although the greatest number of smokers is youths aged between 18-30 years.

4.3.2Respondents by Gender

Responses were obtained and analyzed and the results are as shown in Table 4.3.

Table 4.3: Respondents by Gender

Factor to Consider	Frequency	Percent
Male	42	58.3
Female	30	41.7
Total	**72**	**100.0**

A majority (58.3%) of the respondents were male while the female gender accounted for 41.7%. This indicates that the researcher observed gender balance during the administration of questionnaires and that both male and female are involved in the smoking habit.

3.3 Respondents by Level of Education

The level of education is the experience is the maximum a limit to which one has attained in education. The respondents were required by the study to indicate their education level. Responses were obtained and analyzed. The results of the study are as shown in Figure 4.2: below
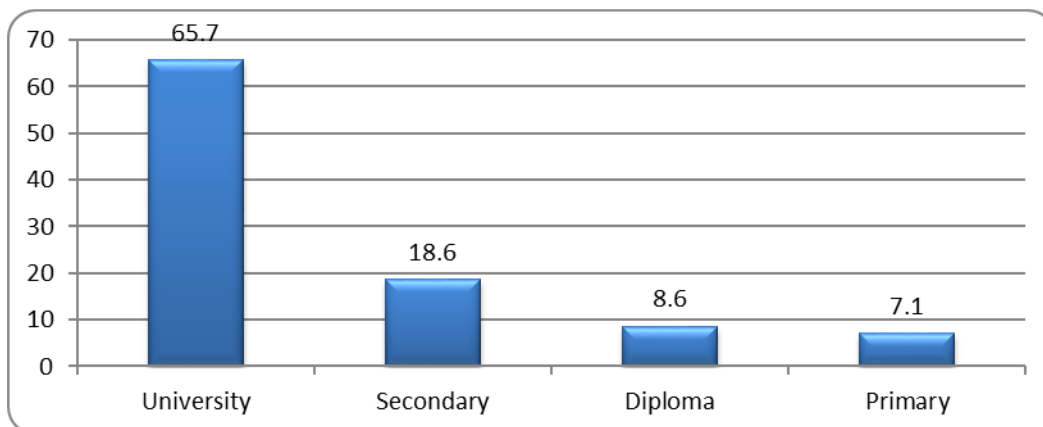
Figure 4.2: Respondents by Level of Education

From the findings, the study (65.7%) of the respondents had attained the degree level and above. Closely followed by 18.6% who had secondary level education in the second position whereas 8.6% of respondents had managed a diploma level of education. Only 7.1% had primary level education. This implies that the respondents were well educated and understood the researchers' queries.

4.3.4 Respondents by Marital Status

The marital status of the respondents was obtained, the responses were analyzed, and the results are as shown in Figure 4.3 below.
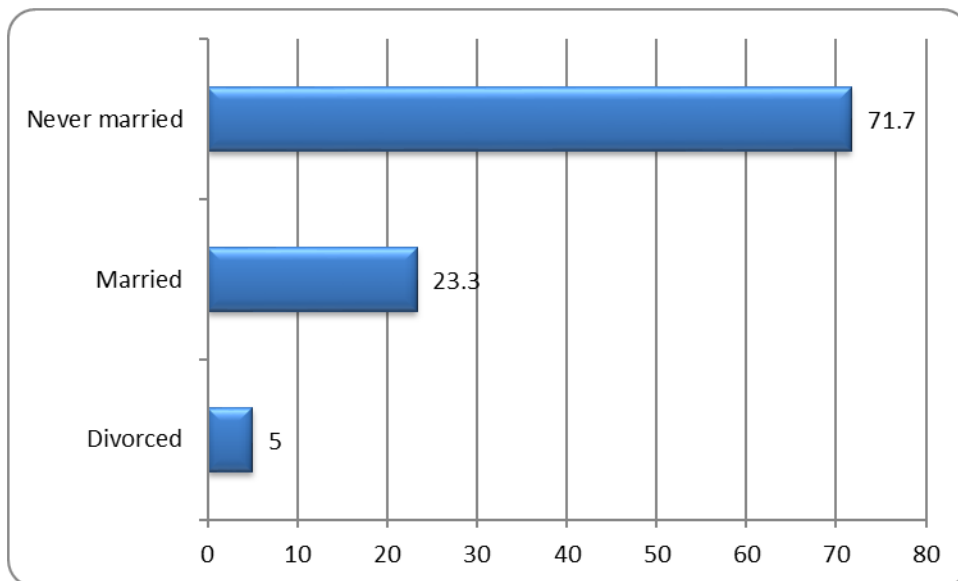
Figure 4.3: Respondents by Marital Status

 71.7% of the respondents were not married while 23.3% were married. Only 5% of the respondents were divorced. This implies that the researcher obtained responses from respondents of different marital statuses.

4.3.5 Respondents by Having or Not Having Children

In this section, the study sought to know whether the respondents had any children. The obtained responses were analyzed and the results are as shown in Table 4.1:

Table 4.4: Distribution of Respondents by Having Children

Factors to Consider	Frequency	Percent
No	45	62.5
Yes	27	37.5
Total	**72**	**100.0**

The results of the study indicated that majority (62.5%) of the respondents had no children while 37.5% of the respondents had children.

4.3.6 Smoking Habit

Smoking habits are often tied to certain activities, places, or people; such as having a cigarette with your morning coffee, during a break at work, or after a meal. The study further sought to know whether the respondents had ever smoked and whether they are still smoking. This will probably help apply the idea of routine change to the other triggers you identify in your day. The obtained responses were analyzed and the results are as shown in Table 4.5.

Table 4.5: Respondents by Smoking Habit

Factor to consider	Frequency	Percent
Yes	35	48.6
No	37	51.4

Total	**72**	**100**

The results of the study revealed that 48.6% of the respondents had engaged in smoking while 51.4% had never smoked at all. On whether those who had smoked are still smoking, the study established that 29.2% no longer smoke whereas 16.7% of the respondents are smokers. Only 1.4% smoke occasionally. These findings are as shown on Table 4.6.

Table 4.6: Current state of Smoking

Factor to Consider	Frequency	Percent
No	21	29.2
Yes	12	16.7
Occasionally	2	1.4
Total	**35**	**100.0**

4.3.7 Respondents by Purchase of Cigarette

The study findings revealed that majority of the smokers purchase cigarrettes in packets compared to 34.8% who purchase cigarrettes in single sticks. The obtained responses were analyzed and the results are as shown in Figure 4.4.
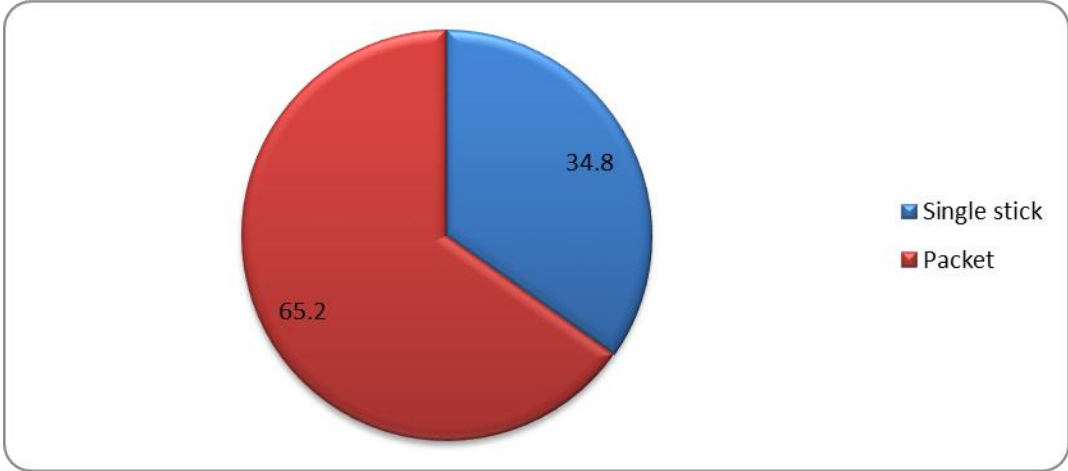
Figure 4.4: Form of Cigarette Purchase

