

**AN ANALYSIS OF SEXUAL REPRODUCTIVE HEALTH CAMPAIGN  
MESSAGES IN KENYA: THE CASE OF *WACHA MPANGO WA KANDO***

**BY**

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## DECLARATION

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## **DEDICATION**

This thesis is dedicated to the memory of my two fathers, Mr. Andrew Mwaniki and Dr. Samuel Gatere, my greatest inspiration to embark on this journey. I know they would have been proud of this milestone in my life.

## ABSTRACT

The aim of this study was to analyse the sexual reproductive health campaign messages carried in the *Wacha Mpango wa Kando Campaign* in Kenya. The problem prompting this study was that despite several campaigns on HIV/AIDS, the rate of new infections among married people remained high at around 44%. Since HIV/AIDS was declared a national disaster in 2001, the government has put various programmes in place to deal with the epidemic. Various studies have also established that one of the groups most at risk are those in marriages and long-term relationships. Between 2009 and 2014, a campaign dubbed *Wacha Mpango wa Kando* was developed with the aim of reducing the number of new HIV infections among this target group. The specific research questions for this study were: What are the messages and interpretations that emerge from *Wacha Mpango wa Kando* campaigns in relation to Sexual Reproductive Health messaging? What considerations influenced the designing of *Wacha Mpango wa Kando* messages? What are the perceived effects of these messages on the target groups? How do social/cultural realities influence how the target audiences process the messages? The scope covered four campaign messages under the *Wacha Mpango wa Kando* genre. The study was justified because despite the long existence of the *Wacha Mpango wa Kando* campaign, there has been no academic research analyzing its efficacy in ameliorating the spread of HIV/AIDS. The study adopted the constructivist epistemological paradigm while employing a qualitative research approach and case study design. Purposive and snowball sampling strategies were applied to identify participants. Data was generated through focused groups discussions, in-depth interviews, observation and content analysis. Trustworthiness was ensured through methodological and data source triangulation, member checking and peer review. Ethical standards were upheld through seeking relevant approvals and permissions, informed consent of participants, upholding anonymity and confidentiality of the participants among other considerations. The study established that the audience members interpreted the messages in varied ways not anticipated by the message designers but which were guided by their psychological, social and economic realities. The messages resulted in the creation of a national discourse that challenged societal norms and were perceived to lead to mistrust in some marital relationships. From the findings, it can be concluded that *Mpango wa Kando* is a complex phenomenon requiring a deeper understanding of its social, cultural and personal drivers as key components of the campaign strategy in addition to strict audience segmentation. I recommend that academia and practice combine forces in the development and implementation of future Sexual Reproductive Health Campaign messages. Further, I recommend that continued and sustained campaigns beyond donor funds be developed within the cultural and social realities of the target audience.

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All the support notwithstanding, I declare that the final thesis is my own work and I stand responsible for all the content there in.

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**LIST OF ABBREVIATIONS**

ABC – ‘Abstinence’ ‘Be faithful’ ‘Condomise’

ACU – AIDS Control Unit

AIDS – Acquired Immune Deficiency Syndrome

ARVs – Antiretrovirals

BBC – British Broadcasting Corporation

BDM – Behaviour Decision Making

CARITAS –Latin word for Charity

CAK – Communications Authority of Kenya

CCK – Communications Commission of Kenya

CDC – Centre for Disease Control

CEO – Chief Executive Officer

DN2 – Daily Nation Two

DRC – Democratic Republic of Congo

FDG’s – Focus Discussion Groups

FM – Frequency Modulation

FSAP – Faith Sector Action Plan

GAU – Global Aids Update

HBM – Health Belief Model

HIV – Human Immunodeficiency Virus

ICC – International Christian Centre

IEC – Information Education Communication

JHU – John Hopkins University

KAIS – Kenya AIDS Indicator Survey

KAEU – Kenya AIDS Epidemic Update

KARPR – Kenya Aids Response Progress Report

KASF – Kenya AIDS Strategic Framework

KDHS – Kenya Demographic and Health Survey

KEMRI – Kenya Medical Research Institute

KHRMTA – Kenya HIV Response and Model of Transmission

KNASP – Kenya National AIDS Strategic Plan

KNR – Kenya Narrative Report

MDGs – Millennium Development Goals

MOH – Ministry of Health

NACC – National AIDS Control Centre

NAP – National AIDS Program

NASCOP – National AIDS and STI Control Programme

NGO – Non-Organization Organization

OAFLA – Organisation of First Ladies in Africa

PEPFAR – President’s Emergency Plan for AIDSRelief

PHO – Public Health Ontario

PSI – Population Services International

SCT – Social Cognitive Theory

SPAS – Special Program on AIDS

SRH – Sexual Reproduction Health

STD – Sexually Transmitted Disease

STI – Sexually Transmitted Infections

TOWA – Total War Against HIV/AIDS

TRA – Theory of Reasoned Action

TV – Television

TWR – Trans World Radio

UKAID –United Kingdom Agency for International Development

UNAIDS – United Nations Joint Programme on HIV/AIDS

UNESCO – United Nations Educational, Scientific and Cultural Organizations

US – United States

USAID – United States Agency for International Development

VCT – Voluntary Counselling and Testing

VMMC – Voluntary Male Medical Circumcision

WHO – World Health Organization

## OPERATIONAL DEFINITION OF KEY TERMS

**Communication Campaigns** – For this study, I used the definition by Rice and Atkin (2011). “Public communication campaigns can be broadly defined as purposive attempts to inform, persuade, or motivate behavior changes in a relatively well-defined and large audience, generally for non-commercial benefits to the individuals and/or society at large, typically within a given time period, by means of organized communication activities involving mass and online/interactive media, and often complemented by interpersonal support.”

**High-risk populations** – For this study, I focused on 3 populations considered high risk i.e. fishermen, truck drivers and people in marriages.

**HIV/AIDS**– These terms stand for Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome respectively. These terms are used synonymously in this study to refer to the disease or condition whose high rate of new infection led to the development of the campaign under study.

**Mpango wa Kando** – This phrase is used to refer to multiple concurrent sexual partnerships. In the context of this study, the term *Wacha Mpango wa Kando* is used to refer to the clarion call of the campaigns under study, calling on the target audience to stop the multiple concurrent partnerships.

**Multiple concurrent partnerships** – is used synonymously with *Wacha Mpango wa Kando* and is widely used in contemporary HIV drivers and prevention discourse. The definition adopted for this study is derived from Mah and Halperin’s (2008) definition, which defines multiple concurrent partnerships as a situation where “an individual has overlapping sexual relationships with more than one person. In this study, I have used this phrase interchangeably with *mpango wa kando* and concurrent sexual partnerships.

**Phenomena**- The term is used in this study to describe *mpango wa kandopractice*. The Oxford dictionary describes phenomena as a fact or situation that is observed to exist or happen, especially one whose cause or explanation is in question.



## **CHAPTER ONE**

### **BACKGROUND TO THE STUDY**

#### **1.1 Introduction**

This chapter generally introduces the study by explaining the academic and social contexts of the *WachaMpango wa Kando* and other HIV/AIDS related campaigns in Kenya. The chapter then states the problem that prompted this study and proceeds to present the research questions that guided the study followed by the scope of the study consisting of the content, contextual and methodology scope. Thereafter, the chapter highlights the limitations and rationale for the study before outlining the significance of the study.

#### **1.2 Context of the study**

This section looks at the academic and social context in which the study was conducted. The section also looks at the unique Kenyan context against which the study was conducted while giving insights into the key environmental circumstances that informed the study.

##### **1.2.1 Academic Context**

This study is about one campaign in sexual reproductive health. Academically, this study is situated within the branch of communication referred to as health communication- specifically health communication campaigns and advocacy (Schiavo, 2007). Communication looks at the process of passing messages from the sender to the receiver through a specified channel (Severin & Tankard, 1997). The message is a key component of the communication process. The specific focus of this study is the *Wacha Mpango wa Kando* campaign which was designed to address concurrent sexual

partnerships among married people and those in long-term relationships. The campaign was designed with the purpose of reducing the number of new HIV infections among married people after studies showed that this was a major cause of new infections among the target group (see for example Kenya Aids Indicator Survey (KAIS), 2007). The study analysed four campaign messages under *Wacha Mpango wa Kando* genre.

These campaign messages are: *Wacha Mpango wa Kando – Fanya Hesabu (Let go of your side relationship – count the cost)*, *Wacha Mpango wa Kando – la sivyo weka condom mpangoni (Let go of your side relationship – or use a condom)*, *Wacha Mpango wa Kando – Truck Driver*, and *Wacha Mpango wa Kando, Nyanza*, produced in the Luo language.

The study analysed the design and impact of these campaign messages in the Kenyan context of high prevalence rate of new infections (44% in 2013) among people in marriages and long-term relationships according to the Kenya Aids Index Survey (KAIS, 2007), the increasing *Mpango wa Kando* phenomenon and a growing *Mpango wa Kando* discourse in the media and general public.

The first message analysed was *Wacha Mpango wa Kando – Fanya Hesabu (Let go of your side relationship – count the cost)*. The concept of this tagline was to have the target audience consider and tally the implications: - financial, emotional and social, of having concurrent sexual partners. This, the campaign planners hoped, would compel the target audience to count the cost and drop these concurrent relationships. The face of this campaign was a media personality, Jimmy Gathu.

The second message: *Wacha Mpango wa Kando – la sivyo weka condom mpangoni* (*Let go of your side relationship – or use a condom*) features two older women in a market place seen discussing the affair one of them is having with a younger man despite being married. Her friend urges her to *weka condom mpangoni* (use a condom in her side relationship). The message ends with the tag line: '*Wakinge unaowapenda*' (protect the ones you love).

The third message, which is specifically targeted at truck drivers, shows a truck driver who has just arrived at his destination calling his wife to say he has arrived safely. He is then shown proceeding to buy some goodies and some condoms for his time with the *mpango wa kando*. He converses with the shopkeeper, portraying they know each other and also tells the *mpango wa kando* how he has missed her and only brings her good gifts as he shows her the condom.

The fourth message is done in vernacular and specifically targets the fishing community along the shores of Lake Victoria. It portrays a fisherman, after a successful fishing expedition, being seduced for the catch by two beautiful women but refusing to exchange the fish for sexual favours from these women, choosing to remain faithful to his wife.

In analysing these four messages, campaign theorists (see for example Maibach, 1995, Mcquire, 1989 & Langer, 1978) are generally in agreement that after exposure to a message, audience attention comprises the next step in response. One of the ways these messages were analysed was looking for emerging interpretations and themes from discussions with audience members. A number of studies (Were, 2015; Dick,

Rinehart, & Widdus, 2010; Okaka, 2009; Gupta *et al.*;2008) have attributed failures noted in past HIV prevention campaigns to the over reliance on cognitive and socio psychological models in designing and implementing health communication campaigns. Related theories of behaviour change communication were reviewed asguded particularly by the Integrated Theory of behaviour change, which according to Cappella, Fishbein, Hornik, et al; (2001), is a multifaced model integrating Health Belief Model (HBM), the Social Cognitive Theory (SCT) and Theory of Reasoned Action (TRA). These models shed light on,and gave guidance in explaining how external variables, individual differences and underlying beliefs contribute to the differential influence pathways for outcome behaviour, intentions, attitudes, norms and self-efficacy. Academically, this is considered critical in examining how the campaign message designers considered these attributes.

With the theoretical models in mind, the study delved deeper into what campaign designers consider in designing campaign messages. Specifically, what did the *Wacha Mpango wa Kando* campaigner designers take into consideration? In this regard, Maibach and Parrot (1995) argue that effective campaign messages have two main ingredients; they are theory grounded and they are audience-centred. An effective campaign is one that combines these two ingredients. The research explored some of the theories that the message designers used in designing the *Wacha Mpango wa Kando* campaign while exploring what audience-centred approaches were employed. Here, Maibach and Parrot (1995) posit that health campaign messages must be both theory driven and audience-centred. This study integrated behaviour change theories and specifically social cognitive models and behaviour decision-making models, as outlined by the two authors, in its theory driven approaches to Health Message design.

Further, the study analysed the perceived effects of the campaign messages. From looking at the message content, it is clear that the desired outcome of these messages would be reduction in the rate of new HIV/AIDS infections among the married and those in long-term relationships, a reduction in *mpango wa kando* incidences and an increased uptake of condom use. Studies in mass media effects, specifically those related to behaviour change are key in understanding how audiences respond to messages. Here, Greenwald poses the question, “When a persuasive communication causes a change in belief, will behavior relevant to the belief also change (retrieved May 7, 2016). He established that “the pattern of belief changes with no behavior change, [which] occurred only in subjects who before a communication, committed themselves to a position opposing it.” Following Greenwald, this study posed the question: What was the effect of the *Wacha Mpango wa Kando* campaign on the beliefs and behaviour of the targeted audience?

### **1.2.2 Social Context**

Besides the academic context, health campaign messages are also analysed in the context of the social and cultural realities of the target audience. These realities include how people of different gender perceive the messages and how characters of opposite gender in the message are perceived.

The messages are also analysed in the context of societal portrayal of infidelity. The *weka condom mpangoni* campaign that features two women discussing the affair one is having with a younger man created a lot of controversy leading to the withdrawal, albeit temporarily, of the campaign. Some have argued that the major contention was that it featured an African woman openly cheating on her spouse, something

unacceptable in the African culture (see for example campaign designer interviews). This claim is perhaps supported by the fact that the campaign featuring two men discussing their '*side dishes*' did not attract any controversy or condemnation. These are among the gender and cultural issues that this section of the study addressed. Gender issues and their influences on various social issues have been extensively studied (see for example, Jana et al, 2007; Rweyemamu & Fuglesang, 2008; Shisanya, 2007)). This study looked at the gender issues with specific reference to the campaign messages in *Wacha Mpango wa Kando*.

Studies of this phenomenon have showed that the issue of gender portrayal and representation cannot be ignored (see for example, Gordon, 2005). According to Kyeremeh (2009), the difference in sexually risky behaviour between men and women, does not only stem from differences in negotiating power based on money, but also on the social construction of masculinity and femininity. He posits that men and women learn from different scripts when it comes to sexual matters. The typical sexual script of the male includes active pursuit of sexual partners, peer validation of sexual activity and sex undertaken solely for the purpose of pleasure. This contrast the female script in which she is expected to wait to be chosen instead of pursuing a partner and being submissive in the act of sexual intercourse. This explains the uproar that accompanied the *weka condom mpangoni* message that featured two women discussing the affair one of them was having with a younger man. One of the complains about the message was that it was 'immoral and un-African'. This position is supported by a team of researchers from the Kenya Medical Research Institute (KEMRI), who conducted a study entitled Transactional sex in Fishing Communities along Lake Victoria, Kenya: a catalyst for the spread of HIV.

On the question of gender, Kwena, Bukusi et al (2012) assert that women fish mongers in the fishing communities commonly form relationships with fishermen which are often sexual as part of the *jaboya* system, wherein women exchange sex for fish. Similarly, Mabachi (2008) recognised the cultural norms for gender roles in Voluntary Counselling and Testing (VCT) campaigns. Her study looked at what makes some campaigns more effective than others. Here, Mabachi notes that “The VCT campaign was geared not only towards established couples but specifically to the men in those couples.” She established that there was a tendency for women to assume that if their husbands are HIV negative, they are negative too.

Another aspect of the social context is the stigma that many in the African culture attach to condoms, its impact on how people adopt condom use as advocated by the campaigns under study. In their studies, Mulwo (2008) & Sakar (2008) cite religious and social factors as some of the reasons people avoid condomising. As it were, society considers people who are seen buying or carrying condoms to be of loose morals and promiscuous. In Sakar’s study (2008), both men and women argued that it would be difficult to introduce condoms in their relationship due the stigma attached to the condom. Similarly, Rondini & Krugu (2009) argue that women carrying condoms are often perceived as “bad,” “ruined,” or “loose,” and are referred to as “whores” and “prostitutes,” discouraging women from carrying or using condoms in many countries. The stigma associated with condom use, therefore, remains a barrier in condom use advocacy.

*Mpango wa kando* is a uniquely Kenyan term coined to describe concurrent sexual partnerships. *Mpango wa kando* traces its background to HIV/AIDS and the efforts to

reduce the rate of new infections among married people and those in long-term relationships. The first case of HIV in Kenya was discovered in 1984 and since then, numerous campaigns have been undertaken in an effort to contain the spread of the virus. Studies by National Aids and STIs Control Programme (NAS COP) and KAIS(2007) indicate that at the height of the epidemic in 1987, Kenya's prevalence rates stood as high as 41% in some regions. In response, governments, Non-Governmental Organizations (NGOs), and other stakeholders have put up strategies to campaign against STDs (Stallone, 2012).

Currently, media campaigns on sexual issues have gained humorous appeal, different from how such campaigns were carried out decades ago. Campaigns are currently carried out using humorous posters and messages. Evans, Davis, Ashley, Blitstein, Koo and Zhang (2009) postulates that making sexual messages humorous enhances transmission of safe sexual messages as an ideograph. An ideograph is a rhetorical strategy that expresses complicated ideas in a persuasive way. Evans et al (2009) also argue that safe sexual message is an ideograph because it functions as a phrase (explicitly stated or implied) that stands for many things. In practice, safe sex could mean wearing a condom, having sex with only one partner, using birth control, getting tested, or getting treatment. This term not only gives audiences knowledge of what it means to engage in safe sex, but it persuades people on how to think and behave in the society.

Socially, the study was conducted in a context where studies (KAIS 2007 & KAIS 2012) have reported certain segments of the society that are considered most at risk of new infections of HIV/AIDS. The studies have linked the high rate of new HIV



infections to the *Mpango wa Kando* practice among married people and those in long-term relationships. These groups are considered high-risk groups and include truck drivers, fishermen, commercial sex workers and people in marriages. The presence of married people in this grouping poses a dilemma for researchers and message designers because marriage is considered a safeguard against the risk of sexually transmitted infections.

Another social consideration is the low poverty index among big households ravaged by HIV/AIDS epidemic. The factors contributing to this include some cultural practices such as wife-inheritance among some communities and polygamy, which is widely practised in many communities, especially in rural Kenya. Both these practices alongside low literacy levels are considered some of the core drivers of the HIV epidemic.

Socially, the messages were developed in the context of a Church that perceived HIV/AIDS as a disease of sinners, with messages from the pulpit highlighting the fact that both the Church and the African society frowns on sex before marriage and infidelity in marriage. The then President was quoted by the Daily Nation Newspaper (July 2001) asserting that the church had failed to educate its members on the dangers of HIV/AIDS and called for men who deliberately spread the virus through multiple sexual partners to be hanged. Besides, Kenya is considered a Christian nation with 80% of the population reported to profess the Christian faith. For this reason, churches were at the forefront of condemning one of the *Wacha Mpango wa Kando* messages arguing that it was teaching the youth bad morals. This led to the temporary withdrawal of the particular message from airing on Kenyan television.

### 1.2.3 The Kenyan Context

In Kenya, Sexual Reproductive Health (SRH) messages trace their background to family planning campaigns and campaigns against HIV/AIDS. The messages have been developed as part of the Kenya government campaign to urge Kenyans to reduce the number of children per couple, to use condoms, to know their HIV status, and to stop concurrent sexual relationships. Most of these initiatives are donor driven and donor sponsored with most of the funds coming from donor agencies such as United States Agency for International Development (USAID), President's Emergency Plan for Aids Relief (PEPFAR), Centre for Disease Control (CDC), United Nations Joint Programme on HIV/AIDS(UNAIDS), World Health Organization (WHO), among others. The particular messages under study were sponsored by USAID, United Kingdom Agency for International Development (UKAID), PEPFAR, Ministry of Public Health (MOH), National Aids Control Council (NACC) and developed by Population Services International (PSI) and NASCOP.

HIV infection rates in Kenya were low in the 1980s but by the end of 1998, almost 14% of Kenya's adult population was living with the HIV, or about 2.1 million people (WHO/UNAIDS, 2002). After the first case of HIV was reported in 1984, Kenya's second President, Daniel arap Moi was to later declare HIV/AIDS a national disaster in 1999 due to the number of people dying from HIV related deaths at the time. By the late 1990s, prevalence rate picked at 10% among adults. In declaring HIV, a national disaster, the President is quoted as saying:

*AIDS is not just a serious threat to our social and economic development; it is a real threat to our very existence... AIDS has reduced many families to the status of beggars... no family in Kenya remains untouched by the suffering and death caused by AIDS... President Moi, 1999 (BBC News, October 26, 1999).*

According to Kenya AIDS Response Progress Report (KARPR, 2014), the HIV epidemic in Kenya has evolved, since the first case was diagnosed, to become one of the major causes of mortality and has placed a tremendous demand on the health system and the economy. As a result, the epidemic has affected all sections of society- children, youths, adults, women and men alike. As the epidemic has evolved, so has the response to the same. The response has been improving in tandem with increase in availability of reliable and comprehensive data, which has enabled the country to sharpen its focus on the key HIV transmission areas and populations in order to reduce new infections.

As the Country began to come terms with the HIV epidemic, there was no immediate response, which resulted in its escalating towards a full-blown pandemic (NASCO, 2005). Kenya was to later mount what has been referred to as a delayed response when it became clear the cost of not responding was appalling. The epidemic was affecting every sector of the economy with the most affected section of the population being the most economically productive at ages between 15-39 years (Kenya AIDS Response Progress Report, 2014).

At this time, NASCO reported that Kenya was losing up to 500 people in a day to HIV/AIDS related causes. In the paragraphs that follow, we look at some of the responses mounted to deal with the threat of HIV/AIDS to the Country. These included policy and institutional responses as well as those responses that are of interest to the study of communication and sexual behaviour change responses.

In terms of policy and institutional response, Kenya only began to take firm steps to deal with the pandemic after WHO appointed Dr. Jonathan Mann, a renowned American physician who had worked in then Zaire (Democratic Republic of Congo), to head the newly created Special Programme on AIDS (SPAS). After his appointment, WHO started exerting pressure on the Kenyan government to report the Country's HIV cases, which consequently led to the formation of NACC (Merson et al., 2008). Despite this help, which included financial and technical support, there was still some reluctance in government to embrace the help. The government feared that admitting the magnitude of the epidemic would have catastrophic effects on the tourism industry, which was the country's largest foreign exchange earner and the bedrock of the economy (Kalipeni & Mbugua, 2005; Were, 2015).

As the pressure continued to mount, the government did reluctantly accept the help. Hershey (2009) notes that while WHO policy emphasized the prevention of new infections, the Ministry of Health (MOH) in Kenya was more concerned with issues of blood safety, which at the time was perceived to be the biggest threat to tourism (Hershey, 2009). In 1987, the government established an AIDS Control Committee under the Ministry of Health, which went ahead to develop the first five-year strategic plan for AIDS control (1987-91), followed by a second plan for the period 1992-96 (NASCO & MOH, 2005). Hershey (2009) reports that the reluctance by the Kenyan and many other African governments resulted in the WHO supported National Aids Programme (NAP) being viewed as largely foreign imposed, leading to its failure.

Following the failure and collapse of NAP, the government established the National HIV/AIDS and STD Control Programme (NASCO) in 1992 to coordinate efforts

towards addressing the pandemic (Were 2015). NASCOP, though not engaging in a multi sectoral approach, marked the first real commitment by the government to address the rising cases of HIV/AIDS infections (Hershey, 2009). The government later achieved other milestones following the 1996 establishment of nine technical subcommittees to draft a national HIV and AIDS policy. This was the beginning of a remarkable turnaround from the passive approach the government had previously employed. As a result of the work of these committees, the cabinet and parliament approved *Sessional Paper No. 4 of 1997 on AIDS in Kenya* (NASCOP & MOH, 2001). This session paper established clear guidelines and a framework for HIV prevention and control efforts for the next 15 years. One of the highlights was the government's commitment to play a proactive leadership role in the multi-sectoral response to the epidemic. It also recommended the appropriate institutional framework to effectively coordinate and manage the response to the epidemic (NASCOP & MOH, 2001). This signaled the government's commitment to play a leadership role in addressing HIV through policies that provided an enabling environment for the many players supporting responses to the epidemic (Were, 2015).

Though the messages covered in this study were constructed against the HIV/AIDS epidemic, the messages themselves reveal the wider context of sexual reproductive health issues such as planning the number of children per couple, delaying the age of first sexual experience for the youth (abstinence), faithfulness in marriage, caring for the wellbeing of one's family, among others.

Although the government has considered these messages as an important outcome in the fight against HIV/AIDS and socially sound life (Ankrah and Attika, 2011),

campaigns to promote it have been ineffective and little is known about how messages influence the target audiences' (in this case married couples) perceptions and behaviour. Previous studies have shown that constructs drawn from messaging theory explain adoption of health behaviors and avoidance of risk behaviours promoted by media campaigns for example Petty and Cacioppo (1986); Niederdeppe, Davis, Farrelly and Yarsevich, (2007); Davis, Nonnemaker, Farrelly, et al, (2010). Specifically, sensation value, Palmgreen, Lorch, Stephenson, Hoyle and Donohew, (2007); Palmgreen, Donohew, Lorch, Hoyle and Stephenson, (2002) message themes, advertising stylistic features, and respondent characteristics can explain cognitive and behavior response to health messages (Niederdeppe et al., (2007); Davis, et al., (2010).

This study focused on analysing various media campaign messages that have been developed and disseminated to address SRH issues in Kenya. To fully appreciate the place of these messages in the Kenyan cultural context, and given that a number of these messages are constructed against HIV/AIDS, the study looked at the historical, political, social and academic background of both the Kenyan epidemic and the field of Health Communication and Communication campaigns and advocacy in which all of the SRH messages under study are situated.

#### **1.2.4 The Mpango wa Kando Phenomenon in Kenya**

Besides the contexts already discussed in the preceding sections (see section 1.2.1 - 1.2.3), the sexual reproductive health messages under study were also developed in the context of a national phenomenon dubbed *Mpango wa Kando*, a concurrent sexual relationship also known as '*side dish*'. The *Mpango wa Kando* phenomenon has been

the subject of media debate as evidenced by articles in the newspapers (see for example Daily Nation 1st February, 21st October, 8th November 2013, The Standard 3rd November 2012, 4th February 2013). In addition to this, are relationship columns in the daily newspapers that tackle relationship issues. Many of these issues are related to infidelity. One of these is the Monday Nation's DN 2 column with the then senior Pastor of International Christian Center (ICC), Phillip Kitoto. The other is 'HeartAdvise' every Saturday with relationship counselor Maurice Matheka. Radio talk shows that regularly discuss the *Mpango wa Kando* phenomenon include Classic FM's morning show hosted every weekday by Maina Kageni and Mwalimu King'ang'i, and Easy FM's 'Busted' show hosted by Ciku Muiruri (Ciku has since left the show and the station). The main focus of this show was busting cheating spouses. There was also Q FM's 'Gumzo Mtaani' hosted by Nimrod Taabu to cite but a few examples. On television, both local and foreign programmes on air, especially the soap operas, contain episodes of infidelity and the resulting marital strife.

It is against this background that this study analyses the *Wacha Mpango wa Kando* campaign messages with a view to investigating the interpretations that emerge from these messages. This contributes to knowledge that would aid campaign developers in developing messages that would effectively address the *Mpango wa Kando* phenomenon, thereby lowering the rate of HIV infections among married people. *Mpango wa kando* was the name chosen by the campaign designers to describe the practice of married people having concurrent sexual partners. These partners are sometimes other married people or single people. In many of these partnerships, sexual favours are exchanged for money or other favours such as gifts

and luxuries. The person in a *mpango wa kando* partnership maintains his marriage relationship concurrently.

### **1.3 Statement of the Problem**

The problem that prompted this study was the rate of new HIV infections among married people that remained high, at 44%, despite various campaigns targeted at married people urging them to stop multiple concurrent partnerships in order to reduce the rate of new infections among the target group.

The problem is detailed below in its academic, social and contextual dimensions.

#### **1.3.1 Academic Problem**

Academically, the problem for this study arises from research that shows *Wacha Mpango wa Kando* campaign did not have the effect desired by the message designers. According to Kenya Aids Index Survey (KAIS, 2012), the rate of new HIV/AIDS infections among married people remained high at 44% despite the *Wacha Mpango wa Kando* campaign. Academically, messages are designed to follow a designed process from sender to receiver with a specific desired result and provision for feedback. According to various models of communications (see for example Lasswell's model, 1948; Shannon and Weaver's model, 1949; Osgood's model, 1954; and Schramm's models, 1954), messages are designed to have a specific effect on the audience.

Half the information necessary for effective design comes from theories of human behaviour and the communication process. The other half is through knowledge of



target audience. Maibach & Parrott (1995) argues that an effective health communication campaign is both theory grounded and audience-based. A detailed and unobscured knowledge of the intended audience enables the message designer to select appropriate communication objectives, create messages that can accomplish those communication objectives, contextualize the message accordingly and deliver it through channels preferred by members of the audience.

Public Health Ontario (PHO, 2012) outlines 12 criteria in developing health communications campaign as outlined on the table below:

**Table 1.1 *List of Criteria for Effective Campaign Messages***

Criterion 1	The message must get and maintain attention
Criterion 2	Put strongest points at beginning of message
Criterion 3	The message must be clear
Criterion 4	The action you are requesting is reasonably easy
Criterion 5	Make effective use of incentives
Criterion 6	Provide good evidence for threats and benefits
Criterion 7	The messenger must be a credible source
Criterion 8	Messages must be believable
Criterion 9	Use an appropriate tone
Criterion 10	Use an appropriate appeal
Criterion 11	Do not harm the audience
Criterion 12	Display identity throughout.

Academically, we do not know if the 4 *Wacha Mpango wa Kando* campaign messages under study meet the above threshold in terms of theoretical grounding, understanding of the audience and the laid down tenets of developing and implementing a health communications campaign.

### 1.3.2 Contextual Problem

Contextually, the problem emanates from how specific high-risk populations considered most at risk of contracting HIV/AIDS through *mpango wa kandoare* reached with the campaign messages. They include fishermen along the shores of Lake Victoria, long-distance truck drivers as well as people in marriages and long-term relationships. There are challenges in developing mass media messages for such a diverse yet specific target audience. Both the truck drivers and fishermen, for instance, spend so much time out of their homes that they may not have the opportunity to watch the messages. In the African context, issues of sex and sexuality are taboo subjects rarely discussed in public. That an issue of such sexual nature could be discussed on national TV is itself a problem (limited to the research sites).

As Best and Khan (2006) state, several questions should be raised before a research problem can be considered appropriate. Only when these questions are answered in the affirmative can the problem be considered a good one. Among these questions are:

*'Is this the type of problem that can be effectively solved through the process of research? Can relevant data be gathered to test the theory or find the answer to the question under consideration? Is the problem significant? Would the solution make a difference as far as educational theory or practice is concerned?'*(Best & Khan, 2006).

This study considered these questions in the choice of analysing the *Wacha Mpango wa Kando* campaign messages. The problem addressed in this study is that despite a concerted campaign to reduce both *Mpango wa Kando* and the rate of new infections among married people and those in long-term relationships, the rate of new HIV infections among the target group has remained high at 44%.

Given their ability to disseminate information in a broad, timely and accessible manner, the mass media constitute an important source of information for the general public and policymakers. The mass media, as information providers, inform, educate, entertain, persuade, socialize and market commercial products, among other roles (Hiebert, Uncurait, Bohn, 1974). Health practitioners and policy makers, therefore, have been using the mass media in disseminating important health information to the general public.

Campaigns aimed at the reduction of the rate of new HIV infections occurring in stable-long term relationships such as marriages have been done through other mass media such as radio. This study focusses on the campaigns done through television, one of the most visual mass mediums. The mass media campaign was used to address the issue of concurrent sexual relationships commonly known as *Mpango wa Kando*. According to the Kenya HIV Response and Model of Transmission Analyses (KHRMTA) of 2009, 44% of all new HIV infections in Kenya are occurring in stable long-term relationships such as marriages. This, the study found, was a result of people in stable relationships having concurrent sexual partnerships (NACC, 2009). Apart from HIV/AIDS, according to a non-empirical survey conducted by Consumer Insight, the concurrent sexual partnership is the cause of 72% of divorce cases in Kenya (Star Newspaper, Tuesday 17th September 2013).

Despite the numerous campaigns on the mass media against *Mpango wa Kando*, infidelity has now turned to a big business in Kenya, according to media reports. In a report by the Standard newspaper (4<sup>th</sup> February 2013), *Mpango wa Kando* was found to be the fastest growing business in Kenya even as the number of new HIV infection

remained high. Similarly, the Kenya Aids Epidemic Update (2011) showed that HIV is still spreading faster among married couples and those in stable relationships representing 44% of all new infections (NACC and NASCOP, 2012).

The increase in the number of cases of infidelity and its effects despite the spirited campaign through the mass media, particularly television, dubbed *Wacha Mpango wa Kando* raises several questions: What impact are these messages having on the target audience? Is the problem the messages or the targeted audience? Given the investment in terms of expertise, finances and time that has gone into the preparation and dissemination of these messages, an analysis of these messages to determine why they have not had the desired effect on the rate of new HIV/AIDS infections among the target audience and the *Mpango wa Kando* itself is necessary.

Mabachi (2008) focused on the success of various campaigns aimed at reducing the cases of HIV infections. She concluded that abstinence, VCT and Trust Condom Campaigns, have been rated as successful. This study analyses the exact message themes that emerge from *Wacha Mpango wa Kando* campaigns in relation to Sexual Reproductive Health and their perceived effects of the target audience. The study seeks to gain insights into why the messages have not had the desired effect on the rate of new HIV/AIDS infections among the target audience and the *Mpango wa Kando* phenomenon despite the spirited campaigns.

### **1.3.3 Social Problem**

Socially, issues surrounding HIV remain highly stigmatized despite awareness campaigns on the disease. The messages under study were developed against a social

environment where *mpango wa kando* is widely but secretly practised. Preliminary studies (as detailed in Chapter 2) have showed that poverty, prolonged absence of one's spouse and cultural practices are some of the reasons that drive people to *mpango wa kando*. Socially, the problem is how to develop messages that cut across the social barriers and still be effective (in the whole country).

John Hopkins University (JHU, 2011) states that concurrent partnerships arise out of social norms, environmental and structural factors that create a fertile ground for concurrency. Many of these cultural norms, encourage men in particular to have more than one sexual partner by normalizing concurrency (Soul City Institute, 2008). A survey conducted in Uganda by Panos Institute (Panos, 2010) indicated that multiple concurrent partnerships prevalence is mainly due to societal acceptance. It would appear that sexual engagement with multiple partners has gained acceptance and has become a social norm. As a result, the practice is consistently promoted in many settings (JHU, 2011). The greatest challenge, therefore, remains that of finding ways to institute profound social change that would lead to reduction in multiple and concurrent sexual partnerships (Wilson & Halperin, 2008).

Another social problem is the secrecy surrounding the practice of *Mpango wa Kando*. Various studies have revealed that multiple concurrent relationships are practised secretly (see for example JHU, 2001; Sigamoney, 2009; Soul City Institute, 2008). The studies also reveal that women are more secretive about their *mpango wa kando* compared to men. The reason given for this was fear of public humiliation, rejection and violence that women are likely to face if their husbands found them out (JHU, 2001; Soul City Institute, 2008).

Were (2015) refers to a study conducted in Lesotho (Sigamoney 2009), which reported that multiple concurrent partnerships are frequently practised with secrecy, hence it is often unknown who is actually practicing it. The study also revealed that although the practice was not legitimized in the community, it was still practised. The study noted that the secrecy was in sync with the Basotho culture as an indicator of respect by maintaining secrecy over acts that are deemed disrespectful and shameful. The study further noted that while participants recognised the link between concurrency and HIV transmission, they were complacent about the possibility of concurrency leading to HIV transmission (Sigamoney, 2009).

Arguably, gender and cultural realities have great impact on the practice of multiple concurrent partnerships. Here, JHU (2001) noted that power imbalance disempowered women from questioning their spouses' infidelity due to the fear of violent reprisal. Additionally, the fear of physical abuse was shown to lead women to not take preventive steps such as using a condom, talking about sex or even telling their partners whether or not they were sexually satisfied. As a result, many women resorted to seeking solace, emotional support and sex from other sexual partners (Soul City Institute, 2008) without leaving their unfaithful spouses who are the source of income (JHU, 2011).

A number of studies have revealed that lack of sexual satisfaction (arising from sexual deprivation and lack of good quality sex) is one of the reasons why men and women engage in concurrency (see for example Chirwa & Chizimbi, 2009; Soul City Institute, 2008; Rweyemamu & Fuglesang, 2008; Parker et al., 2007). These studies reveal that men and women engage in concurrency because they are deprived of sex,

lack good and frequent sexual intercourse or lack sexual adventure in their relationships. Were (2015) quotes a 10 Country study conducted by Jana et al, (2007), which showed that men preferred younger women willing to experiment with a variety of new sexual positions because they felt that being sexually adventurous with their wives was disrespectful.

Rweyemamu & Fuglesang (2008) noted that owing to the difficulty of experimenting with many sexual styles with their steady partners, men, on the one hand, felt at ease practising it with their extra sexual partners. Men in the study also reported that because their female partners considered them experts on sexual matters, they engaged in multiple concurrent partnerships to gain a variety of sexual experiences from other women in order to maintain this perception. In other cases, men feared overburdening their regular sexual partners with their excessive sexual desires, thus, preferring to fulfil their sexual needs through concurrency (Rweyemamu & Fuglesang, 2008). On the other hand, women desired regular sex, foreplay, new sex positions and an orgasm. Where their partners showed lack of interest in sex, it often led to feelings of frustration, leading to concurrency (JHU, 2011).

The general lack of communication around sexual issues in many relationships has been rated as a factor in encouraging *mpango wa kando* (see for example Sigamoney, 2009). Here, Soul City Institute (2008) finds that social norms dictated that men could not discuss issues related to sex such as position during sex with their wives because such ideas were considered dirty and disrespectful. Conversely, gender norms have been shown to restrict women from expressing their own desires and feelings because they are expected to be subservient to men. In their study, Jana et al. (2007) reported

that when women suggested new sexual ideas to spice up their sexual relationships, they are often accused of infidelity and even physically abused by their husbands or partners. This then often results in both men and women seeking sexual satisfaction from other partners.

Various studies have also shown that poverty and economic needs have emerged as reasons for why married men and women get involved in *mpango wa kando* (see for example Ondondo, Nganga, Mpoke et, 2014). In this regard, Rweyemamu and Fuglesang (2008) find that the need for material support to fulfil some of the most basic needs was a major motivation for women, and in some cases men, to engage in multiple and concurrent relationships. Similarly, JHU (2001) report that economic vulnerability was a key driver of sexual concurrency. As such, transactional sex is a common factor among both men and women engaging in *mpango wa kando* for financial gain in exchange for sex. In such cases, sexual exchange was considered a means for economic survival (Parker et al., 2007).

Among the fisher communities along the shores of Lake Victoria, it has been observed that any study of transactional sex among the fisher folk must take into consideration the role poverty plays in rural areas (see for example Gordon, 2004; Ondondo, Nganga et al., 2014). This points to the fact that sex for money is driven by poverty among other things, and unless poverty issues are addressed in the campaigns, the messages will remain ineffective. Many women have been shown to engage in *mpango wa kando* partnerships in order to seek financial and material assistance when their spouses failed to live up to expected gender norms of providing for the family (JHU, 2001; Harrison & O'Sullivan, 2010; Rwenyemamu & Fuglesang, 2008;



Kwena, Bukusi, Omondi, Nga'yo et al., 2012). All these studies point to the fact that transactional sex is considered a necessity and a means of survival, especially by the women who engage in it.

Additionally, prolonged absence from their spouses has emerged as fueling *mpango wa kando* among truck drivers. Marck (1999) reports that long-distance truck drivers in Africa, India and Thailand have been found to participate in vigorous sexual cultures at roadside settlements and border crossings whose transient residents include poor, often young, women from rural hinterlands. Here, Marck notes that “through sex for payment, either in cash or kind, many of the drivers and women have multiple partners spreading HIV widely through the rural byways of the African AIDS belt.” (Marck, 1999, p.92)

According to the Kenya Narrative Report (2014) the percentage of women and men having multiple sexual partners has increased over the last 10 years. The increase has been higher among men than women. The report confirms that having multiple sexual partners puts one at a high risk of HIV infection, especially if the partners are not using a condom consistently. This points to another social problem associated with condom stigma among the target audience members.

#### **1.4 Research Questions**

1. What are the message themes and interpretations that emerge from *Wacha Mpango wa Kandocampaigns* in relation to Sexual Reproductive Health messaging?

2. What considerations influenced the campaign designers in the designing and implementation of *Wacha Mpango wa Kando* campaign messages?
3. What are the perceived effects of the *Wacha Mpango wa Kando* campaign messages on the targeted audience segments?
4. In what ways did gender, social and cultural realities influence how the target audiences processed the messages?

### **1.5 Scope of the Study**

This study defines scope as the boundary lines of what is covered according to Mugenda and Mugenda (2003). They list certain factors that determine the scope of a study. These include the time available to carry it out, the money available, the availability of equipment if needed and the availability of subjects or the units of the study. These are some of the factors taken into consideration in determining the content scope, contextual scope and methodological scope of this study as outlined below.

#### **1.5.1 Content Scope**

In terms of content scope, the study analysis four genres of the *Wacha Mpango wa Kando* campaign messages aired on Kenyan media between 2009 and 2014. These campaign messages are:

1. *Wacha Mpango wa Kando* – Fanya Hesabu
2. *Wacha Mpango wa Kando* – La sivyoy weka condom mpangoni
3. *Wacha Mpango wa Kando* message for truck drivers
4. Message for fishermen and done in Luo language

Though other campaigns on HIV/AIDS have been developed, these four directly targeted people in marriages and long-term relationships. They also targeted populations considered to be high-risk and have a clear focus on the *Mpango wa Kando* phenomenon.