4.3.8 Respondents by Longevity of Smoking

The study further sought to establish the distribution of Respondents by the duration they had been smoking. The results of the study are as shown in Figure 4.3.
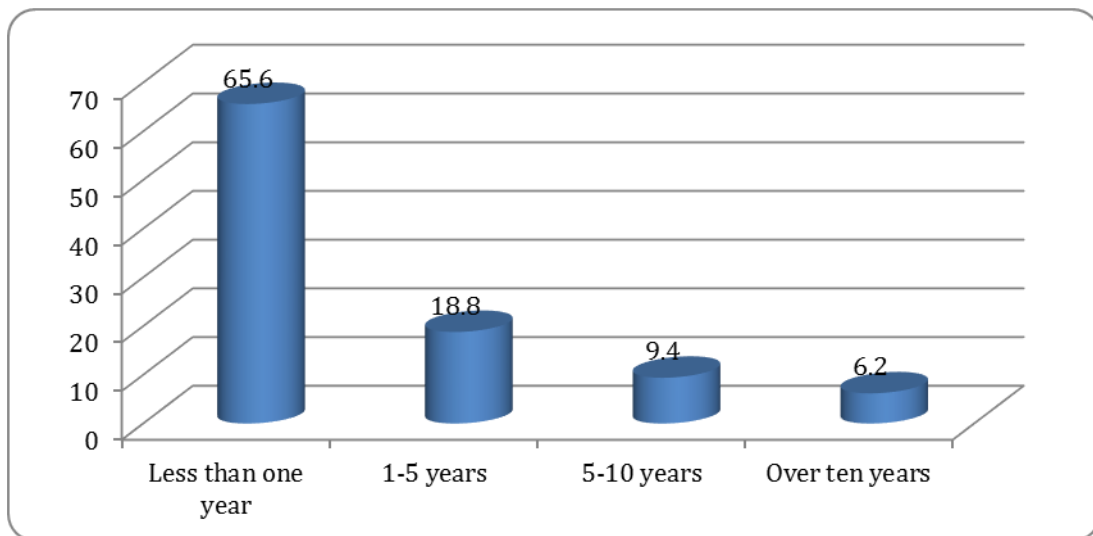
Figure 4.5: Longevity of Smoking

From the finding, the study found that of those who smoke now, (65.6%) have been smoking for less than one year followed by 18.8% who have been smoking for 1-5 years and then 9.4% those who had been smoking for 5-10 years. Only 6.2% had been smoking for over 10 years. This implies that majority of smokers have been engaging in this habit for less than five years.

4.3.9 Health Dangers of Smoking

91.6% of the respondents are aware of the dangers of smoking while 8.4% are not aware. The common dangers of smoking identified by the respondents were bronchitis, cancer, liver cirrhosis, cancer, lung failure, addiction, throat cancers, infertility, mouth cancer, staining the teeth and miscarriages among women. The result are shown in the table 4.7 below.

Table 4.7: Respondents by Dangers of Smoking

Factor to consider	Frequency	Percent
Yes	66	91.6
No	6	8.4
Total	**72**	**93.1**

4.3.10 Respondents by Smoking at Home

The respondents were requested to indicate whether they smoke at home and why they

do so. The results of the study are as shown in Figure 4.6.
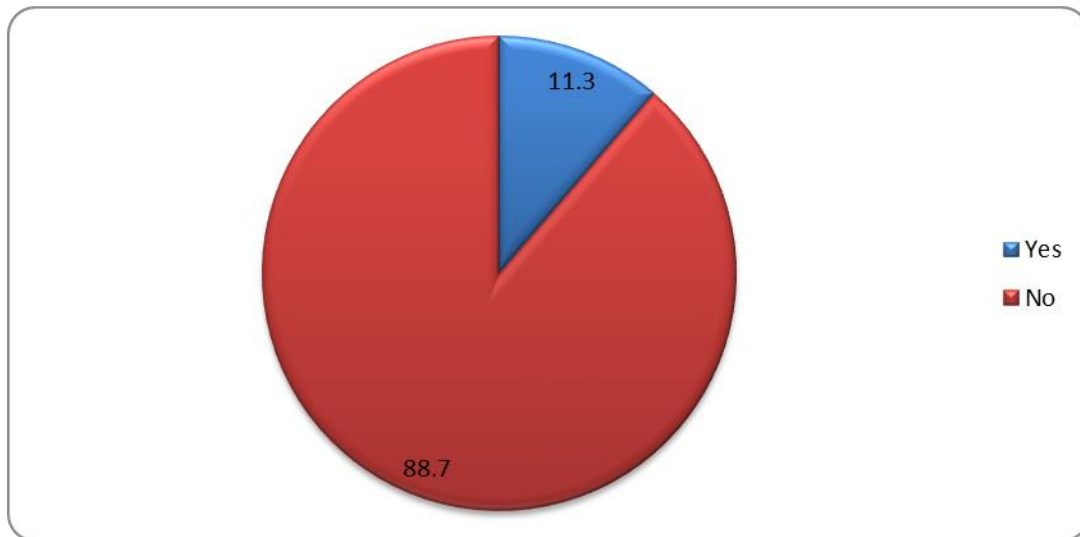
Figure 4.6: Respondents by Smoking at Home

88.7% of the smokers don't smoke at home while 11.3% do smoke at home. Those who

smoke at home argued that they can't help it, they are more comfortable smoking at

home, they are addicted to smoking or they are alone at home. Smokers who don't smoke

at home argued that they have kids at home thus it is not advisable to smoke in their

presence.

4.4 Analysis and Interpretation of Research Questions

4.4.1 Accessible Communication Channels
 Table 4.8: Accessible Communication Channels

		Responses		Percent of Cases
		N	Percent	
Anti-smoking Communication Channels[a]	Tv	57	23.4%	81.4%
	Radio	51	20.9%	72.9%
	Internet	48	19.7%	68.6%
	Newspaper	41	16.8%	58.6%
	Billboard	37	15.2%	52.9%
	Public Baraza	10	4.1%	14.3%
Total		244	100.0%	348.6%

a. Dichotomy group tabulated at value 1.

There were 70 respondents to the question and 244 responses since the respondents were allowed to choose more than one medium of communication. The study found out that 57 respondents had access to the Tv. The 57 respondents represented 23.4% of the 244 responses. Additionally, the 57 respondents represented 81.4% of all respondents (Percent of Cases, where N = 70). The findings also indicated that 51 respondents accessed had access to Radio. This represented 20.9% of the responses and 72.9% of all respondents. Further, 48 respondents had access to the Internet representing 19.7% of the responses and 68.6% of the respondents.

Among these communication channels, 54.2% of the respondents preferred the internet as the preferred means of communication followed by 26.4% of the respondents who preferred the TV as the main means of communication. Only 12.5% preferred the radio while only 1.4% preferred the Public Baraza. The results are as shown in Table 4.9.

Table 4.9: Preferred Communication Channels

Factors to consider	Frequency	Percent
Internet	39	542
TV	19	26.4
Radio	9	12.5
Newspaper	2	2.8
Billboard	2	2.8
Public Baraza	1	1.4
Total	**72**	**100**

4.4.2 Advertisements on Dangers of Smoking

The study further sought to know whether the respondents had watched, listened, seen or heard of any advertisements on the dangers of smoking. The results are as shown in Table 4.10.

Table 4.10: Advertisements on Dangers of Smoking

Factor to consider	Frequency	Percent
Yes	60	83.3
No	12	16.7
Total	**72**	**100.0**

The study established that 83.3% of the respondents had watched, listened, seen or heard of any advertisements on the dangers of smoking while 16.7% had not. However, only 58.2% could identify and describe it. The remaining 41.8% couldn't identify and describe the advertisements on the dangers of smoking. Among those who watched, listened, seen or heard of advertisements on the dangers of smoking, 38.6% found it very easy to

understand followed by 33.3% who found it easy. Further, 17.5% found it difficult to understand while 10.5% were not sure. The findings on the ease of understanding are as shown in Figure 4.7.
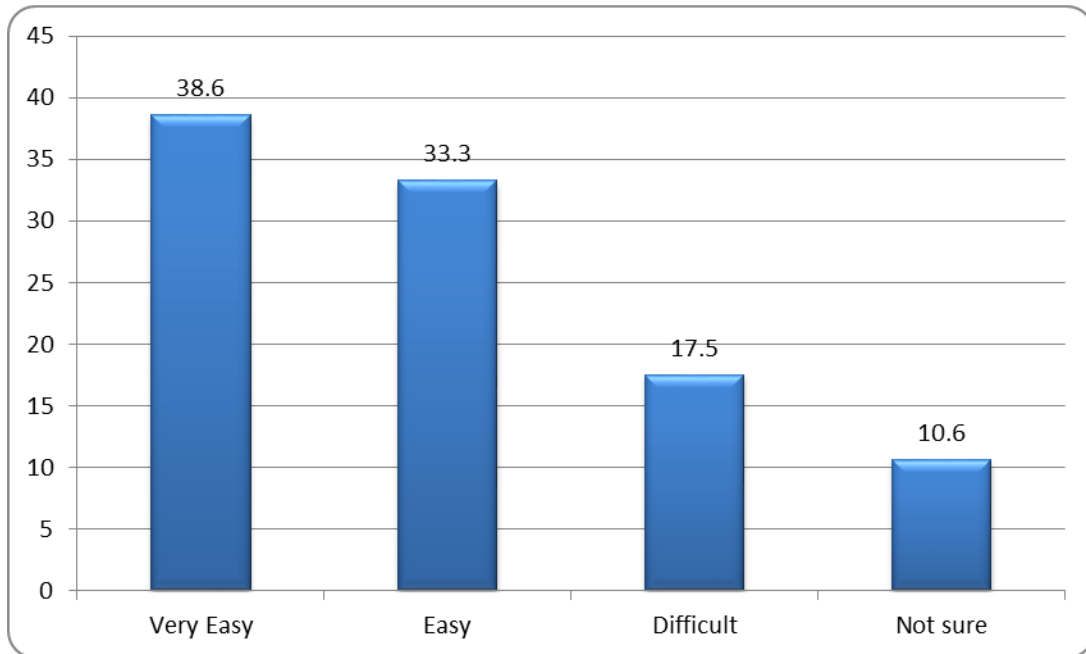
Figure 4.7: Ease of Understanding Advertisements

4.4.3 Messaging on Cigarette Packets

In this section, the study sought to know whether the respondents do understand the message on the cigarette packets regarding the dangers of smoking. The results of the study are as shown in Figure 4.8.
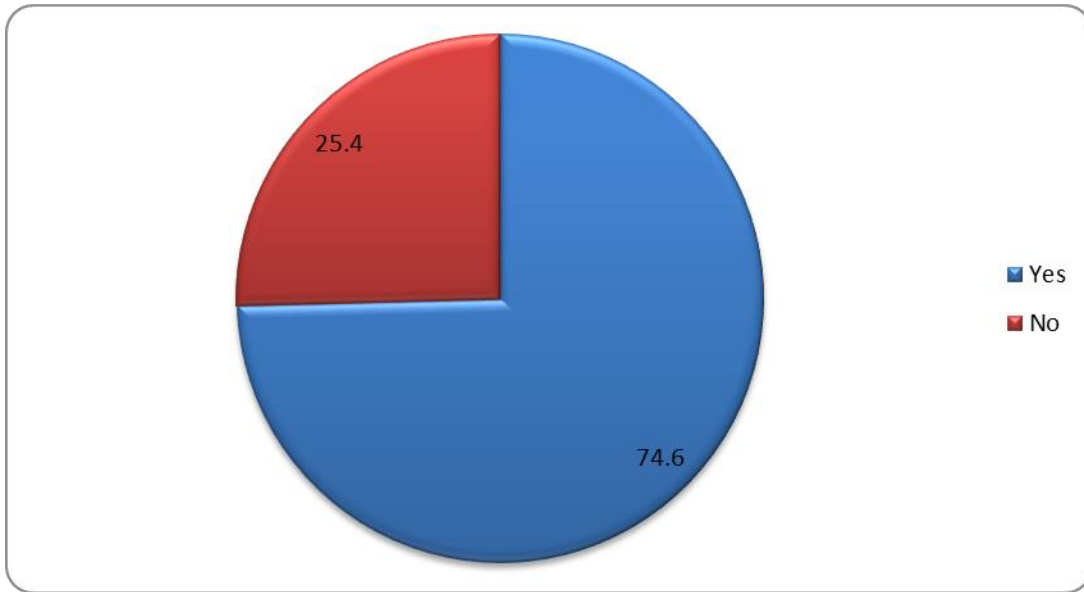
Figure 4.8: Messaging on Cigarette Packets

The findings revealed that 74.5% of the respondents understand the messaging on cigarette packets while 25.4% do not understand the messaging. Those who understand explain that cigarette excessive smoking is harmful to your health and that that smoking can cause cancer. Those who do not understand explain that they don't understand because they never buy cigarette in packets. According to the head of tobacco control unit in the ministry of health, *"no graphic health warnings were on the cigarettes because a case on the same is in court."* One member of the Focus Group Discussion emphasized on this by saying that *"a picture speaks a thousand words."*

4.4.4 Impact of Anti-smoking Advertisement on Cigarette Packets

The study also sought to know the impact of the anti-smoking advertisement on cigarette

packets. The results of the study are as shown in Figure 4.9.
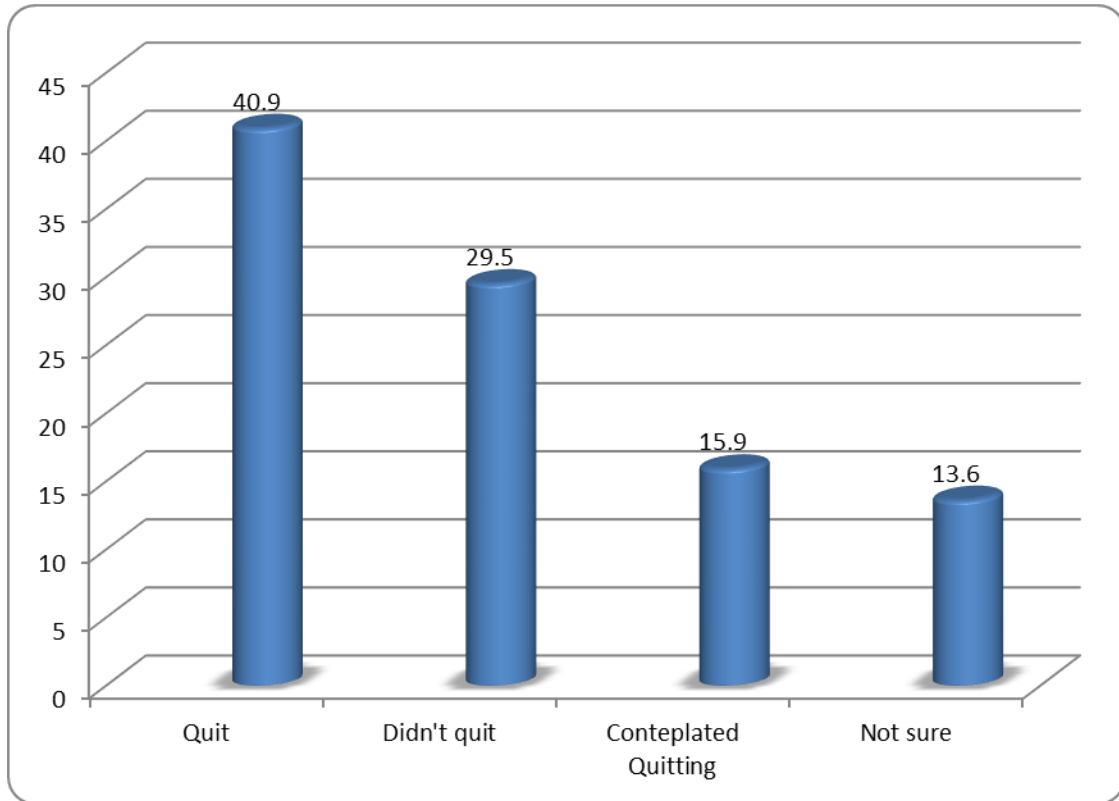
Figure 4.9: Impact of Anti-smoking Advertisement on Cigarette Packets

The study findings indicate that 40.9% of the smokers quit smoking following anti-smoking advertisement on cigarette packets followed by 29.5% who didn't quit and 15.9% who contemplated quitting. Only 13.6% were not sure.