Specifically, this study addressed four research questions related to the *Wacha Mpango wa Kando* Campaign as follows: The first question sought to establish what messages and interpretations emerge from the *Wacha Mpango wa Kando* campaigns in relation to Sexual Reproductive Health messaging. To answer this question, the study analysed each of the four messages in terms of content. Also analysed were the scripts for message themes while noting what participants said about the content of the messages in the Focus Discussion Groups (FDGs). The study sought to answer the questions; what the message is all about? What words are used? What is said and what remains unsaid? Is there 'noise' and distractions that would prevent the intended message from being received by the intended audience as stated in Shannon and Weaver's model of communications (Severin & Tankard, 1997).

In the second question, the study sought to establish what considerations influenced the designing of *Wacha Mpango wa Kando* messages. To answer this question, message designers were asked what they thought were considerations in designing the campaign messages. In this regard, Maibach and Parrot (1995) argue that effective campaign messages have two main ingredients, namely theory-grounded and audience-centred. An effective campaign is one that combines these two ingredients. The question explored the role played by potential audiences in the designing of the messages.

In the third question, the study looked at the perceived effects of the messages on the target group as deduced from the content of the messages. To answer this question, members of the target audience were asked how they perceived the messages. Were the messages clear? Did they communicate directly to them in their contexts? Did they act on the message passed? Did they experience any behaviour change either in their own lives or the lives of their friends?

To answer the fourth question, the study explored social and cultural realities and how these influenced the way the target audience processed the messages. I observed and interrogated how social and cultural status of the participants could have influenced the way they responded to the messages.

### **1.5.2 Contextual Scope**

The choice for contextual scope was advised by the areas most affected by HIV/AIDS as captured in NACC's *HIV Prevention Revolution Roadmap* (2013). The report names Homa Bay County at the lead of the Nine Counties bearing the brunt of HIV/AIDS. The other Eight are Siaya, Kisumu, Migori, Nairobi, Mombasa, Turkana, Busia and Kisii counties.

CARITAS (Latin word for Charity), a non-governmental organization working in the area was instrumental in Homabay where FDGs with participants from Angalo and Lela beaches were conducted. All the participants were members of the community empowerment programmes that CARITAS organization runs in Homa Bay and Migori Counties. In Nairobi, participants for both male and female FDGs came from Korogocho, one of the areas where CARITAS is working. The truck driver FDGs were conducted in Chumvi and Mai Mahiu. The truck driver participants were

coordinated by North-Star Alliance, who run VCT centres along the highway from Mombasa, Kenya to Kigali, Rwanda.

In the study, the greater focus was on the demographic populations most affected. Here, I considered the rural/urban divide, cultural diversity and also the access to the messages or lack of it. Given that reports showed the rate of new infections to be higher in urban areas than in rural areas, the study also focussed on Nairobi County, the largest urban Centre in Kenya. It is also in Nairobi where both the designers and sponsors of the messages are based. In terms of media exposure, Nairobi also has the largest number of people with access to media as well as high literacy levels. For cultural diversity and rural/urban dynamics, the study, specifically the FGDs, were also conducted in Homabay County, which is rated as the leading County in new HIV/AIDS infections in the country. It was also in Homabay where I conducted the FGDs with fishermen, one of the populations considered most at risk.

Another population considered at high risk are truck drivers. For this group, I conducted FGDs with truck drivers in Chumvi (Machakos) and Mai Mahiu (Nakuru) two of the busiest transit, rest and entertainment centres for truck drivers. Given the nature of their jobs, the FGDs were conducted at night when the truck drivers have stopped for the night.

Owing to its cosmopolitan nature, Nairobi presented the cultural diversity that is representative of the Kenyan urban culture. The approach strategy was qualitative as it was considered the best strategic approach to enable the research contribute and enhance the knowledge on the development, dissemination and reception of SRH

campaign messages on Kenyan television. As Jwan and Ong'ondo (2011) state, this approach helps the researcher establish opinions and views of people regarding the phenomenon under study. In this case, the views and opinions of both those who develop the messages and those who receive them was important.

In terms of demographic populations, the study focused on some of the populations considered most at risk and for whom messages had been developed. These included people in marriages and long-term relationships, truck drivers and fishermen.

Finally, the study involved two in-depth interviews with two campaign message designers. The two were directly involved in the development of the *Wacha Mpango wa Kando* campaign from inception to implementation.

### **1.5.3 Methodological Scope**

For methodology, (detailed in chapter 3) the phenomenological research takes the relativist ontological approach, leading to an interpretivist/constructivist epistemological study. It is a qualitative study that uses the case study research approach. Data generation techniques included observation of discussions of married women, men, mixed groups, fishermen and truck drivers from the target audience group, as they discussed the campaign messages. They watched the campaign messages under study and discussed the questions. This involved actual viewing of the footage of the campaign messages as part of the data gathering process to ensure that only people who have seen the messages are part of the study.

Two other data generation techniques employed include a qualitative content analysis of the campaign messages under study and FDGs drawn from members of the target audience. Through this analysis, the research aimed to get a deeper understanding of the content and its underlying themes. In addition, in-depth interviews with selected campaign message designers were conducted. This is discussed in detail in chapter 3.

## **1.6 Limitations of the Study**

Three aspects of limitations of the study have been addressed in this research, namely content, contextual and academic aspects. According to Mugenda and Mugenda (2003, p. 28), such aspects may influence the results of a study negatively but the researcher has no control over them. Here, Mugenda and Mugenda find that a common limitation in social science studies is the scope of the study, which sometimes may not allow for generalizations. This study takes the position that the limitations highlighted below did not influence the results negatively but may instead lead to further phenomenological studies of the *Mpango wa Kando* phenomenon.

### **1.6.1 Content Limitations**

In terms of content, the study was limited in that by the time of conducting the research, the messages were no longer airing on television. The participants may also have forgotten the specific details of *Wacha Mpango wa Kando* campaign. To mitigate and minimize this limitation, copies of the campaign messages were availed and replayed to the participants for viewing before each discussion. Most of the participants remembered watching the messages on television.

The research is limited to four sexual reproductive health messages but acknowledges that there are more messages that have been developed and could be developed and disseminated by the time this study is concluded. The researcher also recognizes that not everybody actually watched these messages and there is the possibility some participants may not have watched the messages and may only have secondary information prior to the actual viewing of the footage during the FGDs. They may have been too embarrassed to admit this so as not to look ignorant to the rest of the group.

### **1.6.2 Contextual Limitations**

In terms of context, there is no known empirical data that shows the geographical area where the sexual reproductive health messages have been more effective. Though the geographical distribution of the virus in Kenya is well documented (GAU, 2016; KASF, 2014; KAIS, 2014), there is no corresponding data on the geographical areas where the campaign messages have been more effective. The choice of Nairobi and Homabay is, therefore, based on other factors not specifically related to the messages themselves.

Another limitation was that though the KAIS preliminary report (2013), in its geographical distribution of HIV infections, places Nyanza as the region where prevalence was highest in 2012 at 15.1%, the research focused on both Nyanza (Homabay) and Nairobi, which was ranked second owing to the fact that prevalence in urban areas at 6.5% remains higher than rural areas at 5.1%. Also considered here was the fact that Nairobi is the biggest urban centre with a representation of people from all parts of the country.



Given the costs, time and logistical challenges, the study was also confined to Homabay and Nairobi as a good representation of the Kenyan rural and urban society. The study also focusses on married truck drivers in Chumvi (Machakos) and Mai Mahiu (Nakuru) to discuss the message focusing on truck drivers as one of the high-risk populations identified. In addition, the study features another group considered high-risk, namely the fishermen from Homabay.

Owing to time and financial constraints, the study only focused on a selected number of people in pre-existing groups such as fishermen and truck drivers. The two counties of Nairobi and Homabay are among the 9 counties with the highest prevalence rates, while Machakos and Nakuru counties host some of the busiest stopovers for truck drivers. Due to their mobile nature of their jobs, the truck drivers are considered at high-risk of contracting HIV/AIDS as they spend days, not only on Kenyan roads but go as far as Rwanda and Democratic Republic of Congo (DRC). As a result, I was not able to effectively compare whether viewers in other towns receive the messages differently because of their context. The research did not look at the rural vs. urban divide to ascertain whether the messages are perceived differently in the two contexts and has recommended this for another study.

### **1.6.3 Academic Limitations**

Academically, the research is limited in the sense that the researcher has not come across any empirical study that shows the number of people engaging in *Mpango wa Kando*. Non-empirical study conducted by Infotrak Research and Consulting (Nov 2013), however, put Rift Valley in the lead with 76% of the individuals in

relationships confessing to have caught their spouses cheating on them. Nairobi and Mombasa tied at second place with 67% of individuals reporting to have caught their spouses cheating. The study, however, does not report on whether or not the respondents had watched the campaign messages under study. The research relies on evidence of the rate of HIV/AIDS infection among married people that points to *Mpango wa Kando* as the main source of information.

These limitations did not in any way negatively influence the results of the study because contextually, the study focused on populations specifically targeted by the messages. In terms of content, I focused on 4 messages that targeted one demographic group considered most at risk and academically, the findings of the study fill the gaps identified in the limitations above.

### **1.7 Rationale for the Study**

Rationale refers to the core reason one finds it necessary to conduct a study. It responds to the question, ‘why the research is necessary?’ (Ong’ondo, PhD class, 2014). This view is supported by Mugenda and Mugenda (2003, p. 224) who assert that “rationale is a statement made about the need and usefulness or benefits of the proposed project”. This study was necessary for three reasons.

First, this research was necessary because the issue of healthy media campaigns to educate the public about the transmission of HIV/AIDS and how to protect oneself from infection has remained in public discourse for decades due to its importance. It is also the case that researchers worldwide have devoted time, resources and efforts in understanding the virus including how it is spread and how it can be contained. One

of these initiatives has been media campaigns conducted especially in Sub-Saharan Africa where the virus is spreading the fastest. This study analyses one such campaign, the *Wacha Mpango wa Kando* campaign.

Secondly, KAIS 2012 (Published 2014) reports that despite these interventions, the rate of new infections among married people and those in long-term relationships remains high at 44%. As Were (2015) finds, there is, indeed, limited knowhow on whether the current HIV communication campaigns are adequately addressing the contextual factors underpinning multiple concurrent partnerships. In its analysis, this study looks at those contextual factors. In the same vein, there is no academic evidence on how the target audience of the *Wacha Mpango wa Kando* campaign responded to the campaign. This study was, therefore, necessary as it contributes to the body of knowledge already available with its potential contribution to existing literature on sexual reproductive health campaign messaging.

Thirdly, the Kenya Aids Epidemic Update (KAEU, 2012) looks at, among other things, the social economic context of the epidemic, the prevalence rate and the impact of the epidemic. There is evidence in the Kenya Aids Strategic Framework, KASF (2014) that various measures must be and need to be employed to curb the spread of the epidemic. One of the suggested and tried ways has been behaviour change. Arguably, if people could only change their sexual behaviour, the rate of new infections would go down, researchers have suggested (see for example, Greenwald Anthony, 2016). This study addresses the behaviour change following health messages that targeted some of the high-risk groups.

Finally, various media and grassroots campaigns have been employed over the years, particularly over the last decade, but the rate of new HIV infections continues to increase. This is according to the KAEU(2012), which has been rated as the most comprehensive study of the epidemic in Kenya for a decade. The current study is necessary because I have not come across any empirical study done on the extent of the *Mpango wa Kando* phenomenon, even though concurrent sexual relationships remain a leading contributor to the high rates of new HIV infections and divorces in Kenya. This increase, despite the various campaigns, has been attributed to various factors including poverty, alcoholism, societal and gender norms, sexual behaviour patterns and the use of wrong approaches in behaviour change communications (Sigamoney, 2009). The findings of this study will add the voice of a key population considered responsible for high rate of new infections and thereby contribute to the considerations for message designs in future campaigns.

### **1.8 Significance of the Study to Health Communication Message Design**

This section, addresses why the study is important and how the results of the study will be used, who will benefit from the results, what is the expected end product, is the study worthy? (Silverman, 2013) The results of this study will be used to fill the existing knowledge gap in the field of Health Campaign Messages, specifically, messages targeting a specific demographic group as was the case with the *Wacha Mpango wa Kando* campaign. It will also contribute to the existing research as the Kenyan government implements various strategies in the war against new infections of HIV/AIDS.

Academicians and students of Health Communication will benefit from this study's analysis of a locally developed campaign, given that the bulk of existing literature features campaigns done in other countries and contexts, mainly the West. Policy makers, researchers and campaign designers will be interested in the findings of this study as a resource in the development of future campaigns to mitigate against HIV/AIDS and other health challenges.

Finally, the end product is a scholarly work that informs health communicators on anticipated outcomes of a health communications' campaign, based on one of the most talked about television health campaigns in recent years.

### **1.9 Summary of Chapter One**

This chapter introduced the study and looked at its academic and social contexts. It has also highlighted the research problem, stated the research questions and presented the significance of the study. The key issues covered in this chapter are summarized as follows: Reproductive Health Campaigns is a core aspect of Health Communications that has gained currency in the study of Health Communication issues. Further, Reproductive Health Campaign Designers need a deeper understanding of the social and contextual drivers of *mpango wa kando*. It is also the case that different demographic audience segments may respond differently to the same message given that the social dynamics and culture play a key role in influencing audience's response to campaign messages. The study has great potential to make critical contribution to both policy and practice in the field of Health Communication, Advocacy and Campaigns.

In the next chapter, I outline the history of the pandemic in Kenya and situate the study in the field of Health Communications, Communications Campaigns and discuss behaviour change theories of communication with specific references to Sexual Reproductive Health Campaigns.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1. Introduction

This chapter reviews the relevant and related literature to the field of study. It commences by outlining a brief history of the HIV pandemic in Kenya and the government's response to the pandemic. It defines the concepts surrounding the *Wacha Mpango wa Kando* campaign and explains the *mpango wa kando* phenomenon in the Kenyan context. The chapter proceeds to situate the study in the field of Health Communications followed by a review of the related theories of behaviour change communications and their role in designing campaign messages. The theories of behaviour change communications referred to in this study are articulated later in the chapter as a guiding framework in consistency with qualitative research. The chapter also looks at a review of relevant previous research in health campaign messaging.

#### 2.1.1A brief History of HIV epidemic in Kenya

The first known case of HIV in Kenya was reported in 1984 (NASCO, 2010) although some researchers believe the epidemic HIV began spreading in the late 1970s or the early 1980s (Rees, 2008). In September of 1984, a 34-year-old journalist of Ugandan origin operating in Nairobi was diagnosed with HIV and that is when the reality of the disease struck. The journalist, it is believed, contracted the disease from the then strife torn Uganda/Rwanda/Tanzania border during his travels to the region in 1979 or thereabouts (Rees, 2008).

HIV infection rates in Kenya were low in the 1980s. By the end of 1998, however, almost 14% of Kenya's adult population was living with the HIV virus, or about 2.1

million people (WHO/UNAIDS, 2002). This prompted Kenya's second President, Daniel Arap Moi, to later declare HIV/AIDS a national disaster in 1999 due to the number of people dying from HIV related deaths at the time. In declaring HIV a national disaster, the President is quoted as saying:

*“AIDS is not just a serious threat to our social and economic development; it is a real threat to our very existence... AIDS has reduced many families to the status of beggars... no family in Kenya remains untouched by the suffering and death caused by AIDS...” President Moi, 1999 (quoted in the media while addressing parliament).*

According to Kenya AIDS Response Progress Report (KARPR, 2014), the HIV epidemic in Kenya has evolved, since the first case was diagnosed, to become one of the major causes of mortality and has placed a tremendous demand on the health system and the economy. As a result, the epidemic affected all sections of society- children, youths, adults, women and men. As the epidemic evolved, so did the response improve in tandem with increase in availability of reliable and comprehensive data, which enabled the country to sharpen its focus on the key HIV transmission areas and populations in order to reduce new infections.

In terms of multiple sexual partnerships, the report indicates that the percentage of women and men having multiple sexual partners has increased over the last 10 years. This increase saw higher numbers among men than women. Having multiple sexual partners puts one at a high risk of HIV infection especially if the partners are not using a condom consistently and accurately.

According to a situation analysis by United Nations Educational, Scientific and Cultural Organization, UNESCO (2005), the major factor contributing to high incidence of HIV in Kenya was the rising level of poverty of Kenyans with 50% of



the population living below the poverty line (Economic Survey, 2000) with an income of less than a dollar per day. A more recent study in Kenya, Global Aids Update, GAU (2016) recorded that 65% of new HIV infections occurred in just 9 of the country's 47 counties. This analysis contributed to a national HIV prevention "road map" that defines evidence-informed biomedical and structural interventions while targeting them to specific populations and geographical zones. The Kenya AIDS Strategic Framework aimed at reducing annual new HIV infections among adults by 75% by 2019.

KAIS 2012 (published 2014) reported that many new HIV infections occur by heterosexual transmission within HIV discordant married or cohabiting couples, where one partner is infected and the other is not. In Kenya, it is estimated that about 44% of all new infections nationwide occur as a result of unprotected sex between regular partners or adults who are in a union. As a result, the government initiated several programmes directed at couples including couples' testing, disclosure counselling and prevention with positives, which encourages re-testing for the negative partner in a discordant couple. The study noted that lack of knowledge of one's partner's HIV status continues to be an obstacle to prevention and recommended facilitation of couples' testing and exposure. The study also showed low consistent condom use among HIV-discordant couples highlighting the need for prevention programmes targeting discordant couples. In this regard, low levels of viral suppression among HIV-infected partners indicate an increased probability of infection of uninfected partners.

### **2.1.2 Kenya's Response to the HIV Epidemic**

As the country began to come to terms with the HIV pandemic, there was no immediate response, resulting in the epidemic escalating towards a full-blown pandemic (NASCO, 2005). Kenya was to later mount what has been referred to as a delayed response when it became clear that the cost of not responding was appalling. The epidemic was affecting every sector of the economy with the most affected section of the population being the most economically productive age of between 15-39 years. At this time, NASCO reported, Kenya was losing up to 500 people in a day to HIV/AIDS related causes.

In terms of policy and institutional response, Kenya only began to take firm steps to deal with the pandemic after WHO appointed Dr. Jonathan Mann, a renowned American physician who had worked in then Zaire (Democratic Republic of Congo), to head the newly created Special Programme on AIDS (SPAS). After his appointment, WHO started exerting pressure on the Kenyan government to report the Country's HIV cases, consequently leading to the formation of National AIDS Programme (NAP) (Merson et al., 2008). Despite this help, which included financial and technical support, there was still some reluctance in government to embrace the help. The government feared that admitting the magnitude of the epidemic would have catastrophic effect on the tourism industry, which was the country's largest foreign exchange earner and the bedrock of the economy (Kalipeni & Mbugua, 2005).

As the pressure continued to mount, the government did reluctantly accept the help. Hershey (2009) notes that while the WHO policy emphasized the prevention of new infections, the Ministry of Health (MOH) in Kenya was more concerned with issues

of blood safety, which at the time was perceived to be the biggest threat to tourism (Hershey, 2009). In 1987, the government established an AIDS Control Committee under the ministry of Health, which went ahead to develop the first five-year strategic plan for AIDS control (1987-91) followed by a second plan for the period 1992-96 (NASCOP & MOH, 2005). Hershey (2009) reports that the reluctance by the Kenyan and many other African governments resulted in the WHO supported National Aids Programmes (NAP) being viewed as largely foreign imposed, resulting in their failure.

Following the failure and collapse of NAP, the government established NASCOP in 1992 to coordinate efforts towards addressing the pandemic (Were 2015). NASCOP, though not engaging in a multi sectoral approach, marked the first real commitment by the government to address the rising cases of HIV/AIDS infections (Hershey, 2009).

The government later achieved other milestones following the 1996 establishment of nine technical subcommittees to draft a national HIV and AIDS policy. This was the beginning of a remarkable turnaround from the passive approach the government had previously employed. As a result of the work of these committees, the cabinet and parliament approved *Sessional Paper No. 4 of 1997 on AIDS in Kenya* (NASCOP & MOH, 2001). This session paper established clear guidelines and a framework for HIV prevention and control efforts for the next 15 years. One of the highlights of the session paper was the government's commitment to play a proactive leadership role in the multi-sectoral response to the epidemic. It also recommended the appropriate institutional framework to effectively coordinate and manage the response to the

epidemic (NASCO & MOH, 2001). This signaled the government's commitment to play a leadership role in addressing HIV through policies that provide an enabling environment for the many players supporting responses to the epidemic (Were, 2015).