4.4.4 Impact of Anti-smoking Advertisement on TV/Radio

The study also sought to know the impact of the anti-smoking advertisement on TV/radio. The results of the study are as shown in Figure 4.10.
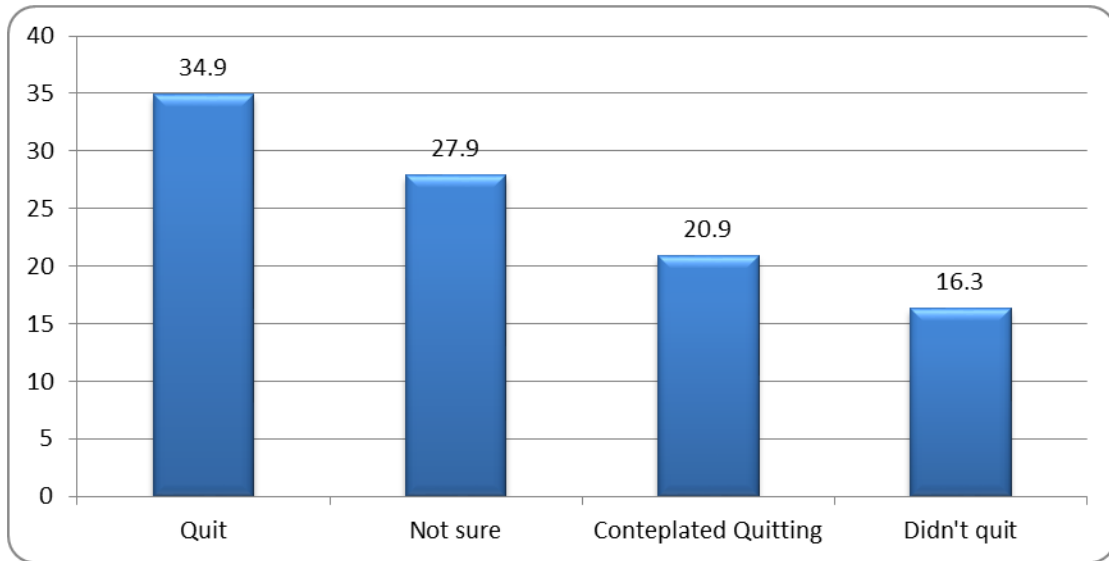
Figure 4.10: Impact of Anti-smoking Advertisement on TV/Radio

The study found out that 34.9% of the smokers quit smoking following anti-smoking advertisement on TV/Radio followed by 27.9% who were not sure and 20.9% who contemplated quitting. Only 16.3% did not quit smoking. According to the head of tobacco control unit in the ministry of health, *"many people reported to have quit"* smoking following the anti-smoking advertisements while *"many people responded to Nacada seeking help on how to quit smoking."*

4.4.5 Preferred Languages

The respondents were further requested to indicate their preferred language of communication. The results of the study are as shown in Table 4.11.

Table 4.11: Preferred Languages

		Responses		
		N	Percent	Percent of Cases
Preferred Language	English	55	63.2%	79.7%
	Vernacular	14	16.1%	20.3%
	Kiswahili	18	20.7%	26.1%
Total		**87**	**100.0%**	**126.1%**

a. Dichotomy group tabulated at value 1.

The study found out that 55 respondents preferred English language. This represented 63.2% of the 87 responses. Additionally, the 55 respondents also represented 79.7% of all respondents to the question (Percent of Cases, where N = 69). The findings also indicated that 18 respondents preferred Kiswahili language. This represented 20.7% of the responses and 26.1% of all respondents. Further, 14 respondents' preferred vernacular languages representing 16.1% of the responses and 20.3% of the respondents. The ministry did not translate the same messages into vernacular languages. This did not auger well with one respondent who argued, *"When targeting people in rural areas, you need to use the language that they can understand because not all of them can speak in English and Swahili."*

4.4.6 Meaning of Second Hand Cigarette Smoking

The researcher sought to know whether the respondents understand the meaning. The respondents explained second hand smoking as inhalation of smoke when the person next to you is smoking. This also corroborated the meaning that second hand smoking is being in a place where others are smoking cigarette and you inhale the fumes. However, not all the respondents got it right. One respondent described second hand smoking as sharing a cigarette with someone else once one has used it and smoking already used cigar.

4.4.7 Dangers of Second hand smoking

The study further sought to know whether the respondents understood the dangers of second hand smoking. The study findings revealed that 65.2% understood the dangers while 34.8% did not understand. Further, 35.2% said that there has been enough effort to educate and sensitize people on the dangers of second hand smoking while 64.8% said there has not been enough education and sensitization on the dangers of second hand smoking.

4.4.8 Measures of Educating and Sensitizing

The respondents were further asked whether they are aware of any measures of educating and sensitizing people on dangers of second hand smoking. The results of the study are as shown in Figure 4.11.
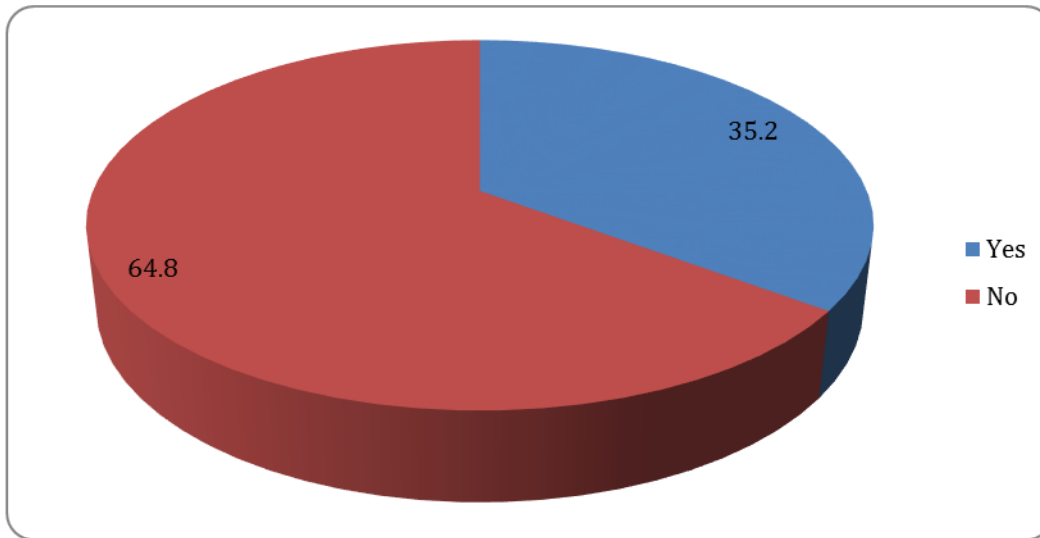
Figure 4.11: **Measures of Educating and Sensitizing**

The results of the study indicated that only 35.2% of the respondents were aware of the measures of educating and sensitizing people on the dangers of second hand smoking. This implies that 64.8% are not aware of any measures. The common measures identified by the respondents were advertisements on Radio, TV and magazines help people know the dangers, making cigarettes too expensive, introduction of more smoke zones, prohibiting smoking in public areas, impose heavy taxes on cigarette, introduction of smoking zones and through seminars.

4.4.9 Government Measures of Sensitizing People

The study further sought to know whether the respondents were aware of any government measures in sensitizing people on the dangers of cigarette and secondary cigarette smoking. The results of the study are as shown in Figure 4.12.
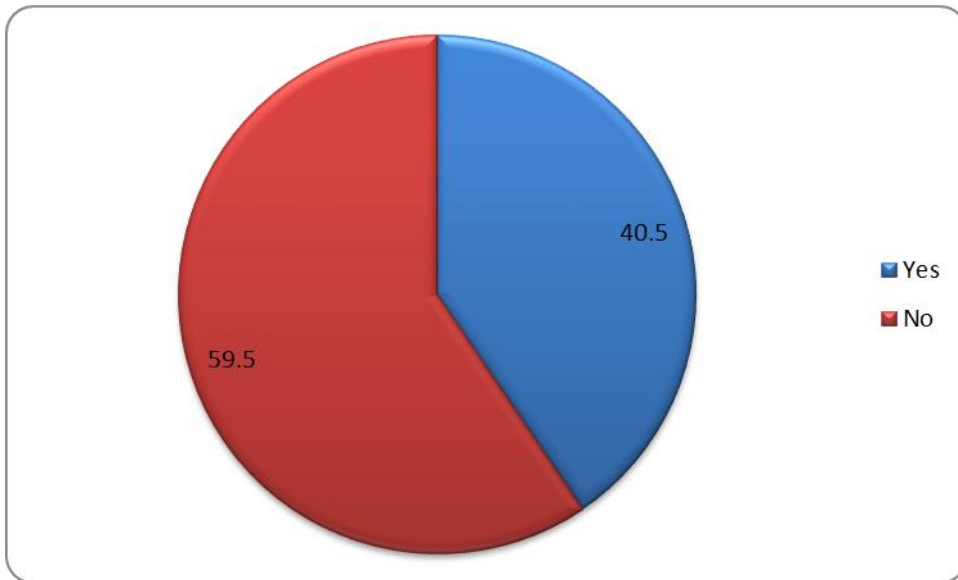
Figure 4.12: Government Measures of Sensitizing

The study found out that 59.5% of the respondents are not aware of any government measures in sensitizing people on the dangers of cigarette and secondary cigarette smoking. Only 40.5% said they are aware of some measures. These measures are NACADA advertising the dangers of smoking, awareness campaign, TV adverts, prohibiting sale of cigarettes to cigarettes persons under 18 years, coming up with smoking zones, laws against smoking in the public places and primary and secondary school education. According to the ministry of health, other common practices in use are raising *"taxes on tobacco products and banning promotion of tobacco products."* This in turn reduces consumption and encourages active smokers to quit.

4.4.10 Quitting Smoking because of advertisements

In this section, the study sought to know whether the respondents know any individuals who have quit smoking because of anti-smoking advertisements.
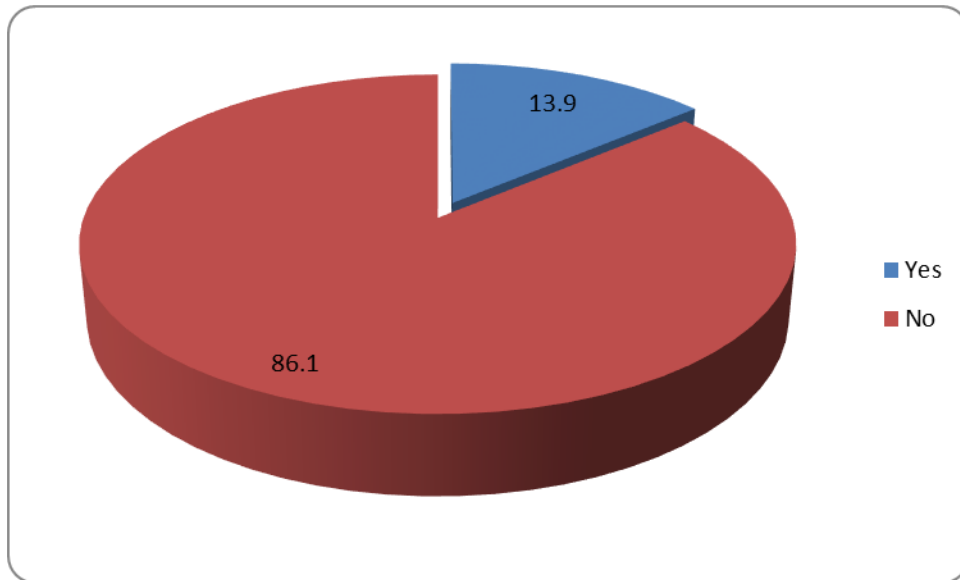
Figure 4.13: Quitting Smoking because of Advertisements

The study findings indicated that only 13.9% of the respondents know people who have quit smoking because of anti-smoking advertisements. Majority (86.1%) of the respondents are not aware of anybody who has quit smoking following anti-smoking advertisements. The anti-smoking advertisements identified by respondents as a cause of quitting smoking were done by NACADA. According to the head of tobacco control unit in the ministry of health, *"many people reported to have quit"* smoking following the anti-smoking advertisements while *"many people responded to Nacada seeking help on how to quit smoking."*

4.4.11 Possible Measures of Educating and Sensitizing the Public

The respondents were further requested to indicate the Measures they thought could be used in Educating and Sensitizing the Public on the dangers of smoking. The respondents suggested various measures such as advertising on radio and TVs, including it in the curriculum, banning cigarettes, campaign against smoking, educate children, educate the public on the dangers of smoking in the public, introducing a topic in learning institution on dangers of smoking, hiking the prices for cigarettes, banning smoking in public, holding, use of public barazas, improving the quality of anti-smoking advertisement, identify the most effective demographic to sensitize, impose heavy penalties on guilty parties, organizing talks to young people, setting up forums and seminars aimed at giving information of dangers of smoking and state boldly on the packet the dangers of smoking.

4.4.12 Need for More Research on Message and Channel

The study further sought to know whether more research should have been conducted to inform the message and channel of antismoking. The results for the study are as shown in Figure 4.14.
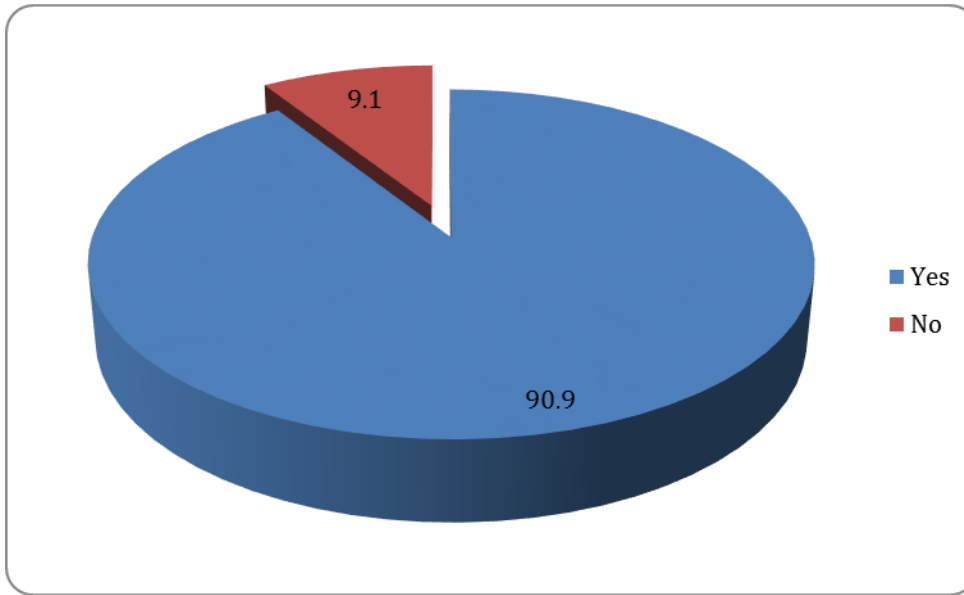
Figure 4.14: Need for More Research on Message and Channel

The study findings revealed that the respondents were of the opinion that more research should have been conducted. This is because many smokers don't understand the dangers of smoking, it will assure on the accuracy of the information, it will give them ideas on improving the education, most people are not aware of the dangers of smoking, to be able to accurately and effectively campaign for anti-smoking, to effectively accomplish the goal of the campaign, to gather more information on smokers, to provide true and relevant information to the groups, to reduce the number of new smokers and make the environment clean. According to the head of tobacco control unit in the ministry of health, the anti-smoking campaigns were grounded on the global trends and best practices such as Global Youth Tobacco Survey and Global Adult Tobacco Survey.