Other milestone initiatives included the November 26<sup>th</sup> 1999 declaration by President Daniel Arap Moi of HIV as a national disaster while addressing parliament. He went on to establish the National Aids Control Council (NACC) to coordinate the multi-sectoral response to the epidemic (NACC, 2007; NASCO & MOH, 2005). These initiatives marked the turning point from a lackluster political response and created an institutional framework to deal with HIV. The declaration was, however, marked with controversy since, in his speech, the president castigated the use of condoms as an HIV strategy, a position that he later revised in a subsequent address to students of the University of Nairobi (Were, 2015). This notwithstanding, the creation of NACC set the stage for the decentralized HIV prevention and treatment measures. NACC set up Aids Control Units (ACUs) in each government ministry to spearhead and coordinate the integration of HIV and AIDS prevention and control measures into mainstream Ministry functions. Decentralized coordination mechanisms were also set up through AIDS control committees at the provincial, district and constituency levels to ensure representation at all levels including the grassroots (NASCO & MOH, 2001).

Other initiatives that followed from NACC included the Kenya HIV/AIDS Strategic Plan (KASF) 2000-2005 whose theme was '*Social change to reduce HIV/AIDS and poverty*'. It was linked to the government's National Development Plan 1997-2001 and the National Poverty Eradication Plan of 1997-2001. The plans ensured that sound policy and institutional framework was in place for the integration of HIV and

AIDS into the agenda of the Government of Kenya across all sectors (NASCOP & MOH, 2001). When President Mwai Kibaki took office in 2003, he declared “Total War against HIV/AIDS” (TOWA) and established a cabinet committee on HIV/AIDS. Adding an initiative of her own, the first lady, Mrs. Lucy Kibaki, launched the Kenya chapter of the Organization of First Ladies against HIV/AIDS (OAFLA) in July 2003 and was actively engaged in the war against HIV/AIDS (NACC, 2007). The increased political commitment and leadership was critical in creating a conducive environment to facilitate the implementation of the various strategies.

The Kenya National AIDS Strategic Plan (KNASP) II with the theme *‘A call to Action’* was launched in 2005. It set an ambitious target to reduce the country’s overall prevalence to less than 5.5% by the year 2010. To achieve this, KNASP focused on three priority areas; prevention of new infections, improvement of the quality of life of people infected and affected by HIV/AIDS as well as the mitigation of social economic impact (NACC, 2005). Despite registering good progress, KDHS (2008) reported Kenya’s prevalence at 6.3%, still below the 5.5% targeted by KNASP II.

After KNASP II came KNASP III with the theme, *“Delivering on universal access to service”*. Its aim was to prevent new infections, reduce HIV related illnesses and deaths, and mitigate the effects of the epidemic on households and communities (NACC, 2009). KNASP III was informed by the evidence-based understanding of the drivers of Kenya’s epidemic. These were mainly casual and long-term heterosexual partnerships (Gelmon et al., 2009). KNASP’s vision of ‘An HIV-free society in Kenya’ is long term and recognized the need for sustainable programming that would

align the country's HIV response to the country's Vision 2030. The plan also enables the country to achieve Millennium Development Goal (MDG) 6 on combating HIV (NACC, 2009). The UN has since 2015 adopted Sustainable Development goals and though there is no specific goal covering HIV/AIDS, it falls under goal no.3 on good health and wellbeing.

## **2.2 Defining *Mpango wa Kando* and the *Mpango wa Kando* phenomenon**

*Mpango wa Kando* refers to multiple concurrent sexual relationships. Mah and Halperin (2008, p.1) define multiple concurrent partnerships as a situation where “an individual has overlapping sexual relationships with more than one person”.

Since 2009, Population Services International (PSI), now PS-Kenya, has been using the slogan *Wacha Mpango wa Kando* (stop the concurrent sexual relationships) in its efforts to highlight faithfulness, condom use and the negative consequences of concurrent sexual relationships. This phenomenon is not unique to Kenya and has been a subject of discussion, study and interventions across Sub-Saharan Africa, which can be attributed to a number of factors. A survey by Infotrack Research and Consulting (2013) suggests a number of possible reasons that lead to spouses engaging in concurrent sexual relationships. According to the survey, women could be driven by fears in their marriage such as conflicts, sexual deprivation or inadequate financial resources. Many psychologists and sociologists believe that marital problems are generally believed to occur as a result of lack of or poor communication about sex or emotional issues. It is this state of affairs that drove PS-Kenya, in conjunction with the government of Kenya, to initiate the *Wacha Mpango wa Kando* health communication campaign in order to create a national discourse.

In November 2013, the Standard Newspapers (Sunday 3<sup>rd</sup> & 10<sup>th</sup>) published details of a study the newspaper had commissioned the research group, Infotrack Research and Consulting, to conduct. The survey, released on November 1<sup>st</sup>, was quoted by the newspaper as 'a survey that lifts the veil on cheating spouses, setting the stage for candid conversations on *Mpango wa Kando*'. It is this candid conversation that this research aims at analysing. The survey found that an increasing number of women are engaging in sex out of marriage. The reasons given for this include conflicts with the spouse, lack of sexual satisfaction and need for more money. The same study found that Rift Valley topped the list of cheating partners with 76% of individuals in relationships confessing to having caught their spouses cheating on them. 14% of the respondents said they suspected their spouses of cheating on them while 10% said that they have been told of their spouses' wandering eye. Nairobi ties with coast at second place with 67% of couples saying they caught their spouses cheating on them. In Nairobi, 44% of those polled said sexual dissatisfaction was the main reason for infidelity. Money was rated second with another 9% saying alcoholism was the reason for straying.

### **2.3 Drivers of *Mpango wa Kando***

In order to adequately analyse the campaign, an understanding of what drives the phenomenon is important. Were (2015) asserts that multiple concurrent partnerships (or *mpango wa kando*) is a phenomenon that has gained a lot of prominence in HIV prevention discourse. Studies conducted in Southern Africa and parts of Eastern Africa have revealed that *mpango wa kando* is the key driver of the epidemic in these regions (Wilson and Halperin, 2008).

JHU (2011) states that concurrent partnerships arise out of social norms, environmental and structural factors that create a fertile ground for concurrency. Many of these cultural norms, encourage men in particular to have more than one sexual partner by normalizing concurrency (Soul City Institute, 2008). A survey conducted in Uganda by Panos Institute (Panos 2010) indicated that multiple concurrent partnerships prevalence is mainly due to societal acceptance. As a result, sexual engagement with multiple partners has gained acceptance and is common and accepted as a social norm. As a result, the practice is consistently promoted in many settings (JHU, 2011). The greatest challenge, therefore, remains how to institute profound social change that would lead to reduction in multiple and concurrent sexual partnerships (Wilson & Halperin, 2008).

Another factor is the secrecy surrounding the practice of *Mpango wa Kando*. Studies (Sigamoney, 2009) and Soul City Institute (2008) have revealed that multiple concurrent relationships are practised secretly. The studies also revealed that women are more secretive about their *mpango wa kando* compared to men. The reason given for this was fear of public humiliation, rejection and violence that women are likely to face if their husbands found out (Soul City Institute, 2008). Were (2015) refers to a study conducted in Lesotho (Sigamoney 2009) that revealed that multiple concurrent partnerships are frequently practised with secrecy, hence it is often unknown who is actually practicing it. The study revealed further that, though the practice was not legitimized in the community, it was still practised. The study also noted that the secrecy was in sync with the Basotho culture as an indicator of respect by maintaining secrecy over acts that are deemed disrespectful and shameful. While participants recognised the link between concurrency and HIV transmission, they were



complacent about the possibility of concurrency leading to HIV transmission (Sigamoney, 2009).

Gender and cultural realities have great impact on the practice of multiple concurrent partnerships. The study (JHU, 2001) noted that power imbalance disempowered women from questioning their spouses' infidelity due to the fear of violent reprisal. Additionally, due to fear of physical abuse, women could not take preventive steps such as using a condom, talking about sex or even telling their partners whether or not they were sexually satisfied. As a result, many women resorted to seeking solace, emotional support and sex from other sexual partners (Soul City Institute, 2008) without leaving their unfaithful spouses who are the source of income (JHU, 2011).

A number of studies have revealed that lack of sexual satisfaction (arising from sexual deprivation and lack of good quality sex) is one of the reasons why men and women engage in concurrency (Chirwa & Chizimbi, 2009; Soul City Institute, 2008). These studies, including Rweyemamu & Fuglesang (2008) and Parker et al., (2007) reveal that men and women engage in concurrency because they are deprived of sex, lack good and frequent sexual intercourse or lack sexual adventure in their relationships. Were (2015) quotes a 10-country study conducted by Jana et al., (2007). Which found that men preferred younger women willing to experiment with a variety of new sexual positions because they felt that being sexually adventurous with their wives was disrespectful.

Rweyemamu & Fuglesang (2008) noted that owing to the difficulty of experimenting with many sexual styles with their steady partners, men felt at ease practising it with

their extra sexual partners. Men in the study also noted that because their female partners considered them experts on sexual matters, they engaged in multiple concurrent partnerships to gain a variety of sexual experiences from other women in order to maintain this perception. On the one hand, men feared overburdening their regular sexual partners with their excessive sexual desires as a result preferring to fulfil their sexual needs through concurrency (Rweyenamu & Fuglesang, 2008). Women, on the other hand, the study states, desired regular sex, foreplay, new sex positions and an orgasm. Where their partners showed lack of interest in sex, it often led to feelings of frustration, leading to concurrency (JHU, 2011).

The general lack of communication around sexual issues in many relationships has been rated as a factor in encouraging *mpango wa kando*. Soul City Institute (2008) study states that social norms dictated that men could not discuss issues related to sex such as position during sex with their wives because such ideas were considered dirty and disrespectful. Conversely, gender norms restricted women from expressing their own desires and feelings because they are expected to be subservient to men. One study, (Jana et al., 2007) reported that when women suggested new sexual ideas to spice up their sexual relationships, they are often accused of infidelity and even physically abused by their husbands or partners. This then often results in both men and women seeking sexual satisfaction from other partners.

Various studies have also shown poverty and economic needs have emerged as reasons for why married men and women get involved in *mpango wa kando*. According to Rweyemamu and Fuglesang (2008), the need for material support to fulfil some of the most basic needs was a major motivation for women and, in some

cases, men engaging in multiple and concurrent relationships. According to JHU (2001), economic vulnerability was a key driver of sexual concurrency. Transactional sex is a common factor among both men and women engaging in *mpango wa kando* for financial gain in exchange for sex. In such cases, sexual exchange was considered a means for economic survival (Parker et al., 2007). Among the fisher communities along the shores of Lake Victoria, Gordon (2004) and Ondondo, Nganga et al., (2014) point out that any study of transactional sex among the fisher folk must take into consideration the role poverty plays in rural areas. This points to the fact that sex for money is driven by poverty among other things and unless poverty issues are addressed, the messages will remain ineffective. Many women engaged in *mpango wa kando* partnerships in order to seek financial and material assistance when their spouses failed to live up to expected gender norms of providing for the family (JHU, 2001) and studies by Rwenyemamu & Fuglesang, (2008) point to the fact that transactional sex is considered a necessity and a means of survival especially by the women who engage in it.

Prolonged absence from their spouses has emerged as fueling *mpango wa kando* among truck drivers. Marck (1999) reported that long-distance truck drivers in Africa, India and Thailand have been found to participate in vigorous sexual cultures at roadside settlements and border crossings whose transient residents include poor, often young, women from rural hinterlands. He noted that through sex for payment either in cash or kind, many of the drivers and women have multiple partners spreading HIV widely through the rural byways of the African AIDS belt.

According to the Kenya Narrative Report (2014) the percentage of women and men having multiple sexual partners has increased over the last 10 years. The increase has been higher among men than women. The report confirms that having multiple sexual partners puts one at a high risk of HIV infection especially if the partners are not using a condom consistently.

#### **2.4 Situating the Study in the Field of Communication Studies**

This study is situated in the field of Communication Studies. Health Communication has been defined as "the main currency of healthcare in the 21st century" (Krisberg 2004). In this regard, Schiavo (2007, p.xi) introduces health communication as one that gives ready access to relevant, reliable, and culturally appropriate information to the general public, patients, health care providers, public health professionals and others. This enables all concerned to address personal and public health matters far more efficiently than in the past. He posits that in the wake of the anthrax crisis in 2001, CDC and other federal authorities defined communication as the most important healthcare related science of the twenty first century.

Additionally, health communication has been described as an approach drawing on multiple disciplines including mass communication, social marketing, health education, anthropology and education (Bernhardt, 2004). Here, Keller and Lehmann (2008) observe that health communication theories fall into two distinct categories, those that examine the positive acceptance of the message recommendation (acceptance, adoption, behaviour change), and those that examine the rejection of such messages (defensive, avoidance, denial). They note that the important thing is to ensure that a given health campaign is tailored to specific audiences in order to ensure

effectiveness. In analysing the *Wacha Mpango wa Kando* campaign, I referred to theories that examine the rejection of these messages (defensive, avoidance and denial). Key questions here were, when the target audience watch these messages, what is their immediate reaction? Are they defensive, do they avoid the issue altogether or are they in denial?

Schiavo (2007) acknowledges that convincing people to adopt healthy behaviours, or convincing policy makers and professionals to introduce and change practices in support of better health is not an easy task. This study supports this view, by highlighting some of the behaviour change messages for the prevention of HIV/AIDS that have been used in Kenya. Studies conducted in Kenya so far, including Aids KAIS (2007; 2014) and the KAEU (2012), have showed that the prevalence rate of new infections among married couples and people in long-term relationships remain high despite the *Wacha Mpango wa Kando* (stop the concurrent sexual relationships) campaign messages initiated by the government and various stakeholders in 2009.

Insofar as policymakers are concerned, the progress made in neighbouring Uganda in initiatives to combat HIV/AIDS has over the years brought to the fore the reluctant manner in which their Kenyan counterparts accepted the reality of the epidemic perhaps leading to a later response than Uganda. Today, with concerted effort and policy framework, Kenya is one of the leading countries in Africa in effective communication campaigns to fight HIV/AIDS. One the recent campaigns that has already been rated as effective is the campaign encouraging men to undergo Voluntary Male Medical Circumcision (VMMC). Another has been the provision of access to HIV care and treatment. Here, about 9 out 10 people infected with HIV who

know they have HIV are receiving essential HIV-related care services and treatment for their infection (KAIS, 2013). This goes to show the changes that an effective health communication campaign can bring.

Lupton (1994) locates and critiques some of the foundational issues that underlie health communication. She argues that communication in the health context has been traditionally conceptualized as a top-down approach, with communication flowing from the centres of authority to peripheral locations. This has posed major challenges leading health communication professionals to engage in more participatory approaches. In the next section, I review health communication campaigns.

#### **2.4.1 Health Communication Campaigns**

Both communications and public health practitioners have developed interventions to promote healthy attitudes and actions and to suppress those that place life and health in jeopardy (Freimuth, Cole & Kirby, 2000). Communication campaigns have been defined as communication efforts to improve the lives of individuals and the fabric of our society Paisley & Rice, (1981) asserting campaigns are very commonly used to reach and inform the 'mass' audience about important social issues. Communication campaigns are referred to as 'public' in the sense that they do not exclude anyone from their messages (Stappers, 1983) and also in the sense that they address the audience as citizens, as an 'active public', who have to choose to be persuaded to take action on a (social) problem (Roser & Thompson, 1995). In this regard, Paisley (1981) argues that reform is a unifying principle of all public communication campaigns whether the structure of society itself is affected (promotion of collective benefits) or only the lifestyles of individuals (promotion of individual benefits).

One of the characteristics the communication campaigns being public is that they are targeted at the general audience but focussed to a specific audience segment believed to be at a greater risk. The *Wacha Mpango wa Kandomessages*, for instance, were targeted at the general public and aired on the mass media of radio and television. They, however, focussed on the married and those in long-term relationships as studies have shown that they are at a greater risk. One of complaints raised against the *Wacha Mpango wa Kando* campaigns is that by showing explicit scenes of cheating spouses in bed, for instance, the messages are exposing innocent children and youth to adult material and it may influence them negatively. This can also be viewed from a positive side that these youths are forewarned and will, as a result, not engage in *mpango wa kando* in their adult life.

Most health communicators would agree that there are common sets of variables considered in the development of a mass media health communication campaign and a common set of outcomes that one can reasonably expect as a result of a communication experience (Freimuth, Cole & Kirby, 2000; Sullivan, Yonker, Morgan et al., 2003, Rimon, 2001). These variables can be categorized into four broad areas: 1) psychosocial attributes of the receiver, 2) the source or spokesperson, 3) settings, channels, activities, and materials used to disseminate the message, and 4) the message itself, including content, tone, type of appeal, audio characteristics and visual attributes. In terms of the psychological attributes of the receiver, this research looks at the perceptions of the audience with regard to the *Wacha Mpango wa Kandomessages*. In terms of the source or spokesperson, the research consists in part of in-depth interviews with campaign designers and in the case of the messages where

a spokesperson was used (Jimmy Gathu) the research was seeking to establish how he is/was perceived by the audience members as the 'face' of the campaign.

The *Wacha Mpango wa Kandoc* campaign messages footage is shot in a variety of settings, showing the characters in different environments and, as stated earlier, is aired on public media. The research sought to establish how the settings, the activities and the channels used influenced how the audience members perceive the messages. Finally, the fourth variable; the message itself. The research, will through qualitative content analysis, examine the content, the tone and the tone of appeal contained in each of those messages. Also examined in this study are the visual attributes of the message footage.

#### **2.4.2 Communication and Sexual Behaviour Change Responses**

In Kenya, communication campaigns to mitigate against HIV/AIDS borrowed heavily from the family planning campaigns that were gaining credence to stall the rapidly escalating population explosion (Were, 2015). Following the success in using information, education and communication (IEC) in family planning communication, the same was replicated in the HIV arena (Piotrow et al., 2003). Subsequently, the first major HIV/AIDS campaign was launched on a platform of IEC.

This was then supplemented by mass media, social mobilization and interpersonal communication approaches. There was also the publication of the “*Aids Watch*” column in the press with information about HIV/AIDS. The late Professor Joseph Mungai, a renowned medical scholar from the University of Nairobi’s Medical School, authored the articles. The government went a step further and launched a



condom campaign to promote condom use and reduce risky sexual practices (Aidsmap, 1997; Hershey, 2009).

The communication methods used were mainly conventional and focused on information transmission and knowledge acquisition (Waisbord, 2000). During this time, the causes and effects of HIV became widely known with the unfortunate effect of highly stigmatising the epidemic. With limited knowledge and understanding of the epidemic, there was a lot of fear since people had limited information on how HIV was transmitted; yet many bore witness to the adverse effect of the epidemic (Kalipeni & Mbugua, 2005). Even communication campaigns at that time regarded HIV as a death sentence. The epidemic was branded as a “*Killer disease*” and most of the posters and other communication featured images of emaciated and wasted persons dying from the epidemic (UNAIDS, 2010; Singhal, 2003; Merson et al., 2008).

The messages used fear appeal as a preventive measure. Unfortunately, the effects were short-lived (Wakefield, Loken & Hornik, 2010) and the expected ripples among the masses that would translate to positive behaviour change were not experienced. Contrary to the expectations, the epidemic continued to escalate at unprecedented rate (Kalipeni & Mbugua, 2005).

The gains recorded in using information, education and communication (IEC), were not long lasting. The impact of using posters and mobile campaigns was limited to brief periods of the post campaign spell. This, in turn, prompted the rise of social marketing approach, which became critical in Kenya’s HIV prevention campaign. It is

noted that social marketing grew out of the realization that marketing principles could be applied to promote social change (Waisbord, 2000). Social marketing campaigns in Kenya gained prominence with major campaigns in mass media (radio, television and newspapers), billboards and community outreaches. “*Nakufee!*” (I feel you), which vigorously promoted condom use among the youth, “*Wacha Mpango wa Kando*” (stop concurrent sexual relationships) and “*La sivyoo, weka condom mpangoni*” (if not use a condom with your concurrent partner) are some of the most prominent social marketing campaigns.

The *Nimechill* Meaning “I have chilled or “I am abstaining” (PSI Profile, 2006, p.1) campaign made the audience aware of what their referent others believe about a recommended behaviour and provided the motivation to comply. The previous studies indicate that this campaign did a good job of depicting characters and slice-of-life situations that were accessible and resonated with their target audiences (Mabachi, 2008, PSI Profile, 2006). The widely publicised campaign used a logo of a yellow hand giving a “V” or “Peace” sign for branding. Social marketing has, however, been criticized for being manipulative, non-participatory, individualistic and expert oriented in nature (Waisbord, 2000).

Arguably, some important strides have been made in the development of the behaviour change communication model. Starting in the 1990s, Kenya witnessed strategic communication shifts with the entry of the behaviour change communication approach into the fold (Kalipeni & Mbugua, 2005). Were (2015) notes that though this model signaled some of the pioneering efforts in applying behavioural science theories in the fight against HIV, it was during the same decade that the country

recorded the highest HIV prevalence rates leading to the declaration of the epidemic as a national disaster. Though this declaration opened the door for donor funds, an evaluation of Kenya's HIV prevention landscape (Gelmon et al. 2009) revealed a lack of common understanding among the many different players on what behaviour change communication entails.