4.5 Summary of Key Findings

The research sought to find out the effectiveness of anti-smoking media health campaigns in Nairobi County. Based on this, the researcher found out that:

1. The anti-smoking campaigns in Kenya was not grounded on any communication theory. The ministry of health tobacco control unit works in conjunction with communication strategies experts. However, the ministry has no internal development communication expert. It relies on its public relations officers and external experts to pre-test the messages for mass media relay. On research, the ministry of health relied heavily on Global Youth Tobacco Survey and Global Adult Tobacco Survey to influence its strategies (Mahoney, 2007).

2. Anti-smoking messaging was effective in addressing target audience from figure 4.6 above, 40.9% of the smokers quit smoking following anti-smoking messaging on cigarette packets while only 34.9% of the smokers quit smoking following anti-smoking messaging on TV/Radio. The use of English and Swahili only in composing the anti-smoking message failed to address the population that is only conversant with their vernacular languages. Further, the ministry borrowed greatly from global trends and best practices.

3. TV, Radio, Internet and Newspaper are the most accessible channels of communication in Nairobi in that order. However, the tobacco control unit of the ministry of health mainly relied on TV, Radio and Cigarette packet messaging to relay the anti-smoking messages. This implies the many youths who access the internet daily were not effectively addressed. Further, many people buy cigarettes in single sticks, which implies that they do not manage to read the warnings on the packets.

4. Anti-smoking campaign was effective in causing behavior change among the target audience only to a moderate extent. This is because only 40.9% of the smokers quit smoking following anti-smoking messaging on cigarette packets while only 34.9% of the smokers quit smoking following anti-smoking messaging on TV/Radio.

4.6 Summary of Chapter

This chapter covered analysis of quantitative and qualitative findings from data collected. The quantitative analysis was done using SPSS 21 and Nvivo 10. The findings were presented in frequency tables, bar charts and pie charts. Content analysis was used sort out qualitative data into common themes based on the research objectives. The next chapter will discuss the findings, present conclusions, and offer some recommendations and suggestions for areas for further study.

CHAPTER FIVE: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a discussion of the research findings, conclusions, recommendations and suggestions for areas for further study. The objectives of the study were to find out what extent is the anti-smoking campaign influenced by communication theory and research; to investigate the effectiveness of anti-smoking messaging in addressing target audience; to find out whether the channels of communication used were effective in addressing target audience and to interrogate the extent to which the anti-smoking campaign has been effective in causing behaviour change among the audience.

5.2 Discussion of Key Findings

5.2.1 Influence of communication theory and research on anti-smoking campaign

Formative research cannot only help to choose appropriate channels but also help to disseminate appropriate messages and increase the impact on specific subgroups within the target audience. Most of the campaigns which used formative research to identify channels and media which were attractive to the target audience, as well as to find appealing messages or to monitor campaign implementation, showed strong behavioural effects among their targets (Flynn et al. 1997, Hafstad et al. 1997a, Sly et al. 2001b, Farrelly et al. 2005). Still, few mass media campaigns apply formative and diagnostic research, even though project managers and creative campaigners see formative research as an important part of programme implementation and as a distinctive area of professional specialisation (Palmer 1981).

Ministry of Health key informant posits the use of global practices to inform anti-smoking campaigns. The "Quit smoking campaign" was directly adopted from other countries that have had successful result. Very little research if any was used in rolling out the campaign. The success of this campaign heavily relied on other successful results that were recorded in other countries. This assumption denied formative research on the channel to be used, message to be used, and better understanding of the target audience.

The anti-smoking campaign of Kenya was influenced by communication theory and researches to a moderate some extent. The ministry of health tobacco control unit works in conjunction with communication strategies experts. However, the ministry has no internal development communication expert. It relies on its public relations officers and external experts to pre-test the messages for mass media relay. The ministry relied heavily on Global Youth Tobacco Survey and Global Adult Tobacco Survey to influence its strategies.

The study findings revealed that the anti-smoking campaign by the ministry of health was not based on any specific communication theory. Grounding a campaign in one or more theories of behaviour change enables campaign planners to explain why and how a campaign should work, thus assessing the campaign's progress throughout the health communication process, not just at the end of the campaign (Atkin, 2001; Coffman, 2002; National Cancer Institute, 2002; Randolph & Viswanath, 2004). Change theories relevant to public communication campaigns include: the theory of reasoned action, social cognitive theory, the health belief model, organizational, Community based organization theory and diffusion of innovation theory. For instance, Hansen, Winzeler and Topolinski (2010) used terror management theory to examine the impact of anti-smoking

messages in cigarette package labeling in the context of self-esteem and mortality-salient warnings.

The study found out that, anti-smoking information should be prepared and presented in ways that address the needs of young people, and the reasons they smoke, rather than to persuade by attempts to scare them into action and different approaches for males and females appear to be necessary. The research reported here suggests greater use of interpersonal two-way communication in future anti-smoking programs, especially by formally involving doctors and other medical professionals. Interpersonal approaches involving two-way communication strategies may improve anti-smoking campaign effectiveness. The research results discussed here also suggest that publics as professional and credible should regard anti-smoking campaigns directed at young people. Finally, message delivery strategies, including interpersonal communication, and tactics should be based on research that tests the effectiveness of messages designed for specific target publics, and how they can be best delivered.

5.2.2 Effectiveness of Anti-smoking Messaging

There is little knowledge about why some campaigns work and others do not as message components vary widely and it is difficult to trace a certain effect back to a certain campaign aspect. The evidence of findings is limited by the scarce information given in the findings. The following chapter tries to draw conclusions about message quantity, quality, dissemination and consistency.

5.2.3 Message quantity

Looking at the anti-smoking campaign in Kenya in particular Nairobi County "Quit smoking" and the messages on the cigarette packets on duration and intensity, poses

challenges on the effectiveness toward behavior change among smokers and even non-smokers: The Quit Smoking campaign only lasted a few weeks, According to a key informant at the Ministry of Health, Kenya (MOH). The campaign, which has lasted several years for instance warning on cigarette packets, was deemed ambiguous. Some respondent never showed proper understanding of the messaging with some positing the presence of pictorial health warning on the cigarette packets, which is not the case. Pictorial health warning is yet to be introduced in Kenya. The respondents in a focus ground discussion (FGDs) confessed to buying single sticks as opposed to packet. By doing, so there is a high likelihood that the message intended for that specific audience is lost. The intensity of campaigns was not always clear. This is because a post-evaluation was not conducted on the campaign according to the ministry of health key informant.

From the information given by the findings, general and definite conclusions cannot be drawn about the relationship between campaign duration, intensity and effects. Nevertheless, there are slight indications that campaigns which are laid out over longer periods and which are more intensely conducted are more successful. Furthermore, effects will not persist unless activities are maintained over a certain period. In one study, declines in smoking prevalence accelerated even more in the later years of the campaign compared to the earlier years (Farrelly et al. 2005). This lagged effect is consistent with the assumption that behavioural change needs a longer time to occur than knowledge or attitudinal change (Flay et al. 1995).

Message dissemination

The campaign was mostly countywide campaigns using mass media approaches for instance, Radio, TV, and posters. No campaigns were conducted in certain communities.

A campaign, which is broadcast widely, is certainly more effective as it can utilize national or even international electronic media, which are more attractive for adolescents. However, it is very difficult to translate a successful, small scale and tightly controlled intervention to a whole community or even a whole nation (Lantz et al. 2000). It seems that this has been able to achieve some successful result with the "anti-smoking campaign" campaign.

The findings suggest that cognitive dissonance may help to explain young smoker's behaviour: they understand that smoking is bad for their health, and that it may kill them, but smoke anyway. Qualitative responses that fear-based messages do not work and that people do not believe these messages because "they haven't seen it (health consequences) in real life" support Hafstad & Aarons' (1997) findings young smokers have negative reactions to anti-smoking messages. That also helps to explain why, among the total cohort, messages designed to scare people rated last as a mechanism students would believe. Additionally, people say they smoke for reasons not related to their awareness and acceptance of health-impact messages.

Message quality and style

Although a majority of the respondent showed understanding of the anti-smoking campaign messages, they could not describe the campaign. The finding showed that the quality of the message was good and easy to understand. However, due to lack of consistency from this campaign people forgot about them. They say that a consistent style and message can result in higher recognition and retention and can maximize synergistic effects. Generally, selecting one or a small number of messages is more successful than

sending out a variety of messages. (Pechmann/Reibling 2000b) in this particular case the campaign was not able to fully utilize it's potential because of it's duration.

Anti-smoking messaging was effective in addressing target audience only to a moderate extent. This is because only 40.9% of the smokers quit smoking following anti-smoking messaging on cigarette packets while only 34.9% of the smokers quit smoking following anti-smoking messaging on TV/Radio. The use of English and Swahili only in composing the anti-smoking message failed to address the population that is only conversant with their vernacular languages. Further, the ministry borrowed greatly from global trends and best practices.

Anti-smoking campaigns should always be specific and comprehensive and mostly deal with how people accept the anti-smoking messages. For instance, Gilbert (2005) found that campaigns designed to impact on young women need to adopt strategies which increase the awareness of young people about their own particular health risks. Gilbert (2005) argued that it was important to learn from women smokers rather than ignore their „expertise‟ and that campaigns should be gender specific "but in ways which do not blame and devalue women and girls" (p. 243). However, this study established that the target population of the ministry of health was the general household and not specific demographics.

5.2.4 Effectiveness of Communication Channels

The campaign used television and radio as their main channel; other forms of media like print and outdoor advertising were also employed. Findings are consistent with the assumption of various other authors who say that a media mix can increase exposure,

reach and effects (Backer et al. 1992, BZgA 2000, Schar et al. 2004). However, Internet was not exploited and which seems to be the most appropriate and most widely used channel for adolescents and youths. The campaign didn't use PR-strategies or other innovative ways to supplement their media approaches concerts, road show, website, promotional items; according to the findings. Public relations, media advocacy, "edutainment" and creative publicity are very promising additional approaches for mass media campaigns. Talks, press releases, press conferences and news coverage can increase the level of recognition of a campaign (Rice/Atkin 2002, Randolph/Viswanath 2004). During the launsh of the quit campaign according to the ministry of Health and a key informant from the international Institute for legislative Affairs, a media briefing was organized; Campaigns should ideally be supported by media coverage and other activities in the mass media. Reinforced media, which report about the campaign and coverage of the topic in entertainment media, can enhance the success of a campaign. Through media advocacy, attention can also be drawn to a lack of tobacco control actions at policy-level or to unethical lobbying or advertising practices the tobacco industry. Campaign planners need to consider more how they can attract reporters or media in general to their message and story. It seems as if campaigns lag behind the development of popular media. The Ministry of Health reason for this is that few anti-smoking campaigns have limited financial resources. Both evaluations reported success concerning a change in behaviour. Selecting appropriate media for the targeted audience seems to be a crucial element of campaign success.

TV, Radio, Internet and Newspaper are the most accessible channels of communication in Nairobi in that order. However, the tobacco control unit of the ministry of health

mainly relied on TV, Radio and Cigarette packet messaging to relay the anti-smoking messages. This implies the many youths who access the internet daily were not effectively addressed. Further, many people buy cigarettes in single sticks, which implies that they do not manage to read the warnings on the packets.

According to the ministry of health, the choice of TV and Radio as the preferred channels of communication was influenced by the fact that most Kenyans can access them. The language of communication was limited to English and Swahili. This implies that the population that is only conversant with vernacular languages was left out. Lack of adequate resources was the reason given by the ministry of health for not translating the message to other local languages.

5.2.5 Effectiveness of Anti-smoking Campaign

Anti-smoking campaign was effective in causing behavior change among the target audience only to a moderate extent. This is because only 40.9% of the smokers quit smoking following anti-smoking messaging on cigarette packets while only 34.9% of the smokers quit smoking following anti-smoking messaging on TV/Radio.

Anti-smoking campaigns do have significant effects on preventing the public from smoking, increasing people's antismoking attitude and belief, and leading to an increased people's awareness of the link between smoking and disease (Wakefield, Freeman, & Donovan, 2003; Richardson, Green, Xiao, Sokol and Vallone, 2010). The failure to have significant effect in reducing smoking in Kenya can be attributed to lack of effective communication strategies. For instance, this study established that majority of the smokers in Nairobi County are young people. This implies that strategies and channels of

73

communication chosen should be the ones that the youth have access to every time such as the internet.

5.3 Conclusions

The researcher concludes that that the anti-smoking campaign by the ministry of health was not grounded on any specific theories of behaviour change. This is despite the fact that grounding a campaign in one or more theories of behaviour change enables campaign planners to explain why and how a campaign should work, thus assessing the campaign's progress throughout the health communication process. The anti-smoking campaign was however greatly influenced by global best practices and previous researches such as Global Youth Tobacco Survey and Global Adult Tobacco Survey when developing mass media communication strategies.

The researcher also concludes that anti-smoking messaging was only moderately effective in addressing target audience. Target population of the ministry of health was the general household and not specific demographics. In Nairobi, only 40.9% of the smokers quit smoking following anti-smoking messaging on cigarette packets while only 34.9% of the smokers quit smoking following anti-smoking messaging on TV/Radio. The use of English and Swahili only in composing the anti-smoking message failed to address the population that is only conversant with their vernacular languages. Further, the messaging was appropriate to some extent because the ministry borrowed greatly from global trends and best practices.

The researcher also concludes that TV, Radio, Internet and Newspaper are the most accessible channels of communication in Nairobi County. This implies that the tobacco control unit of the ministry of health should not only rely on TV, Radio and Cigarette

packet messaging to relay the anti-smoking messages. They should consider other channels of communication like the internet and newspapers. Many people buy cigarettes in single sticks, which imply that they do not manage to read the warnings on the packets. The researcher lastly concludes that the anti-smoking campaign by the tobacco control unit of the ministry of health was effective in causing behavior change among the target audience only to a moderate extent. This is evidenced by the fact that only 40.9% of the smokers quit smoking following anti-smoking messaging on cigarette packets while only 34.9% of the smokers quit smoking following anti-smoking messaging on TV/Radio. However, majority of the people in Nairobi County are aware of the dangers of smoking and second hand smoking.

5.4 Recommendations

Based on the research findings of this study, the researcher proposes the following recommendations;

To the ministry of health

1. The ministry of health should use alternative channels of communication to send anti-smoking messages. This is informed by the fact that majority of the smokers are young people and majority of them access the internet more than any other channel of communication.

2. The ministry of health should consider using vernacular languages when communicating to the rural people since not all of them are conversant with English and Swahili. The ministry should get adequate resources to fund this initiative. Further, these campaigns should be run for a longer period of time and not just four weeks. It takes a long time for smokers to be addicted and four

weeks are not enough to make smokers quit. The ministry should also lay down good structures to help those who want to quit smoking.

3. The ministry of health should invest more in local research because the decisions and strategies the ministry is arriving at needs to be informed by what is happening within our geographical boundaries. However, the ministry can still use global trends and best practices to inform the methodologies of local research.

4. The ministry should make use of mixed communication strategies. Integrating different communication strategies will make anti-smoking campaigns more effective. This might involve use of graphics on cigarette packets. The ministry should consider using community opinion leaders as ambassadors of anti-smoking as the greatly influence the decision making of many people.