The increase in donor funding saw the entry of the United States of America's President's Emergency Plan for AIDS Relief (PEPFAR) in 2003. Its aim was to support HIV prevention, care and treatment programmes in Sub-Saharan Africa. In 2005, PEPFAR issued a policy directive necessitating all beneficiaries of their funding to adopt the Abstinence, Being Faithful, Using Condoms (ABC) campaign model. This restricted the use of PEPFAR funds purely on activities related to promotion of Abstinence, Being faithful/fidelity and Condom use for defined target audiences (PEPFAR, 2005). President Bush championed the ABC HIV prevention approach with a significant preference for abstinence only programmes. This policy directive with the accompanying funding significantly influenced the country's HIV prevention (NACC, 2009). With this in mind, subsequent HIV interventions in Kenya were designed on the ABC model in order to conform to the donor demands.

Scholars (Murphy et al., 2006) and Merson et al., (2008) have criticized the ABC approach for being ineffective due to its limiting focus on three behaviours (abstinence, fidelity and condom use) as well as its over reliance on linear and rational models of individual behaviour change. The heightened criticism of the limitations of the ABC policy directive led PEPFAR to revise its policy directives. PEPFAR's 2010-2015 strategy acknowledged that the HIV epidemic requires a multidimensional

and multisectoral approach in order to transition from emergency responses towards sustainability. The policy advocated for the use of epidemiological data to develop prevention responses based on evidence and with proven effectiveness (PEPFAR, 2010).

An analysis of health campaign messages falls within the sub-topic of Behaviour Change Campaigns, which is situated within the branch of Communication Studies that is increasingly gaining momentum, called health communication. In the next section, I look deeper into health communication theories for behaviour change communication.

## **2.5 Review of Relevant Theories**

The theory that is most relevant to this study is the integrative theory of behaviour change by Cappella, Fishbein, Hornik, Ahern, & Sayeed (2001). Theory plays many roles in helping us understand communication processes (Maibach & Parrot, 1995). One of those roles is description of the complexities of the world we live in. The result is that we are better able to comprehend and gain deeper insights into a phenomenon such as *Mpango wa kando* and the campaigns surrounding it. In this subsection, I review theories that I consider to be directly related to this study. In keeping with qualitative research, the study makes reference to theories related to how audience members respond to campaign messages at the individual, interpersonal and community level in their contexts. The section also highlights specific theories widely referenced by health messages campaign designers.

McCombs (2004) postulates that these theories are applicable to all aspects of public communication campaign strategies, processes and implementation. The theories are referred to later (in the discussion of findings) to identify the parameters that campaign designers should always strive to meet from a Communications' perspective. *Wacha mpango wa kando* campaign messages were designed against theories of behaviour change communication. The Integrative Theory of Behaviour Change was chosen for two reasons, namely its multifaceted rich nature and its established relevance in the study of health communication campaigns. The Diffusion of innovations Theory informed this study from its position on how individual message adoption decision is a process shaped through interpersonal channels and social networks (Rogers, 2003). These theories are reviewed subsequently.

Integrative Theory of behaviour Change is linked to public campaign messages by the argument developed by Cappella, Fishbein, Hornik, Ahern, & Sayeed (2001). They contend that Integrative Theory of Behaviour Change is multifaceted model as it integrates Social Cognitive Theory (SCT), Theory of Reasoned Action (TRA) and Health Belief Model (HBM) in explaining how external variables, individual differences, and underlying beliefs contribute to differential influence pathways for outcome behaviours, intentions, attitudes, norms and self-efficacy. As such, designers should always put into consideration these external variables in developing campaign messages.

### **2.5.1 Social Cognitive Theory (SCT)**

Also known as social learning theory, the Social Cognitive theory (Bandura, 1977; 1986; 1997) postulates that health behaviour change is the result of three reciprocal

factors: behaviour, personal factors and outside events. Any change in any of the three factors is expected to determine changes in the remaining ones (National Cancer Institute and National Institute of Health, 2002). Behaviour is, therefore, viewed as influenced by a combination of personal and outside factors and events.

One of SCT's key premises is its emphasis on the outside environment, which becomes a source of observational learning. SCT reasons that the environment is a place where individuals can observe an action, understand its consequences, and as a result of personal and interpersonal influences, become motivated to repeat and adopt it (Bandura, 1997; National Cancer Institute and National Institute of Health, 2002; Health Communication Partnership, 2005). According to Health Communication Partnership (2005), SCT's major contribution to health communication is to understand the mechanisms and factors that influence retention, reproduction and motivation on a given behaviour.

In this study, the SCT enriched the understanding of what motivates audiences to act or not act on a particular message what behaviour, personal factors and outside factors influence message efficacy.

**Table 2.1: Components of SCT (Schiavo, 2007: p.39)**

Attention	People's awareness of the action being modelled and observed.
Retention	People's ability to remember the action being modelled and observed.
Reproduction (Trial)	People's ability to reproduce the action being modelled and observed.
Motivation	People's internal impulse and intention to perform the action. Motivation depends on a number of social, affective, and physiological influences (for example the support of peers and family members to perform the action will improve physical performance) as well as the perception of self-efficacy.
Performance	The individual ability to perform the action on regular basis
Self-efficacy	The individual's confidence in his or her ability to perform and sustain the action with little or no help from others, which plays a major role in actual performance.

Another component of this multifaceted model of integrative theory of behaviour change is the Theory of Reasoned Action.

### **2.5.2 Theory of Reasoned Action (TRA)**

This theory by Ajzen & Fishbein (1980) suggests that behavioural performance is primarily determined by the strength of the person's intention to perform a specific behaviour. For behaviours that are within a person's control, behavioural intentions predict actual behaviour. Here, intentions are determined by two factors – attitude toward the behaviour and beliefs regarding other people's support of the behaviour (Centres for Disease Control and Prevention, 2002).

Generally, “attitudes can be defined as positive or negative emotions or feelings towards a behaviour, a concept, or an idea” (Schiavo, 2007, p. 40). As such, attitude is often coupled with a person’s subjective norms about the behaviour. Subjective norms are defined as “the opinion or judgement, positive or negative that loved ones, friends, family, colleagues, professional organizations, or other key influential may have about potential behaviour” (Schiavo, 2007, p. 40). Consequently, in TRA, attitude towards a specific behaviour is a function of the person’s beliefs about the consequences of such behaviour. Therein is a desire to comply with significant others in the life of the person. In terms of campaign messages, TRA is particularly useful in analysing and identifying reasons for action and messages that can change people’s attitudes (Schiavo, 2007). In this study, therefore, TRA informed a deeper and better understanding of how members of the FDGs paid attention to and retained the campaign messages.

Summarising these models, Aggleton, O’Reilly et al., (1994) point out individual factors such as risk perception, outcome expectations (the belief a person holds about the good or bad things that will happen as a result of adopting a new behaviour). This is coupled with perceived social and community norms (a person’s perception that a behaviour is what is expected by his or her community or by people influential in his or her life), and self-efficacy (a person’s perception of his or her own ability to undertake a certain behaviour).

Salmon and Atkin (2003) provides an in-depth summary on the process to follow when designing campaign messages following the tenets of TRA. They contend that designing messages involves the strategic selection of substantive material and the



creative production of stylistic features. In developing the combination of message components, the campaign designer seeks to emphasize one or more of five influential message qualities. First, credibility is primarily conveyed by the trustworthiness and competence of the source and the provision of convincing evidence. Second, the style and ideas should be presented in an engaging manner via selection of interesting or arousing substantive content combined with attractive and entertaining stylistic execution. The third dimension emphasizes selection of material and stylistic devices that are personally involving and relevant, so receivers regard the behavioural recommendation as applicable to their situations and needs. The fourth element is understandability, with simple, explicit as well as detailed presentation of content that is comprehensive and comprehensible to receivers. For persuasive messages, the fifth factor is motivational incentives (Salmon and Atkin, 2003).

TRA explains some of the reasons audience members would not respond to a message as expected by message designers. The strength of a person's intention to perform a certain task, according to TRA, is determined not only by attitude towards the behaviour but also beliefs regarding what other people hold about the behaviour. For the *Wacha mpango wa Kando* campaign messages, TRA explains what audience members believed about the phenomenon and the messages mitigating against it. FGDs members were also influenced by what their peers thought of *mpango wa kando*.

The third component of the integrative theory of behaviour change is Health Belief Model (HBM).

### **2.5.3 Health Belief Model (HBM)**

Health Belief Model (HBM) posits that for people to adopt recommended physical activity behaviours, their perceived threat of disease (and its severity) and benefits of action must outweigh their perceived barriers to action (CDC, 2002). HBM, according to Becker, Haefner & Maiman, 1977; Janz & Becker, 1984; Strecher & Rosenstock, 1997, was originally intended to explain why people did not participate in programmes that could help them diagnose or prevent diseases. HBM is one of the first theories developed to explain the process of change in relation to healthy behaviour. The major assumption of this model is that in order to engage in healthy behaviours, intended audiences need to be aware of their risk for severe or life-threatening diseases and perceive that the benefits of behaviour change outweigh potential barriers or other negative aspects of the recommended actions (Schiavo, 2007).

**Table 2.2: Components of HBM (Schiavo, 2007, p. 37)**

<i>Perceived susceptibility</i>	The individual's perception on whether he or she is at risk for contracting a specific illness or health problem.
<i>Perceived severity</i>	The subjective feeling on whether the specific illness or health problem can be severe (for example, permanently impair physical or mental functions) or life threatening and, therefore, worthy of one's attention.
<i>Perceived benefits</i>	The individual's perceptions of the advantages of adopting recommended actions that would eventually reduce the risk for disease severity, morbidity and mortality.
<i>Perceived barriers</i>	The individual's perception of the costs of and obstacles to adopting recommended actions (includes economic costs as well as other kinds of lifestyle sacrifices)
<i>Cues to action</i>	Public or social events that can signal importance of taking action (for example, a neighbour who is diagnosed with the same disease or a mass media campaign)
<i>Self-efficacy</i>	The individual's confidence in his or her ability to perform or sustain the recommended behaviour with little to no help from others

The tenets of the HBM including perceived risk, severity of illness, advantages to behaviour change and perceived barriers all played a part in the decision to engage or not engage in *Mpango wa Kando*.

Another theory closely related to the integrative theory of behaviour change and also to audience response to campaign messages is the Diffusion of Innovations Theory.

#### **2.5.4 Diffusion of Innovations Theory**

Originally developed by Everett Rogers (1962, 1983, 1995) this theory mainly looks at "how new ideas, concepts, or practices can spread within a community." (Schiavo,

2007, p. 33). It categorises audiences as Innovators, Early adopters, Early majority, Late majority and laggards. According to this theory therefore, the audience members in the category of Innovators and Early adopters should easily accept the campaign messages (for this study the *wacha mpango wa kando* messages). As such, the audience should be able to try listening and accepting the messages and recommending them to others. Rogers, (2003) contends that this theory “introduces the ideas of relative advantage and trialability of recommended behaviours, and the individual adoption decision process, as well as opinion leadership that shapes diffusion through interpersonal channels and social networks via multistep flows” (Rogers, 2003, p.88).

The *Wacha mpango wa kando* campaign designers designed the messages largely with the conviction that audience members would easily accept the campaign messages especially based on the tagline. Given the tenets of Diffusion of Innovation Theory, the individual adoption decision process was perhaps a much more critical factor to consider.

## **2.6 The Role of Theory in Designing Health Campaign Messages**

Several theories of message design are outlined by Maibach & Parrot (1995) in their book, *Designing Health Messages*. They devote this book to three major and broad issues; Theory-Driven Approaches to Health Message Design, Audience Centred Strategies for Health Message Design and Combining theory and Practice.

Theory plays numerous roles in helping both scholars and practitioners understand the communication process. One of the basic roles of theory in behavioural science

involves description; “theories describe the complex world in which we live in and in doing so, renders them comprehensive” (Maibach & Parrot, 1995, p. 1). They go on to describe other roles of behaviour theory as the prediction of outcomes; for instance, “if X occurs, then Y is more (or less) likely to occur” (Maibach & Parrot, p. 1). They state another role of theory as explanation. Here, they find that theories that are able to answer the question “why” create greater understanding. They become necessary for the attainment of yet another goal of theory - the ability to prescribe effective interventions. One of the questions campaign message designers addressed in the interviews was the role of theory-driven approaches in designing the campaigns, not only in Kenya but across Sub-Saharan Africa.

In applying theories of behaviour change to the *Wacha Mpango wa Kandoc* campaign messages, the study describes the context within which these messages are developed and disseminated as well as the outcomes that the campaign designers had predicted. The study also explains and seeks to answer the question of why the *Wacha Mpango wa Kandoc* campaign messages have not had the desired effects. Finally, in looking at the prescriptive role of the behaviour change theories, the study sought to build on the description, prediction and explanation role of theory in order to propose a prescriptive and integrated approach based on the findings of the study.

Many mediated health messages fall short of attaining the goal of positively affecting people’s behaviours in relation to health. This, according to Parrot (1995) and Levy and Windahl (1985), has to do, in part, with the way people process information once they have been exposed to it.

A number of theories address the differences between active and passive cognitive functioning and why individuals actively or passively process information. Louis and Sutton's model of "Switching Cognitive Gears" (1991) explains that individuals are motivated to become actively cognitively engaged: when presentation of content is unusual, unfamiliar, or novel; when presentation of content represents a discrepancy between expectations and reality; and when an external or internal request causes an individual to deliberately initiate an increased level of conscious attention.

One of the possible responses to the *Wacha Mpango wa Kando* campaign messages may be as a result of passive information processing. The question then would be how we move people from passive to active mode in as far as response to HIV/AIDS prevention messaging is concerned. According to the "Switching Cognitive Gears": Invoking Active Thought model described above, individuals rely on automatic processing of health information, depending on past knowledge or experience with similar messaging to assign meaning and interpretation to present message (Chanowitz & Langer, 1981, quoted in Maibach & Parrot 1995, p. 9). For this study, I ask what previous information or experience with HIV/AIDS messaging influenced and continue to influence the meaning and interpretation the target audience assigns to the *Wacha Mpango wa Kando* Messages.

## **2.7 Review of Relevant previous research.**

This section reviews relevant previous research in five sections as follows: review of relevant previous research on Health Communication, review of relevant previous research on HIV/AIDS, review of relevant previous research on Health Campaign

Messages, review of previous research on effectiveness of Campaign Messages and review of previous research on Health Campaign Messages in Kenya.

### **2.7. 1 Review of Relevant previous research on Health Communication**

Various scholars have conducted research in the area of Health Communication (see for example, Beaudoin, 2002; Walsh-Childers & Brown, 2009; Were, 2015; Kuto, 2017). This section reviews some of the research closely related to the study of Health Communication. In this regard, McAlister (1981) argues that communications that aim at influencing complex and persistent behaviours of the audience must perform three functions: inform audiences about these behaviours and their consequences, persuade audiences to cease or avoid those behaviours, and finally, train audiences in skills necessary to translate intention into action. The media, he adds, “offer economy and uniformity in mass distribution that make them highly attractive options for communicators wishing to influence widespread behaviour change.” (McAlister, 1981, p. 221).

Similarly, Beaudoin (2002) finds that in any campaign, it is important to address themes and issues that attract the targeted audience. Here, emotional appeals, and especially appeals to fear, are widely used in health promotion campaigns. Fear appeals have been described as: “a persuasive communication attempting to arouse fear in order to promote precautionary motivation and self-protection action (e.g., stop being unfaithful). Fear arousal is an unpleasant emotional state triggered by the perception of threatening stimuli.” (Ruiter et al, 2001, p. 615). This argument is augmented on the fact that if one is made aware of the negative repercussions of their actions, they will tend to avoid such actions, on the one hand. On the other hand, if

people lack awareness of how their lifestyle habits affect their health, they have little reason to put themselves through the misery of changing the bad habits they enjoy.

Walsh-Childers and Brown (2009) examined sexuality displayed on television programmes and found that characters engage in casual sex but never discuss Sexually Transmitted Diseases (STDs). Many forms of media echo this theme. It is indeed the case that Television programmes hardly display consequences of sexuality. In this regard, Cope-Farrar and Kunkel (2002) conducted a content analysis that showed only 14% of discussions about sex on TV mentioned the risk and responsibilities, and only 3% mentioned risk combined with sexual behaviour (Harris & Barlett et al., 2009). In addition, only a few broadcast programmes were found to discuss sexual risk and even fewer show sexual behavior as actually having consequences. Television audiences, therefore, may not believe that exposure to STDs is a possible consequence of unprotected sex.

In her doctoral study, Kuto (2017) addressed the communication complexities in the management of critical health conditions, specifically cervical cancer. She brought out communication complexities as those obstacles that hinder rural women from participating fully in the control of cervical cancer. Lack of awareness was highlighted as one of the key reasons that lead to the presentation of illness at advanced stages. Disclosure and secrecy at a personal level were some of the other communication complexities noted.



### **2.7.2 Review of Relevant previous research on HIV/AIDS**

In her doctoral dissertation, Parker (2016) noted the following seven themes that emerged from her study; financial dependency, economic inequality, task and assignments, beliefs, risk factors, marriages and aggression. Her study looked at factors associated with primary and secondary sexual transmission of HIV in concurrent relationships in Kenya.

Cline, Johnson and Freeman (1992) found that the “Talk to Your Partner” AIDS prevention campaign did not have an impact on condom use and might have caused riskier behaviours. They also reported that teens in their study learned that they should talk to their partners, but most only asked their partner about his or her HIV status without engaging in additional testing or condom use. Apparently, teens felt that by simply discussing the issue, they were no longer at risk, and thus, engaged in riskier behaviours (Cline, Johnson, and Freeman 1992).

Kennedy et al. (2007) studied condom use of African American males in accordance with a condom promotion programme. They found that campaigns that changed perception of people with STDs increased favourable attitudes towards using condoms and made social and personal connections to HIV/STDs. Researchers, therefore, need to make more connections between how campaigns can change audience perceptions of safe sex.

Cho & Solomon’s (2007) article discussed social reproduction and social norming as effects of health campaigns. They argued that these two specific effects are important from a rhetorical perspective because they draw on social meaning: social

reproduction is the reinforcement of existing social distributions of knowledge, attitudes and behaviours rather than changing the conceptualizations of them. Supporting this finding, Morgan (2011) postulates that society stigmatizes certain health issues, such as being HIV positive, and identification of an individual as a sufferer may shame, marginalize, or isolate him or her from society. Sensitivity and care in campaign design and implementation can, therefore, be said to alleviate perpetuation of such social norming.

Avert (2012) study of HIV/AIDS in Kenya identified stigma as one of the characteristics of health campaigns that affect the adoption of the message. The study argues that stigma is one of many factors that prevent people from seeking health care. Arguably, stigma has led to the spread of STDs and an underestimation of the numbers of people infected. Additionally, Avert (2012) finds that stigma is present in health campaigns through the prevalent use of character identification. The principle of identification is for audiences to perceive the message as relevant to their lives. In determining the effect of stigmatization through character identification, Davis (2006) carried out a study on HIV stigmatisation among Americans. He found out that one in five Americans (21%) say they would be 'very' or 'somewhat' uncomfortable working with someone with HIV/AIDS, and more than a third (39%) would be uncomfortable living with someone with HIV/AIDS.

In yet another study, Goh (2008) examined how the news coverage of the Singapore government blamed homosexuals for the rise of HIV/AIDS cases. The Singaporean government framed homosexuals as promiscuous, which was contrary to the country's traditional values. This led to the government using its power to subvert

homosexuality in Singapore. This demonstrates how stigmatization of individuals leads to oppression of individuals who go against the norms, thereby creating a segmented population in which some feel free to act naturally in their environment while others cannot.

Li et al. (2009) found a link between exposure to media messages related to HIV/AIDS in China and attitudinal and behavioural changes. They examined a segment of the Chinese population's associations with HIV transmission, knowledge of the disease, and attitudes about people living with HIV/AIDS. The study reported a positive correlation between media images in prevention campaigns and stigmatization of people with STDs. Most of the participants in their study believed that people with HIV/AIDS were gay men and foreigners.

Ekwaro (2006) did an assessment of HIV/AIDS information provision to fishing communities around Lake Victoria fishing villages. The study explored the existing approaches/methods of HIV/AIDS information provision to fishing communities while assessing the effectiveness of existing HIV/AIDS information provision in these communities. It also identified factors that supported successful provision of HIV/AIDS information to fishing communities and the impediments to effective provision of such information.

The study established that the HIV/AIDS situation amongst fishing communities was precarious, very serious and worsening. The worsening HIV/AIDS situation was fuelled by a number of factors, such as inadequate awareness, sensitization and access to quality information; commercialisation of sex; poverty; alcohol and drug abuse;

unemployment; multi-partner relationships; traditions and norms; indecent dressing; exchange of fish, business, clothes and/or mobile phones for sex; increase in the number of single men and women; moral degeneration and unfaithfulness; overcrowding and high mobility.

### **2.7.3 Review of Relevant Previous Research on Health Campaign Messages**

Haslam et al. (2009) observe that consumers of health campaigns sometimes believe they are not the target for the message and, thus, react against the health-related messages. Their study found that African Americans and American Indians, who were exposed to messages about dieting that they saw as emanating from White middle-class sources, came to see health-related behaviour as non-normative for their group (as if to say “health is not a thing we do”) and expressed less desire and intention to pursue healthy lifestyles (Haslam et al, 2009). The study postulates that when people do not identify with messages, they disassociate themselves from the issue and believe they are not at risk because the characters portrayed are not part of their group.

A similar study by Keller & Brown (2002) posits that observers of STD campaigns may not identify with portrayals of people with STDs and, therefore, disassociate from the message. Here, they note that audiences may resist public service announcements as selling a particular behaviour because of their infrequency and simplistic messages. The study suggests that characters in ads campaigns are often too simplistic or unrealistic, so people do not identify with them and, thus, do not see themselves as at-risk of getting an STD. By reducing people to an overly simplistic

image of negative characteristics, therefore, advertisements separate these people from society, leading to their (ads) failure.

In their article, *Designing Effective Health Messages*, Punam Anand Keller and Donald R. Lehmann (2008) investigate the use of Message tactics, which include fear, framing, referencing, and argument strength among others. On fear, they found that most of the studies they reviewed did not arouse a high level of fear and concluded that, “Moderate fear arousal increases intentions, whereas low and high fear either do not change intentions (in the case of low fear) or can boomerang (in the case of high fear).” (Keller & Lehmann, 2008, p. 118). In terms of framing, they assert that health messages can be framed positively or negatively. They report that some of the studies they reviewed reveal that; “effectiveness of message frames depends on individual differences.” (Keller & Lehmann, 2003, p. 118).

On referencing, they quote other scholars (Menon, Block & Ramanathan, 2002; Raghubir & Menon, 1998) who assert that “In general people tend to think that bad things happen to other people not themselves” (p. 118). As such they conclude that; “Health communication in which consequences of non-adherence are directed at others (e.g., friends, family members) are more effective than when the consequences are directed at the individual.” (Keller & Lehmann, 2003. p. 118).

In his PhD study, Mulwo (2008) analysed students’ response to ABC and VCT messages at three universities in Kwazulu-Natal province of South Africa. His study premised its focus on structures and processes of meaning production within already existing social groups in regard to HIV/AIDS. He analysed how the produced

meanings affected the interpretation and impact of HIV prevention texts. He particularly focussed on how participants made sense of cultural meanings offered by HIV prevention messages such as ‘Abstinence’, ‘Be Faithful’, ‘Condomise’(ABC) and Voluntary Counselling and Testing (VCT). He found that the categories of student’s responses to HIV prevention messages were often predicated upon their relationships and participation in various social groups. Mulwo concluded that decisions to adopt/not adopt these prevention options were often based on how meanings attached to these options resonated with the social significance of sex and sexual practices.

Were (2015) addressed the societal construction of multiple concurrent partnerships and its implications on the efficacy of HIV communication campaigns in Homa Bay County. His findings were that HIV communication campaigns, which address individual behaviours to the exclusion of the contextual factors, are bound to be ineffective.

#### **2.7.4 Review of Previous Research on Effectiveness of Campaign Messages**

Previous research demonstrates that some campaigns have been rated as successful while others have failed. Mabachi (2008), for example, argues that although evidence suggests that mass media campaigns do work, particularly when the principles of effective campaign design are followed, Noar, (2006), argues that donors and practitioners are still frustrated at evaluators’ inability to answer the question: “what makes some campaigns more effective than others?” (Bertrand, O’Reilly, Denison et al., 2006, p. 254). My main thesis is that *Wacha Mpango wa Kando* campaigns that are considered to have failed. I take this cue from “*It’s Tough to Stop Sex, Study of U.S.*

*AIDS Effort Shows*”, a title of a study reporting that researchers find no benefit from a decade long attempt to curb the spread of HIV in Africa by promoting abstinence and monogamy (Tozzi, 2016).

The report, complete with a picture of a billboard on the outskirts of Kampala, Uganda urging people to be faithful to their partners to stop the spread of HIV, gives the grim verdict that the campaign has failed. In the words of Tozzi, “Abstinence promotion” policies the United States has funded for more than a decade as part of an effort to slow the spread of HIV in Sub-Saharan Africa are largely ineffective (Tozzi, 2016, p.1). The study makes reference to the fact that the U.S has spent more than \$ 1.4 billion since 2004 telling young people in Africa to abstain from sex before marriage and then commit to a single partner. It emerges that the funding did not influence the number of sex partners people had, the age at which they started having sex, or teen pregnancy rates. The study was published in the journal, *Health Affairs*, by researchers at the Stanford School of Medicine.

It is also the case that although the initiative under PEPFAR has recorded success in some areas; delivery of life-saving HIV medicines to millions of people in poor countries at a cost of \$ 50 billion since 2004, it has not delivered lower rates of infection among married people. The reason given for this is that the policy restricted funding and required that at least a third of the funds go to programmes focused on abstinence and faithfulness (PEPFAR). Though the restriction was lifted in 2008 when President Obama came to power, the U.S has continued to devote tens of millions of dollars a year to such programmes. Another reason is that the policy clashed with the reality of HIV epidemic on the ground in Africa. The Institute of

Medicine (2013) notes that the “inherent mismatch between abstinence/be faithful approach and programmes for individuals engaged in sex work,” who are an important target for prevention efforts. The *Health Affairs* report (2016) adds that abstinence and faithfulness promotion may be funded “at the opportunity cost of other potentially more effective, prevention services,” such as promoting condoms or treatment to prevent HIV-positive mothers from passing the virus on to newborns.

Poor communication campaigns have also been blamed for the continuing rise in the rate of new infections among the married people in key populations despite the HIV prevention communication campaigns. In the absence of a cure, it is indubitable that communication holds a vast but unexploited potential to halt the spread of the HIV pandemic (Kippax, 2006). As noted earlier, decades of implementing communication campaigns have not yielded any significant gains even though several communication campaigns have been developed to promote sexual behaviour change in Sub-Saharan Africa.

Some of the earliest HIV prevention lessons were borrowed from the United States of America, one of the first countries to successfully contain its HIV epidemic. Many of these responses were targeted towards homogenous groups with similarities of culture, risk and context of sexual practices. For example, in the U.S, the epidemic was largely concentrated among African American Homosexual men (Merson et al., 2008). This notwithstanding, the same approaches were used for heterogeneous groups in Africa where HIV is transmitted heterosexually and in varying contexts and risk profiles among the many target groups (Parker, 2004). The result has been that



such models have proven inadequate for the communication needs of Africa and other third world countries (Airhihenbuwa & Obregon, 2000).

In their article, “*Know your epidemic, know your response*”, Wilson and Halperin (2008) decry how the global response has framed HIV as one unilateral epidemic with homogenous characteristics, leading to standard prevention strategies across the board. This is contrary to emerging findings which reveal a multiplicity of diverse evidence epidemics rather than a single epidemic. Wilson and Halperin (2008) posit that there are three types of epidemics; generalized, concentrated and mixed. This points to the fact that standardized interventions are bound to fail since they will not match the characteristic of each type of epidemic. In this regard, it is important for message designers to understand each type of epidemic in order to develop messages targeted at the specific transmission characteristics.

The 2008 *Kenya Analysis of HIV Prevention Response and Modes of HIV Transmission Study* showed that Kenya has a geographically heterogeneous mixed HIV epidemic. This means that HIV transmission largely occurs among the general population and also within defined vulnerable groups (Gelmon et al., 2009). The study also revealed that the key drivers of the Kenyan epidemic include the societal acceptance of multiple concurrent partnerships, low condom use and lack of male circumcision.

Based on the above findings, (Wilson & Halperin, 2008) recommend that prevention campaigns should focus on addressing the social norms surrounding the societal acceptance of multiple concurrent partnerships, while advocating for increased

condom use and male circumcision. This position is advised by documented evidence that reduction in multiple sexual partnerships is one key factor that will result in reduced transmission in generalized epidemics. Warren Parker (2004), in his article “Rethinking Conceptual Approaches to Behaviour Change: The Importance of context”, argues that for many years, “behaviour change communication campaigns for HIV prevention have predominantly been anchored on cognitive theories and frameworks derived from social psychology and communication” (Parker, 2004).

### **2.7.5 Review of Previous Research on Health Campaign Messages in Kenya**

A number of studies have been conducted in Kenya on Health Campaign messages (see for example Were. 2015; Mabachi, 2008) Were (2015) sought to establish whether selected communication campaigns have addressed the factors that contribute to multiple concurrent partnerships. He established that communication campaigns failed to address the contextual factors that underpin multiple concurrent partnerships, hence, supporting the conclusion that HIV communication campaigns, which address individual behaviours to the exclusion of the contextual factors, are bound to be ineffective.

Discussing gender portrayal, Mabachi (2008) notes that men and women were portrayed in positive roles and characterizations, reflecting the planners’ strategy, not necessarily the behaviour and context of the target audience. Her thematic analysis of three Kenyan campaigns namely: *Trust condom* campaign, Nimechill campaign and Voluntary Counselling and Testing (VCT) services campaign portrayed gender norms and power positions of men and women in the Kenya society. Her study found that majority of the campaigns revealed the presence of cultural beliefs/practices such as

gender norms (that promote the inequality of women and the sexuality of men), which are barriers to behaviour change. Such barriers, Mabachi finds, could have affected the success of the campaigns in terms of the move from intent to actual behaviour change.

In Kenya, the campaign on Voluntary Male Circumcision has been rated as a success story as has the *Nimechill* campaign targeting teenagers according to PSI, the campaign designers and implementers. On the contrary, the *Wacha Mpango wa Kando* campaign has been largely ineffective as the rate of new infections among the targeted audiences have remained high (KAIS, 2007: KAIS, 2012). Literature has pointed out that these campaigns have been ineffective as a result of employing cognitive models adapted from the West, ignoring the social and cultural contexts that should be the anchor of any communication campaign in Africa (Mabachi, 2008).

## **2.8 Rationale for Study based on Literature Review**

The literature review played a key role in anchoring and enriching my study. It informed my research in four distinct ways: First, it detailed the status and development of the HIV epidemic in Kenya at the backdrop of which the messages under study were developed. This provided the framework in which I established my study as the literature review highlights the various interventions put in place over the years and the witnessed results.

Secondly, the literature review examined the *mpango wa kando* phenomenon and practice and the factors that drive it. Understanding the drivers was key in making recommendations that would aid the development of future campaign messages.

Thirdly, the literature review helped in anchoring my study in the field of Health Communicaitons, and specifically, Health Communication Campaigns. In so doing, it helped relate the study to the larger conversations on communication and Sexual Behaviour Change responses and to fit the *Wacha Mpango wa Kando* campaigns in this conversation.

Fourthly, the literatue reviews shared the results of other studies and theories related to my study. By reviewing relevant theories and previous research studies, and by referring to these throughout the study, the literature review aided in identifying the contribution of this study to the field of Health Communications and more specifically, Health Communication Campaigns. The literature review revealed that most of the models used for developing the campaign messages are based on Western models and do not necessarily take into consideration the socio-economic contexts that drive both the HIV/AIDS epidemic and the *Mpango wa Kando* phenomenon in Africa, particulary in Kenya.

Overall, the literature review reveals that though the HIV/AIDS epidemic and its history and statistics is well documented in the Kenyan context and various studies have been conducted among high-risk populations, interventions, especially communication ones, have been erratic and have not borne the desired results. Such failure has been partly attributed to financial sustainability issues leading to early termination of campaigns, as well as inadequate study of the local context and drivers of the *mpango wa kando* phenomenon.

Nevertheless, the literature review demonstrates that the scholars do not so far concur on effectiveness of designs of Health Campaign messages, especially in the context of HIV/AIDS. There is, therefore, the need to conduct more studies on this issue in order to enhance the body of empirical literature that could inform the message designs for future campaigns.

## **2.9 Summary of Chapter Two**

This Chapter has reviewed the literature relevant to the study beginning with a brief history of HIV/AIDS in Kenya and the initial responses employed by the Kenya government. The chapter situates the study in the field of Communication Studies, specifically, Health Communication Campaigns. It also examined sexual behaviour change responses and what makes some campaigns more effective than others. The chapter also provided a review of relevant theories and the role of theory in message design. Here, Multiple Concurrent Partnerships (*Mpango wa Kando*) has been shown to be an issue of public and academic concern only in the context of HIV/AIDS, owing to the high rate of new infections among people in marriages and long-term relationships. The next chapter looks at the Methodology employed in this study.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter details the research methodology employed in this study. I start by describing the philosophical paradigm on which the study is anchored followed by a detailed description of the research approach and the research design employed as well as the justifications for the choices made. Thereafter, I expound on the sampling procedure and the data generation and analysis techniques I engaged. Also discussed in the chapter are the challenges faced in the data generation process. The chapter concludes with discussion on trustworthiness and dependability of the study as well as key ethical considerations.

#### **3.2 Philosophical Paradigm**

This study is anchored on constructivist relativism ontology. A number of scholars; Jwan & Ong'ondo (2011), Silverman (2013) and Creswell (2014) agree that all researchers have different beliefs and ways of viewing and interacting with their surroundings. As a result, the ways in which research studies are conducted vary and this study is no different. There are certain, however, standards and rules that guide a researcher's actions and beliefs. Such standards or principles can be referred to as a paradigm and all researchers operate within particular paradigms to the extent that all researchers have a philosophical leaning (a way of interpreting the world) (Juan & Ong'ondo, p. 9). Certain philosophical paradigms, assumptions or worldviews shaped how I, as the researcher, studied and made interpretations about the world. As such, all research needs a foundation for its inquiry, thus, inquirers need to be aware of the implicit worldviews they bring to their study (Creswell & Clark, 2007).

“A paradigm is a basic set of beliefs that guide action”, (Denzin & Lincoln, 2005, p.6). Additionally, Taylor, Kermode, and Roberts (2007, p.5) define a paradigm as “a broad view or perspective of something”. To clarify the researcher’s structure of inquiry and methodological choices, therefore, an exploration of the research paradigm adopted for this study is provided prior to any discussion about the other aspects of the methodology utilized in this study.

Research process can be explained in different dimensions. The major dimensions include; ontology, epistemology and methodology. Different scholars, (see for example, Juan & Ong’ondo, 2011; Silverman, 2013; Creswell, 2014) concur that the term ontology refers to a branch of philosophy concerned with articulating the nature and structure of the world (Johnson, 2008, p, 300). It specifies the form and nature of reality and what can be known about it. Epistemology refers to the nature of the relationship between the researcher (the knower) and it denotes the nature of human knowledge and understanding that can possibly be acquired through different types of inquiry and alternative methods of investigation (Denzin and Lincoln (2005, p, 15). Methodology refers to how the researcher goes about step by step finding out whatever he or she believes can be investigated and known. The next section, discusses the ontological and epistemological approach used for this study.

Jwan and Ong’ondo (2011) assert that ontological view is discussed under two distinct continuums: realism and relativism. Richard (2003) also supports this view and argues that the “realist perspective looks at the world in an objective entity that has rules and regulations that govern behaviour,” (Richard, 2003, p. 11) on the one hand. Johnson (2008), on the other hand, postulates that relativists take a subjective

position that individuals have different views that is dependent on their personal perceptions and experiences. This study is anchored in the relativism ontology and takes the viewpoint that reality is subject to many factors including the experiences and perceptions of individuals. This is especially so in the field of behaviour change communications.

From the definition of ontological and epistemological aspects, it is clear that both aspects concern a person's worldview, which has significant influence on the perceived relative importance of the aspects of reality. There are two possible worldviews: objectivistic and constructivist (Wimmer & Dominick, 2006). These different ways of seeing the world have repercussions in most academic areas; yet, none of these views is considered to be superior to the other. Both may be appropriate for some purposes and insufficient or overly complex for other purposes. This study constructs reality based on the different perceptions from the message clips and the participants in the study, that is, the interviewees and the FDG members. This study, therefore, adopted the constructivist approach. The choice of constructivism approach in this study was based on the notion that it characterises knowledge as a set of beliefs or mental models people use to interpret actions and events in the world (Jackson & Klobas, 2008). In other words, constructivists are concerned with the ways in which people construct knowledge. In constructivism, it is the individual who imposes meaning on the world rather than the meaning being imposed on the individual (Karagiorgi & Symeou, 2005).

This study is anchored on constructivist relativism ontology as theorised by Mugenda and Mugenda (2003), Juan and Ong'ondo (2011) as well as Creswell (2014).



Constructivist relativism ontology assumes multiple realities or meanings that are constructed by humans individually and in their social contexts. According to Creswell (2014), constructivist relativism ontology has both psychological and social dimensions. Here, individual minds create knowledge structures through experience and observation, the mental process being “significantly informed by influences received from societal conventions, history and interaction with significant others” (Talja, et al.2005, p. 81). The realities created are, therefore, not universal, as posited by positivism, but embedded in local and specific contexts, and evolve over time.

Worthy of note is Guba and Lincoln’s (1998) assertion that constructivist research is relativist, transactional and subjectivist. Adopting a relativist stance means “there is no objective truth to be known” (Hugly and Sayward, 1987, p. 278) and emphasizes the diversity of interpretations that can be applied to the world. In my study, different members of the FDGs were free to discuss their own interpretations of the *Wacha Mpango wa Kando* clips. Similarly, the experiences and perceptions of the campaign messages designers played a key role in how the messages were designed and disseminated. The experiences, attitudes and perceptions of the target audiences also influenced how they received, perceived and acted on the messages. In the same way, the researcher’s own reading and work in the HIV/AIDS communication shaped her views and perceptions of the study.

The study is anchored on the relativist tradition in recognition that the study of these campaign messages, urging audiences to stick to their marital partners to curb the rate of new infections (of HIV) is open to many interpretations. None of these interpretations would be wrong as many issues in life, including this one, are open to

as many interpretations as there are people. Since the study is, to a large degree, of social nature, the leaning towards relativist tradition is the most appropriate approach.

### **3.3 Research approach**

In keeping with relativist ontological tradition and the constructivist paradigm, a qualitative approach was employed. According to Silverman (2013, p. 125), “methods cannot be ‘right’ or ‘wrong’ methods. There are only methods that are appropriate to your research topic and model with which you are working”. Wimmer and Dominick (2006, p. 49) state that qualitative techniques “can increase a researcher's depth of understanding of the phenomenon under investigation”. They add that qualitative methods are flexible and allow the researcher to pursue new areas of interest. There are facets of the subject that may only become clear in the course of the study as the researcher does field observation or focus group discussions.

By using a qualitative research lens in this study, I attempted to accurately represent the socially constructed realities of the participants as they perceive them to be (Creswell & Miller, 2000). Thus, a qualitative methodological approach allowed me, to design empirical procedures, describe and interpret the participants’ perceptions and experiences on the *Wacha Mpango wa Kando* campaign messages (Pickard & Dixon, 2004). In so doing, the participants were free to discuss both the *Mpango wa Kando* phenomenon and the *Wacha Mpango wa Kando* messages as they perceived them to be.

The benefit of a qualitative approach to this study was that the research focused on participants’ experiences and the meanings they attach to events, processes and

structures of the *Wacha Mpango wa Kando* campaign (Berg, 2007; Skinner, Tagg&Halloway, 2000). Using a qualitative approach necessitates a prolonged and intense contact with the participants in their everyday situations, which, in turn, provides a holistic view, through the participants' own words and perceptions of how they understand, account for and act within these situations (Miles & Huberman, 1994). I believe a qualitative approach captures the essence of this study, showing how the targeted audience viewed, interacted with and interpreted the campaign messages (Marshall & Rossman, 2006). A qualitative research methodology also added value to this study by offering a way of thinking about studying social reality (Strauss & Corbin, 1990).

When it came to doing the content analysis of the campaigns themselves, a qualitative approach helped me to learn more about the underlying themes in each of the campaigns and their background as I interviewed the message designers and also listened to the views shared by the various FDGs.

Noting that the purpose of qualitative research is to gain an in-depth understanding of purposively selected participants from their perspective (Creswell, 2009), the study employed the qualitative approach involving exploration, description and understanding of human behaviour. This aided in the understanding of the phenomenon in context and its meaning. A qualitative approach is also inductive in nature, which aided in conducting a more in-depth study.

As a qualitative researcher, I believe that there is no one single reality, especially in such private matters as sexual behaviour and response to campaign messages. As

Strauss and Corbin (1998, p. 202) state, “in qualitative research, each observer creates reality as part of the research process; it is subjective and exists only in reference to the observer.” Their view that all human beings are all fundamentally different and cannot be pigeonholed was clearly illustrated during the data generation phase of this study.