To Kenya Citizens

5. The citizens should quit consuming tobacco products. Consumption of tobacco products has detrimental effects to the health of people. The most common adverse effects are: bronchitis, lung failure, addiction, throat cancers, infertility, mouth cancer, staining the teeth and miscarriages among women.

6. The researcher recommends non-smokers should avoid second hand smoking as this is also very harmful to the health. Further, those who smoke should mind the welfare of non-smokers by not exposing them to second hand smoke. They should refrain from smoking in public and stick to the designated smoking zones.

5.5 Recommendations for Further Research

Arising from this study, the researcher suggests the following areas for further studies.

1. The geographical scope of this study was limited to Nairobi County. In future, a similar research should be conducted focusing on more geographical areas as this will allow the researcher to draw well informed decisions. This is because the findings of this study cannot be adequately extrapolated to rural settings.

2. The researcher recommends further study be carried out to assess the effectiveness of the strategies used by the ministry of health tobacco control unit to curb smoking habit among Kenyans.

3. A comparative study on the trends of smoking in Kenya and a developed country should be done. This will help in benchmarking the progress of Kenya in fighting smoking vis a vis global best practices.

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Appendix I: Research Questionnaire

Date of the Interview:………………………………………………………………

Purpose of the Study

The main purpose of the study is to figure out Effectiveness of Communication Strategies of the "Quit-Smoking" Campaign: A Case study of Nairobi, Nairobi County

Interviewee Information

a) How old are you?

18-30 ☐

31-40 ☐

41-50 ☐

0ver 51 ☐

Gender

Male ☐

Female ☐

c) County and/ or Constituency

……………………………..

d) What is the level of your education?

Primary ☐

Secondary ☐

Diploma ☐

University ☐

e) Marital status

   a. Married b) Never married c) Divorced

f) Do you have Children?

……………………………………………………………………………..

g) Have you ever smoked?

Yes ▭ No ▭

h) If yes are you still smoking?...

i) In what form do you purchase your cigarette? Single stick or packet

……………………………………………………………………………………

j) How long have you been smoking?

a) Less than one year b) 1-5 years c) 5-10 years d) Over 10 years

k) Are you aware of the dangers of cigarette smoking?

Yes ▭ No ▭

a) What are the health impacts of cigarette smoking?

……………………………………………………………………………………

……………………………………………………………………………………

l) Do you smoke cigarette at home?

Yes/No

If yes, why

…………………………………………………………………………………….

……………………………………………………………………………………

m) Which medium of communication do you have access to? (Radio, TV, Internet, Billboards, Newspaper, Public Baraza)

Radio ▭ TV ▭ Newspaper ▭

Internet ▭ Billboard ▭ Public Baraza ▭

n) Among the above which is your most preferred medium of communication and why?

…………………………………………………………………………………………

o) Have you watched, listened, seen, or heard of any advertisement on the dangers of smoking? Yes ▭ No ▭

i. Can you identify and describe it? Yes ▭ No ▭

p) If Yes, describe your understanding of the message?

Very Easy ▭ Easy ▭ Difficult ▭ Not sure

q) Do you understand   the messaging on packet regarding the dangers of smoking?

Yes [ ]   No [ ]

Please explain……………………………………………………………………..

…………………………………………………………………………………………

r) What impact did the anti-smoking advertisement on the packet have on you?

    a) Quit b) Didn't quit c) contemplated quitting d) Not sure

s) What impact did the anti-smoking advertisement on the TV / Radio have on you?

    a) Quit b) Didn't quit c) contemplated quitting d) Not sure

t) Which is your preferred language/ the most easy to understand language

       English [ ]   Vernacular [ ]

       Kiswahili [ ]   Others [ ]

u) What is second hand cigarette smoking is?

…………………………………………………………………………………………..

…………………………………………………………………………………………….

v) Do you understand the dangers of second hand cigarette smoke on the people around

you?   [ ]   [ ]

    Yes   No

w) Are you aware of the dangers posed by second hand cigarette smoke?

…………………………………………………………………………………………………

………………………………………………………………….

If yes, would say there have been enough efforts to educate and sensitize people? Yes [ ]

No [ ]

x) Are you aware of any measures of educating and sensitizing people on the dangers of

secondary smoke to non-smokers?

      Yes [ ]   No [ ]

What measures?

………………………………………………………………………………………….

…………………………………………………………………………………………..

85

…………………………………………………………………………………………..

y) Are you aware of any government measures in sensitizing people on the dangers of cigarette smoking and secondary cigarette smoking?

If Yes which one?..

…………………………………………………………………………………………….

…………………………………………………………………………………………

   i.   Do you know of any individual who has quit smoking because of watching an advertisement of awareness campaign against cigarette smoking?   If yes, which specific

        advertisement?..

        ....

ii) In your opinion what are some of the measures that should be taken to sensitize and educate the public on the dangers of smoking

……………………………………………………………………………………………

……………………………………………………………………………………………

z) Do you think the anti-smoking cigarette campaign should have conducted research to inform the messages? Channel Why?

…………………………………………………………………………………………..

 …………………………………………………………………………………………….

Appendix II: Key Informant Questionnaire

Date of the Interview:………………………………………………………………

Interviewee Information

Instructions: Please indicate with a tick (✓)

Purpose of the Study

The main purpose of the study is to figure out Effectiveness **of Communication Strategies of the "Quit-Smoking" Campaign: A Case study of Nairobi, Nairobi County**

     Name (Optional)……………………………………………………………

a. Job description and what it entails?...

………………………………………………………………………………………

………………………………………………………………………………………..

b. What is the current Tobacco situation in Kenya

……………………………………………………………………………………….

………………………………………………………………………………………

……………………………………………………………………………………….

c. What strategies has the Ministry of Health employed to inform and educate the people concerning the dangers of Tobacco use

………………………………………………………………………………………

………………………………………………………………………………………

………………………………………………………………………………………

.

d. What informs your anti-smoking strategies?

………………………………………………………………………………………

………………………………………………………………………………………..

e. Are you familiar with Communication theory and Communication Research?

Yes [   ]   No [   ]

1. Please Explain

…………………………………………………………………………………

…………………………………………………………………………………..

f. Have you employed communication theory and Communication research strategy in the anti-smoking campaign?

Yes [   ]   No [   ]

i. If yes how?

………………………………………………………………………………

………………………………………………………………………………

………………………………………………………………………………

ii. If No, why haven't you used it?

………………………………………………………………………………

………………………………………………………………………………

………………………………………………………………………………

g. Did the Ministry of Health launch an anti-smoking campaign? Yes / No

………………………………………………………………………………

1. Please explain on it………………………………………………………..

………………………………………………………………………….

………………………………………………………………………

h. How would you describe the outcome of the anti-smoking strategy campaign "Quit smoking" in Nairobi?

…………………………………………………………………………………..

…………………………………………………………………………………

i. Did you conduct are pre-research on the target audience?

Yes [   ]   No [   ]

If yes, in what way did the outcome of the pre-research inform the anti-smoking campaign strategy?...

……………………………………………………………………………………………

i. Did you have a demographic understanding of the target audience before implementing the anti-smoking campaign strategy? Yes [   ] No [   ]

Please explain……………………………………………………………………

……………………………………………………………………………………….

………………………………………………………………………………………..

ii. Do you continuously re –evaluate and adopt new strategies for anti-smoking campaign? If yes, how?

……………………………………………………………………………......

…………………………………………………………………………………

…………………………………………………………………………………

iii. Do you have any statistics in behavioral change on anti-smoking campaign? How would gauge the success of the campaign?

…………………………………………………………………………………

…………………………………………………………………………………

iv. What are some of the limitation you have encountered and how do you intend to overcome them in the future

…………………………………………………………………………………

…………………………………………………………………………………

Do you collaborate with other research institutions that are involved Tobacco control?..

....

j. Were there any monitoring and evaluation process to establish whether the campaign was successful or not.   Yes [   ]   No [   ]

If No why?..