### **3.4 Reserach Methods**

This study employed research methods that are consistent with qualitative research approach. According to Crotty (1998), research methods are the techniques or procedures used to gather or analyze data related to some research question or hypothesis. Additionally, Denzin and Lincoln (2005) consider research method to depict the skills, assumptions and material practices that researchers-as-methodological developers use when they transfer from a paradigm to the gathering of empirical materials. There are many potential research methods that might be adopted in a particular methodology, although some may be more appropriate than others in adhering to the methodology’s underlying theoretical perspective.

The fact that the qualitative approach is in-depth means that qualitative researchers use techniques such as semi-structured interviews, FDGs, and direct observations over a period of time. The resulting data in qualitative studies do not lend themselves to easy quantification, so qualitative researchers usually report on themes and trends using words instead of statistics (Creswell, 2009).

Emerging from a qualitative methodological paradigm, I positioned the investigations as a case study, hence, relying on specific methodological practices. The case study

approach made it possible to use specific approaches and methods to collect and analyze empirical data. In this case study, the research relied mainly on interviewing, focus group discussion, observations and document analysis as primary methodological approaches.

### **3.4.1 Case Study**

In keeping with the qualitative approach to the study, a case study design was employed. The case study is a qualitative research technique that uses as many data sources as possible to systematically investigate an individual, group, organization, or event. Case studies are performed when a research desires to understand or explain a phenomenon in- depth.

According to Jwan and Ong'ondo (2011) a case study typically involves an in-depth observation of an individual unit such as a student, a family, a school, an entire culture and is used to gain in-depth understanding of the participants focusing on process other than outcome (Creswell, 2009; Gerring 2007). In addition, Gillham (2000) defines a case study as ‘an investigation to answer specific research questions, which seek a range of different evidences from the case settings’ He goes on to describe it as “a unit of human activity embedded in the real world; which can only be studied or understood in context; which exists in the here and now; that merges in with its context so that precise boundaries are difficult to draw” (Gilman, 2000, p.1). Kothari (2004) finds that the case study method is very popular form of qualitative analysis and involves a careful and complete observation of a social unit, be that unit a person, a family, an institution, a cultural group or even the entire community. Although there are a number of health campaigns implemented in Kenya,

in this study, only one of the campaigns (*Wacha Mpango wa Kando*) was chosen for an in-depth investigation of the perceptions and interpretations of the campaign messages by the audience members.

Stake (2000, p 437-8) identifies three different types of case study as follows:

1. The intrinsic case study where 'this case is of interest in all its particularity and ordinariness.' Here, no attempt is made to generalize beyond the single case or even to build theories.
2. The second is the instrumental case study in which a case is examined mainly to provide insight into an issue or to revise a generalization. Although the case selected is studied in depth, the main focus is something else.
3. The collective case study where a number of cases are studied in order to investigate some general phenomenon.

This study employed *Intrinsic Case Study* as it helped gain better understanding of the impact (or lack thereof) of the *Wacha Mpango wa Kando* campaign messages. The *Wacha Mpango wa Kando* case does not necessarily represent other HIV/AIDS campaign messages as they had a different thematic focus and a different target group. The research sought to understand at a deeper level why infidelity is rampant and the rate of new HIV infections among married couples and couples in long-term relationships has continued to increase despite these very targeted campaign messages. Here, an in-depth investigation into both the campaign messages and the perceptions of the messages by the audience members targeted by the campaign would lead to a deeper insight into the phenomenon being studied.

Yin (2003 p. 11) defines a case study as “an empirical inquiry that uses multiple sources of evidence to investigate a contemporary phenomenon within its real-life

context in which the boundaries between the phenomena and its context are not clearly evident”. In the case of *Wacha Mpango wa Kando* campaign, the multiple sources of evidence included the messages, message designers, fishermen, truck drivers and married men and women in the target audience.

Wimmer and Dominick (2006) highlight advantages of case study as follows: a) the fact that case study method is valuable when the researcher wants to obtain a wealth of information about the research topic as case studies provide tremendous detail. Given the detailed information needed from the message designers, members of the target audience and the messages themselves, the case study method becomes appropriate; b) the technique of a case study can suggest why something has occurred. For this study the why question is; why haven't the various campaign messages led to the reduction of the rate of new infections among married people and those in long-term relationships as envisioned; and c) the case study method gives the researcher the ability to deal with a wide spectrum of evidence (see Wimmer & Dominick, 2006, p. 137). The video footage, systematic interviews, direct observations and FDGs were all sources of evidence that were afforded this study by the choice of case study as a research design.

### **3.5 Sampling**

Silverman defines sampling as “a statistical procedure for finding cases to study” (2013, p. 448), adding that it allows one to feel confident about the representativeness of the sample, and “such representativeness allows you to make broader inferences” (p. 148). Juan & Ong’ondo (2011, p. 82) remind us that “sampling is a very important consideration while thinking about the process of observing in qualitative research.”

Purposive sampling was employed in this study as per the above guidelines on qualitative research sampling. The initial stage was to purposively choose the campaign to focus on. I then purposively chose the four campaign messages to study. The next step was to identify and interview message designers most engaged in the development and dissemination of the campaign and message designers, one male and one female were identified through snowballing. I purposively sampled the high risk populations and the people in those populations to form members of the FDGS. I sampled the locations for the truck driver FDG discussions based on the busiest stop-overs and the engagement of the outreach officers on the ground. The sample size and research population for participants in the FDGs was based on demographic populations most considered as drivers of new HIV/AIDS infections. These populations included people in marriages and long-term relationships, truck drivers, fishermen, commercial sex workers and men who have sex with men. The last two were not included in the sample and the study because there were no specific campaign messages targeted to them. The research was conducted in Homabay (for fishermen) and Nairobi counties, which were, in September 2013, named as some of the nine high incidence counties contributing more than half of new HIV infections in Kenya in a study conducted by NACC. For the truck drivers, FDGs were conducted in Chumvi (Machakos) Mai Mahiu (Nakuru Country) some of the busiest stop-overs for trucks according to North-Star Alliance who organized the logistics for the FDGs.

This study consisted of married individuals only as the messages under study were targeted at those in marriages. Purposive sampling was used to select the specific groups that were involved in the study. In Homabay and Nairobi, the groups were coordinated by CARITAS; an NGO associated with the Catholic Church and that has



various community outreaches in both Homabay and Nairobi. For the truck drivers, the groups in the two sites were coordinated by North-Star Alliance, a health-based organization that has centres at most of the stop-overs for truck drivers along the Mombasa – Malaba Highway.

Silverman (2013) observes other than convenience and accessibility, purposive sampling allows the researcher to choose a case because it illustrates some feature or processes in which researchers are interested. He adds that purposive sampling requires that we think critically about the parameters of the population we are studying and choose our sample case carefully on this basis. In this study, the individuals purposively sampled are a representative of the message designers and the audience targeted by the SRH campaign messages and specifically the *Wacha Mpango wa Kando* campaign. The importance of the FDGs is to aid in the understanding of the messages from the perspective of the targeted audience leading to a deeper understanding of why the campaign did not bear the results envisioned by the campaign designers.

Denzin and Lincoln (1994) assert that many qualitative researchers employ purposive and not random sampling methods. As such, they seek out groups, settings and individuals where the processes being studied are likely to occur. In this study, the different levels of sampling were purposive, each choice being made with the aim of enriching the data and lead to a deeper understanding of the phenomenon under investigation.

The study, therefore, adopted the snowballing strategy of purposive sampling. In this approach one message designer was identified. The identified participant then helped locate other message designers. Two in-depth interviews were conducted with male and female message designers who were both actively involved in the designing of the *Wacha Mpango wa Kando* campaign.

### **3.5.1 Selecting the participants**

The selection of information-rich research groups occurred prior to determining the participants as units of analysis and was largely aided by the use of already existing groups in Nairobi, Homabay, Chumvi and Mai Mahiu. The assumption in selecting who to participate in the study was that the men, women and mixed gendered groups (typical groups) have different perceptions and practices in relation to discussing matters pertaining to sexual discourse. However, the reality of accessing data-rich sites to conduct research led to identifying exemplary groups across various socio-cultural and economic contexts in both urban (Nairobi) and rural settings.

Stake (2005) suggests that sometimes, exemplary cases offer greater opportunities to learn as compared to typical sites as the researcher employs personal judgement in selecting cases. In this regard the search for information-rich research groups compels the researcher to engage purposive sampling (Stake, 2005). The process of purposive or selective sampling yielded an opportunity for an in-depth study to understand and gain insight on issues of central importance to this study. This applied to both the in-depth interviews and the focus discussion groups at all the locations.

In order to achieve significant understanding of the phenomena under study, cases for this study were chosen according to particular criteria that would yield information rich results. This led to intrinsic case study design, a formal method of sampling required to yield a representative selection of cases (Stake, 2005). Groups based in Homabay and Nairobi were from different socio-cultural settings as well as the truck drivers from two major stopovers in an attempt to make use of maximum variation sampling (Holliday, 2007). This rationale enhanced the value of this study by capturing common patterns from great variation that may emerge from diverse socio-cultural contexts. Clearly represented in their selection was the rural-urban as well as the gender divide. I therefore selected participants that cut across varied socio-cultural and socio-economic situations, in order to identify shared patterns and yield detailed descriptions of each case.

I employed Stake's (2005, p.1) view that the selection of cases should offer 'opportunity to learn', and proceeded to select cases from which I was able to learn the most and get the most information. Purposive selection was therefore based on possible information-rich research groups on numerous criteria (Berg, 2007). Some criteria were formulated with reference to the framework of the international study (Kozma, 2005), while others were determined and modified to accommodate local circumstances within the context of this study. The selection of the groups was therefore based on:

1. Gender- I selected two exemplary groups from each of the categories: men, women and mixed gendered groups. The fishermen and the truck drivers were all men.

2. Economic power- economic power stratified individuals into different social status and therefore was considered in the selection of the groups.
3. Administration and management- effective management implies that the group is well coordinated and therefore efficient communication between the members. Most of the groups were already pre-existing groups albeit for different purposes.
4. Accepted practice of groups or the legal framework under which such groups should operate. The study was conducted with pre-existing groups under North-Star Alliance (Truck drivers) and CARITAS (fishermen and Nairobi FDG's).

### **3.5.2 Selecting Participants**

Just as in the selection of the cases to be studied in the FDGs, the participants were chosen depending on the value they were going to add to the information collected through the interviews and the FDGs. Both interviewees were part of the core team that developed the campaigns. The FDGs participants included the representatives of each group. The representatives were leaders of the specific groups such as the secretary general, the chairman, and any other selected individual by the groups to represent them depending on the organization of the group.

As in the selection of cases, purposive sampling was employed to select the participants who would be involved in the discussions. As indicated earlier, purposive sampling is a non-random method of sampling where the researcher selects “information-rich” cases for study in depth (Patton, 2002). Purposive sampling takes place when the researcher selects a sample from which the most can be learned

(Merriam, 1998). It is the most common sampling strategy in qualitative research and seeks cases rich in information, which can be studied in great detail about issues of central importance to the purpose of the research. The subjects in this research who included message designers and FDG participants fall in this category.

Due to the limitation posed by expansive area (spanning four counties) in which the research was conducted, and there being no proper information on all the message designers of *Mpango wa Kando* messages and other messages on reproduction health, identifying the participants was not an easy task.

### **3.6 Pilot Study**

Before embarking on the data collection process, I conducted a pilot study with pre-selected mixed gender group of 12 members. The group, composed of 6 men and women were either producers or studio guests for an HIV/AIDS radio programme produced by Trans World Radio-Kenya. In preparation for the pilot study, I involved the Programmes Manager, who offered to select and contact members of the FDG knowledgeable on communication of matters around HIV/AIDS and married.

The pilot study was conducted in Nairobi, which was the location of 4 of the FDGs for the study. The exact location was the studios of Trans World Radio (TWR) on Ngong Road. The pilot study was conducted in November 2014 with the participants discussing each of the FDG guides (see Appendix ii,iii, iv and v) for the four campaign messages under study. A preliminary analysis of the data from these discussions gave me a glimpse of the emerging themes and interpretations of the messages but also highlighted the information gaps and areas that needed

improvement i.e., questions I had omitted that needed to be asked and some that needed to be removed altogether. There were also a few questions that needed to be re-worded.

### **3.6.1 Lessons from the Pilot Study**

From the pilot study, I learned first-hand the importance of having structured questions to guide the discussion as members would often take the discussion in a direction not related to the study. For instance, participants kept taking the discussion to the practice of *mpango wa Kando* phenomenon instead of focussing on the messages. To address this issue, I knew I would have to watch out for this once I went to the field. As a result, during the FDGs in the field, I started by not only explaining the messages but also projecting the messages for their viewing.

I also learned that though I followed the FDG guides, the responses did not flow systematically according to the questions and there would be need to probe and ask follow-up questions once I went to the field. This was a valuable lesson and preparation as the actual discussions with all the target groups, there was need to probe and ask follow-up questions to maintain the flow of the discussion and to not miss out on some important information.

Finally, because the discussions in the pilot study took about 4 hours, I learned that I needed to plan adequately for time to be spent with each FDG in the field. This way, I was able to inform the participants in advance of the time I would take with them to discuss each message.

### **3.7 Data Generation Techniques**

Data for this study was generated through FDGs with selected members of the target audience of the *Wacha Mpango wa Kandocampaign*; in-depth interviews with the selected campaign message designers and content analysis of the campaign messages themselves. Observation was also employed as a secondary data generation technique. A total of 2 in-depth interviews and 13 FDGs were conducted. The FDGs were as outlined in table 3.1 below.

#### **3.7.1 Focus Discussion Groups**

Focus groups are a popular, but relatively recent, technique for gathering qualitative research data (Holliday, 2007). Williams and Katz define FDGs as a “small gathering of individuals who have a common interest or characteristic, assembled by a moderator, who uses the group and its interactions as a way to gain information about a particular issue” (Williams and Katz, 2001, p.2). Although sometimes FDGs are chosen because they save time compared to one-to-one interviews (Reed and Payton, 1997), with Clarke (1999) describing them as the ‘fast food’ form of qualitative research, their primary advantage is to explicitly use the group’s interactions to produce data (Barbour and Kitinger, 1999) and their ability to facilitate individual responses in response to the contributions of other group participants (Morgan, 1996). He elaborates on the latter claiming that focus groups can be more than the sum of individual interviews because participants feel the need to explain themselves and query each other. Here, Doyle (2004, p. 2) finds that, “Focus groups are time efficient; they include a greater number of opinions, suggestions and ideas; they capture lived experiences and allow for deep exploration of topics including sensitive topics”. This, in turn, leads to additional and rich data related to the extent of

consensus and diversity of gathered data. A further benefit is that focus groups also provide the opportunity for the researcher to ask questions related to the group's previous responses.

In this study, members of pre-existing groups first watched footage of the campaign messages. They watched the various "*Wacha Mpango wa Kando*" campaign messages and then discussed them under the moderation of the researcher and guided by the FDG guides. The messages are "*Wacha Mpango wa Kando- Fanya Hesabu*", *Wacha Mpango wa Kando* for fishermen, *Wacha Mpango wa Kando* for truck drivers and "*Wacha Mpango wa Kando-la sivyoy weka condom mpangoni*". The discussions were recorded with the permission of both the participants and the outreach coordinators on the ground.

Two message campaign designers and a total of 13 discussion groups were conducted for this study as outlined in the table below:



**Table 3.1: Focus Discussion Groups**

<b>Discussion No.</b>	<b>Message Description</b>	<b>Participants Description</b>
FDG 1	Fishermen message - Dholuo	Fishermen- Homabay
FDG 2	Truck Drivers Message	Chumvi truck drivers
FDG 3	Truck Drivers Message	Mai Mahiu truck drivers
FDG 4	Fanya Hesabu	Fishermen- Homabay
FDG 5	Fanya Hesabu	Mixed group Homabay
FDG 6	Fanya Hesabu	Truck Drivers Chumvi
FDG 7	Fanya Hesabu	Truck drivers Mai Mahiu
FDG 8	Fanya Hesabu	Nairobi Men
FDG 9	Fanya Hesabu	Nairobi Women
FDG 10	Weka condom mpangoni	Homabay Mixed group
FDG 11	Weka condom mpangoni	Homabay women
FDG 12	Weka condom mpangoni	Nairobi men
FDG 13	Weka condom mpangoni	Nairobi Women

### 3.7.2 In-depth Interviews

The most common qualitative data collection method is probably the interview (Mason, 2002) and the one highlighted by Guba and Lincoln (1985). Charmaz (2006) suggests that intensive qualitative interviewing works well when they are potentially open-ended but also directed, shaped yet emergent and paced yet unrestricted. Mason (2002, p. 62) identifies three types of qualitative interviews (in-depth or intensive, semi-structured and loosely structured or unstructured) each typically involving an “interactional exchange of dialogue”, having a relatively informal style, being “thematic, topic-centred, biographical or narrative” and operating from the premise that, as knowledge is situated and contextual, the purpose of the interview “is to ensure that the relevant contexts are brought into focus so that situated knowledge can be produced.”

Silverman (2001) claims that most research interviewing is conducted with a restricted conception of the interview process. Both Mason (2002) and Charmaz (2006) assert that many qualitative researchers inappropriately choose interviewing as a primary data collection method. Mason (2002) cites nine reasons why a researcher might select qualitative interviewing as a primary data collection method. One of the main reasons include their ontological position, for example they are interested in participants' perceptions and their epistemological position for example researcher-participant dialogue is the only meaningful method for generating data. Mason (2002), Charmaz (2006) and Silverman (2001), however, all warn of the epistemological implications of the latter approach. Essentially, interviews do not reproduce realities. Qualitative interviews are typically reliant on participant's capacities to verbalize, interact, conceptualize and remember (Mason, 2002). In addition, participants' 'stories' provide accounts from particular points of view to serve a particular purpose, including tacit conversational rules, professional expectations about what 'should' be said, and exercising subtle power relationships (Charmaz, 2006).

Since this research takes a relativist ontological perspective, in-depth interview was considered appropriate and was employed. Silverman (2013, p.201) states that the interview aims to 'get inside the heads' of particular groups of people and to tell things from their 'point of view'.

The interviews were based on a prepared set of questions (See Appendix i) but these were used only as a guide. The research takes the same position as Silverman (2013), that in qualitative study, questions are only used as a guide and departures from the

guidelines are not seen as a problem but are often encouraged. This way, there is room left for the interviewee to give their expert input into the subject matter.

The in-depth interview data generation technique was used to interview 2 selected campaign messages designers, established to be responsible for decision making in the actual designing and implementation of the messages. Lucy Maikweki, who was one of the interviewees for the study led the PSI Kenya team involved in designing the campaign. Ndungu Kiriro, the other interviewee for this study, led the creative team from ScanAd advertising agency. Both interviews were recorded for analysis purpose with the permission of both interviewees and consented to their names being used in the study.

### **3.7.3 Content Analysis**

The research employed a qualitative content analysis of the scripts, the footage of the videos and the wording of the dialogue as well as the characters used in each clip. In content analysis, I sought to answer the following questions: What is the content of each campaign? Do the characters shown look natural or posed? Who or what are the characters (players) in the clip? What language and what words are used? What does the body language of the characters portray? How is the general theme of the campaign portrayed? For instance, if the clip is under the *Wacha Mpango wa Kando-epukaukimwi*; does the footage portray how a person watching the clip can escape from HIV/AIDS?

The texts for the content analysis comprised the scripts of the four messages under study. The scripts for the *wacha mpango wa Kando-la sivyoweka condom mpangoni*

(featuring two women at the market place), the *Fanya Hesabu* message and the message for truck drivers were all in English but the message for fishermen was in the Luo language and was first translated to English. With all the scripts in English, the next step was to search for themes and meanings emerging from each of the messages within the context of the target audience. This was done systematically for each of the messages, dividing emerging information into themes.

This process was repeated with the video clips of the four messages. Who are the characters and what do they represent? How are the characters represented? In what context was the footage shot? Do the characters look natural and believable or do they seem coached and posed?

The next step was to put these themes into categories according to the applicable research questions specifically two of the research questions i.e., What message interpretations emerge from the *wacha mpango wa kando* campaigns in relation to Sexual Reproductive Health Messaging? What considerations influenced the designing of the *wacha mpango wa kando* campaign messages?

Mayring (2003) process of content analysis was employed in this study. It is comprised of; determination of the material (in this study the scripts and video footage of the messages), analysis of the situation in which the text originated, the formal characterisation of the material, definition of the unit of analysis, analysis of the material (summary, explication and structuring) and reporting of the same in the findings chapter.

### 3.7.4 Observation

One of the ways qualitative researchers collect data is through observing behaviour (Creswell 2014). He adds that observation studies can also be done during FGDs. In this study, most of the observations were done during the FGDs.

In using observation, constructivists normally ask both the 'what' and 'how' questions to understand how interaction is organized (Silverman 2013). The word *Mpango wa Kando* has gained popularity in the Kenyan public discourse and is used to refer not only to the concurrent sexual relationships but also to anything considered clandestine, sometimes with a light touch. For this study, the observation was guided by listening and taking notes of what was in the public discourse, listening to morning and evening shows on FM stations discuss relationships, listening to members of the FGDs and taking notes before and after the formal discussions and noting the actions and body language of the participants as the topic was being discussed.

The research generated data by observing what people say about *Mpango wa Kando* and in what context. What is written about it in the media, including features and news items in Daily Newspapers? What do the discussions on radio, especially talk show radio and television touch on and with what response from the target audience?

Creswell (2014, p. 191) lists some of the options within the observation study and their advantages and limitations. The options include complete participant, observer as participant, participant as observer and complete observer. For the complete participant, the advantage is first-hand experience with participant but the disadvantage is that the researcher may be seen as intrusive. For the observer as

participant, the advantage is that the researcher can record the information as it occurs. When the participant is the observer, the observation role, plays a greater purpose and the researcher is able to notice unusual aspects of the occurrence. The complete observer observes without participating and this is useful in exploring subjects that may be uncomfortable for participants to discuss (See table 9.2, p. 191). For this study the researcher observed the FDGs before the formal discussions began and took notes. Also observed were discussions on talk radio on issues of concurrent sexual partnerships.

### **3.8 Data Generation process**

To generate data for the study, I employed indepth interview, Focus Discussion groups, content analysis and observation.

#### **3.8.1 Interview**

Most qualitative studies are based on asking participants questions or making observations in the field (Silverman 2013, 199). He goes to state that doing interview research for instance calls for the researcher thinking through the following:

- How do you define your research problem?
- How many interviews do you need?
- The interview protocols.
- Recording and transcribing interviews.
- Whether you really need mixed methods.

The interview part of this research sought to find out what influences the designing of *Wacha Mpango wa Kandocampaign* messages. This I did through in-depth interviews

with two of the message designers most responsible for the designing of the *Wacha Mpango wa Kandoc* campaign and other campaigns dealing with the phenomena of multiple concurrent relationships.

Qualitative interview studies tend to be conducted with quite small numbers and with rather informal patterns of questioning where the aim is to allow the interviewee to set the pace (Silverman 2013). I prepared a set of questions but these were used as a guide as I allowed the interviewees to bring in insights not covered in the questions. This is because in qualitative research, departures from the guidelines are not seen as a problem but are often encouraged (ibid).

The interview proceedings were recorded with a mini recorder with the permission of the interviewees. As a backup, I also took notes during the interviewing process. Notebook and pen were used to note any follow-up questions that came up in the course of the interview.

### **3.8.2 Focus Discussions Groups (FDGs)**

FDGs are sometimes used as stand-alone way of gathering qualitative data and do not precede interviews. FDGs are a way of collecting data that involves points adopted from Wilkinson (2011) and Bloor et al, (2007). These points are worth adapting here, as they were useful in setting up the focus groups for this study. They are adopted from Silverman (2013).

- Recruiting a small group of people (often between six and eight) who usually share a particular characteristic.

- Encouraging an informal group discussion (or discussions) 'focused' around a particular topic or set of issues.
- The discussion is usually based on the use of a schedule of questions. This is sometimes followed by use of some kind of stimulus material (visual or otherwise for discussion).
- Although focus groups are sometimes referred to as 'group interviews', the moderator does not ask questions of each group participant in turn but rather, facilitates group discussion, actively encouraging group members to interact with each other.
- Focus groups may be reconvened at a later date or a series of focus groups may be held, using outcomes of an earlier focus group to specify the subjects under discussion.
- Typically, the discussion is recorded, the data are transcribed, and then the data analyzed using conventional techniques for qualitative data, most commonly content or thematic analysis.

For this study, FDG guide was used to guide the discussions in 13 groups in Nairobi, Homabay, Chumvi and Mai Mahiu. The discussions were all recorded with the permission of the participants and later transcribed.

### **3.8.3 Content Analysis**

The process of generating data from the content analysis involved several steps. The first step was the watching of the video clips of the four campaign messages over and over again. This also involved reading through the scripts of each of the messages several times to fully understand the content and context. The Luo message was first



translated into English. The second step involved taking the answers to the questions raised in 3.6.3 above and listing them message by message. The third step involved the coding of the emerging messages into themes for data analysis.

#### **3.8.4 Observation**

Observation was done in 'open' or 'public settings where access is freely available such as informal discussions in the office, newspapers, radio shows, the home, the salon, fellowships, chammas, parties etc. It is not uncommon for qualitative researchers to use their existing relationships and contacts for their research. For these two kinds of research access may be obtained i.e., 'covert' access without subjects' knowledge and 'overt' access based on informing subjects and getting their agreement, often through gate keepers.

Silverman (2013) notes that covert observation can lead to severe ethical problems as well as physical danger to the researcher. This depends on the topic under study and I did not encounter any danger at all. In fact, listening to conversations on *Mpango wa Kando* proved very informative and entertaining as well. Even in the FDGs the discussions continued after the formal session.

Recording of naturally occurring interaction allowed me to return to my data in their original form as often as I wished as recommended by Silverman (2013). Based on what I could see and I could hear, the discussions on *Mpango wa Kando* in its varying forms proved very informative. Talk radio discussions formed part of observation for this study.

Observation largely took place at different stages in the study starting with noting down conversations about the *mpango wa kando* in general conversations and in talk show radio. This data was coded into themes for analysis and comprised the first level. The second level and more structured observation data was generated just before, during and the end of the FDGs. These included how the room suddenly become lively when the topic of discussion was mentioned, the gestures of individual participants and how they related with one another, the eagerness or reluctance in answering the questions, watching what participants did, listening to what participants said and clarifying questions. All these were noted down and served as source of additional information for data analysis.

The third level comprised data observed from the video clips of the four campaign messages. It included answering the questions of place, people and time (Jwan & Ong'ondo, 2011). In terms of place, noting down where was the clip shot, and what are the surroundings? In terms of people, determining who are the characters in each clip and what do they say and do? What gestures do they express? Finally in terms of time, when the clips were developed and for how long they aired? The answers to these questions were coded for data analysis.

### **3.9 Data analysis**

When it comes to data analysis, self-questioning and self-confidence both seem like worthy qualities of a researcher (Silverman 2013). At the data analysis stage in this study, self-questioning was perhaps more prominent than self-confidence. In a qualitative study, data analysis is best done more or less from day one otherwise the researcher plays catch-up for the rest of the study. Data analysis for this study,

therefore, started with the first set of focus groups in Homabay County, followed by truck drivers FDGs in Chumvi and Mai Mahiu and finally the Nairobi based FDGs. Findings from the content analysis and observation were later incorporated and included in the findings' chapters.

Maxwell (2013) posits that there is no "cookbook" or single correct way of doing qualitative analysis but various suggested strategies are planned and modified when necessary, to fit the generated data, to answer the research questions and to address any serious validity threats to the conclusion. Maxwell also states that the experienced qualitative researcher begins data analysis immediately after finishing the first interview or observation and continues to analyze data so long as he or she is working on the research, stopping briefly to write reports and papers (Maxwell 2013).

The initial step in this study was viewing the campaign messages and reading the written transcripts. In doing this, I took notes on what I saw and heard both formally and informally. This aided in the development of categories and relationships detailed in the next chapter (see chapter 4). Categorizing strategies such narrative analysis was employed in the thematic analysis of the messages.

The most important forms of data analysis, according to Maxwell (2013), which were also employed in this study include, but not limited to, some of the following:

1. Reading and thinking about the interview transcripts and observation notes.
2. Developing coding categories and applying these to the data, analyzing narrative structures and contextual relationships.
3. Creating matrices and other displays.

Data analysis for this research started by analysis data already in the public spheres gained largely through observation. What is being said out there about these messages? What stories and experiences has the researcher heard or seen? This also included dialogues on radio and television on the messages.

In this study, I also sought to 'Beg or borrow other people's data' (Silverman 2013). This included any empirical study done on these messages either by the campaign message designers, the sponsors or other scholars. Of particular interest to me was any research done on the multiple concurrent partnerships and the *Wacha Mpango wa Kandomedia* campaign.

In the course of this study, I also took the cue to seek advice from my supervisors and other scholars from their experience in the academia and in research, the supervisors and other faculty from the Communications Department in Moi University gave valuable advice on the entire research process that greatly enhanced this study.

As stated earlier, I began the process to analyze my own data as I gathered them as advised by Silverman (2013). This is aimed at ensuring all data that is captured, either through the FGDs, qualitative content analysis of the messages, in-depth interviews and observation, is analyzed as it is gathered. In my study, this process was aided by the fact that all the FGDs and the in-depth interviews were recorded and I could listen to the recordings over and over again. The audio was then transcribed to written form, which I used for further understanding and analysis of the data.

In beginning data analysis, Silverman (2013, p.234) recommends that:

1. Researcher tries out different theoretical approaches (e.g., naturalism, and constructionism) and various methods of data analysis (e.g., grounded theory, narrative analysis and discourse analysis) and sees what works for the researcher and the data.
2. Avoid too early hypothesis and try to see where your data is leading in order to establish a hypothesis.
3. Don't look for telling examples that support your hypothesis but analyze your data thoroughly and fairly to test your hypothesis rigorously.
4. Initially focus on a small part of the data and analyze it intensively. There will be time later to test out your findings on your dataset as a whole (extensive analysis).
5. Try to focus on sequences (of talk, written material or interaction).

### **3.10 Trustworthiness**

Scholars, Jwan and Ong'ondo (2011) state that researchers and readers are increasingly finding it necessary to include details of the steps they have taken to make sure that their studies can be trusted.

They argue that trust by the researchers themselves, peers, the academic community in the discipline of the study, other researchers in related fields and readers, in general, is very important, as these people might at one time or other want to refer to and utilize the study in various ways. Creswell & Miller (2000) concurs, arguing that terms abound in qualitative literature that addresses validity, such as *trustworthiness*, *authenticity and credibility*. Creswell (2014, p. 201) adds that “validity is one of the strengths of qualitative research and is based on determining whether the findings are

accurate from the standpoint of the researcher, the participant or the readers of an account”.

Bassey (1999) defines trustworthiness as ensuring that the research process is truthful, careful and rigorous enough to qualify to make the claims that it does. I ensured that the process is truthful by using credible sources of information in the in-depth interviews and the FDGs by purposely selecting who takes part. Questions that guided the study were developed using the required guidelines and standards and were pre-tested before the actual FDGs were engaged. In terms of being rigorous, I read widely and employed the knowledge of effective data generation and analysis recommended by various scholars.

Terms that have been traditionally used to talk about the trustworthiness of research include internal validity, external validity, reliability and objectivity. These have been mainly used in quantitative research to demonstrate the trustworthiness of a research project. Qualitative researchers tend to use a different set of terms *credibility*, *transferability*, *dependability* and *conformability* in their place, respectively. The argument for different terminology is that in qualitative research, the way trustworthiness is evaluated is rather different from the quantitative approach where former terms are predominantly used (Denzin and Lincoln, 2005; Mason, 2002; Creswell and Miller, 2000). These authors argue that widely considered concepts (in quantitative research) of validity and reliability are deemed inapplicable in qualitative research, partly due to the association of the terms with positivist positions which state that there is an objective reality or truth out there that can be attained, a position, qualitative researchers contest.

In this section, I discuss the various measures taken to ensure the trustworthiness of this research. First the topic chosen is related to a national issue; the HIV/AIDS epidemic and is, in many ways, in the public domain. This ensures that other researchers and scholars have access to the facts of the epidemic and the various interventions. There is data and information on the Kenya epidemic that can be collaborated. Empirical data on the Kenyan epidemic is available to the public through NACC, NASCOP and other government agencies.

By relying on statistics and figures from two national bodies constitutionally mandated to formulate policy and implement the same on behalf of the Kenyan government i.e., National Aids Control Council (NACC) and National Aids and STI Control Programme (NASCOP), the study is based on government findings. Most of their research is in-depth and has been funded by government and other international agencies such as USAID and Centre for Disease Control (CDC).

Secondly, to ensure trustworthiness and reliability at the critical data generation and data analysis stages, I gained negotiated permission from various stakeholders in the sector and in the field. This included talking to the Programmes Director at NACC who referred me to the CEO of PS-Kenya, who in turn, gave me permission to talk to the lead Message designer. Through snowballing, she led me to the other key message designer. I also contacted FHI360 who referred me to both North Star-Alliance for truckers and CARITAS for fishermen and FDGs in Homabay and Nairobi counties.

Thirdly, the steps taken to ensure data generation for the study was all-inclusive included using four data generation tools i.e. FDGs, in-depth interviews, content

analysis and observation of the campaign messages. The members of the FDGs were purposively chosen to include married people who had watched the campaign messages. To validate the findings even further, the clip containing the message was screened to each group before each message was discussed. In terms of the in-depth interviews, I interviewed two of the people most responsible for the development of the campaign under study. Though only two interviewees were involved, they were information-rich as each headed their team of campaign message designers for the *Wacha Mpango wa Kando* campaign. As a result, they had all the information I needed on their fingertips during the interview. Further, each interview and FDG was recorded on audiotape, which was later transcribed. Both the audio and the transcripts are available to collaborate the findings of the research.

Fourthly, the research also engaged a variety of players including members of the target audience, the message designers who were part of the core team in the design of the campaign. Focus groups were also composed of members of the target audience drawn from four different counties, covering three of the populations considered most at risk i.e. people in marriages. The logic of purposive sampling highlighted by Silverman (2013) was evident as I was able to, with the help of outreach officers, choose information rich participants for the FDGs and most of the members contributed significantly to the discussions.

Fifthly, as Silverman (2013) states, qualitative researchers with their in-depth access to single cases, have to overcome a special temptation. How are they to convince themselves (and their audience) that their ‘findings’ are genuinely based on critical investigation of all their data and do not depend on a few well-chosen ‘examples’. In



my study, I avoided this situation, also known as anecdotalism, by depending on all 'examples' that answered my research questions. I also used *triangulation* in my data analysis, converging findings from different participants to systematically generate themes (Creswell, 2014). *Triangulation* refers to the attempt to get a 'true' fix on a situation by combining different ways of looking at it (method triangulation) or different findings (data triangulation).

### **3.11 Ethical Considerations**

One of the notable cases of ethics in research is the 1933-1974 study on the long-term effects of syphilis (Best and Kahn, 2006). For this study by the American Public Health Service, 399 African American men with syphilis were denied treatment and told they had "bad blood". During this time, the physicians in charge of the study made sure their patients did not find out the truth and did not receive any appropriate treatment for syphilis. This case has remained a clear example of a powerful statement regarding racism and ethical misconduct.

While the above example may sound far-fetched for our day, examples of modern-day unethical practices abound and I took the following measures to ensure I conducted an ethical study.

Firstly, since the study deals with a rather sensitive and personal matter of HIV/AIDS, I focused only on matters to do with the campaign messages and did not, in any way, ask the participants to declare their HIV status or whether they were personally involved in *Mpango wa Kando*.

Secondly, since the target audiences were engaged in FDGs, the level of accountability in the questions asked and the answers given was enhanced, and even more so, by the fact that the participants knew the discussions were recorded for academic research purposes.

Thirdly, I also used written questions as a guide to avoid dwelling on issues that may raise ethical concerns and may not be necessary for the study. Though the truck drivers, specifically took the opportunity the study offered them to meet together as an opportunity to discuss their employment conditions, any discussions not directly related to the study were omitted in the data analysis. As a result of these measures, there were no ethical issues experienced or raised in the course of the study.

Other ethical considerations included acknowledging sources of the information used in the study, faithfully reporting on the findings, maintaining anonymity of the FDG participants and informed consent for both the FDGs and the in-depth interviews.

### **3.12 Summary of Chapter Three**

This Chapter has detailed the philosophical paradigm that guided the study, the qualitative research approach and case study method used. It has detailed the sampling and data generation techniques employed as well as the data generation process. The chapter has also outlined the data generation process, data analysis, trustworthiness and ethical considerations. The study is situated in the relativist ontology and the constructivist epistemological paradigm. I take the viewpoint that reality is subject to many factors including the experiences and perceptions of individuals.

This is a qualitative study analyzing 4 campaign messages under the *Wacha Mpango wa Kando* genre. I conducted 13 FDGs and 2 indepth interviews with 2 message designers. I ensured trustworthiness by choosing a topic related to a national issue with available data in the public domain, gaining negotiated permission from various stakeholders and using 4 data generation tools.

To address ethical considerations, I obtained research permit and research authorization from the National Commission for science, technology and Innovation (NACOSTI). A copy is attached in the appendices. I ensured negotiated consent with various stakeholders and participants, protected privacy and recorded the discussions for accuracy.

## CHAPTER FOUR

### EMERGING MESSAGE THEMES AND INTERPRETATIONS FROM THE HEALTH CAMPAIGNS

#### 4.1 Introduction

This chapter and the next three, detail the findings of my study based on the four research questions, which were: What messages and interpretations emerge from the “*Wacha Mpango wa Kando*” campaigns in relation to sexual reproductive health campaign messaging; what considerations influenced the designers in the designing and implementation of *Wacha Mpango wa Kando* messages; what are the perceived effects of the *wacha mpango wa kando* campaign messages on the targeted audience segments; and how do gender, social and cultural realities influence how the target audiences process the messages? In this chapter specifically, I present the findings on the first research question.

#### 4.2 The Fanya Hesabu Message

The *Wacha Mpango wa Kando - Fanya Hesabu* message was discussed by 6 FDGs. Data was also generated through content analysis and observation. This was one of the most popular messages when it aired on Kenyan television. It features media personality, Jimmy Gathu, busting a man engaged in *mpango wa kando*. The man seems to be caught off guard and stares in shock at Jimmy Gathu for the duration of the message. Jimmy Gathu seems to suggest that he has had various discussions with the man about *mpango wa kando* and its role in the transmission of HIV within marriage and is surprised that the man still has his *mpango wa kando*.

Armed with a calculator, he goes on to punch numbers to add up the amount the *mpango wa kando* is costing the man at the expense of his family, portrayed in the message with images of hungry children with empty bowls and schools bag indicating they have been sent home from school. As he punches the numbers, the man uses his fingers to communicate the amounts he spends and does not utter a word when asked whether he has ever counted what it costs him to keep his *mpango wa kando*. The cost for paying her entertainment, rent, shopping, emergencies and helping out her family comes to KShs. 34,000/= and he is urged to consider the cost of the danger of contracting HIV/AIDS. Fishermen in Homabay watched the *Fanya Hesabu* message as did a mixed group composed of both men and women participating in the FDGs on factors affecting engagement in extra-marital affairs.

Both the men and women are involved in various community initiatives by CARITAS organization in Homabay. Another *Fanya Hesabu* FDG focused on truck drivers in Chumvi, Machakos who watched the *Fanya Hesabu* message featuring Jimmy Gathu. They discussed how doing calculations on their expenditures with their *mpango wa kandos* impacted their lives. Another FDG was held with truck drivers at Mai Mahiu in Nakuru County. Two FDGs in Nairobi, one comprising of men and the other of women, also discussed the *Fanya Hesabu* Message. In the next section I detail how the various participants interpreted this message.

#### **4.2.1 Interpretation of Fanya Hesabu Message**

Participants interpreted the message as addressing men as providers for their families. The participants generally accepted that the message addresses the men who are involved in *mpango wa kando* with one asserting that “ *it is well composed for men*

*because it opens their eyes to the fact that mpango wa kando is a reality and it is destroying families” (FDG 5:9).*

The message featuring Jimmy Gathu, which urges men to count the cost of *mpango wa Kando* was real and “hit men hard” through exposing them and their side-dealings. A member of the FGD 6.2 stated,

*Although he has hit hard on us men, (Laughter) the message reflects what happens because if you have a Mpango wa Kando then you have expenses to take care of. This mpango wa kando may be jobless, in campus but she does not earn, in turn for you as a guy it will drain your pocket.*

The participants asserted that the message presented the reality of how *mpango wa kando* drains men financially and reflected the situation accurately. It also showed how the nature of their work (truck drivers) encouraged men to participate in *mpango wa kando*. It created some self-awareness that was described by one participant (FDG 6.4) as follows:

*I think it's a self-conversation that every man needs to look into. There are some things that I associate myself with and I need to evaluate the effect it has in my life, pocket and every other aspect, besides diseases like HIV/AIDS. It's a mind opener for questioning whether mpango wa kando is worth it or not.*

Participants asserted that it was clear the message was targeted towards the right audience and disagreed with those who criticized this particular message. They supported their view by stating that women also play a part in the prevalence of the extra-marital affairs. Some of the participants, however, observed that the message was not fair enough as it focused on men spending on women as opposed to the current trend where women also sponsor men. A participant observed that:

*In this message, the woman knew this man was married. So even women know it is wrong. They should have message sensitizing women on this issue and that draining our pockets as men is bad” (FDG 6.6).*

There was also the feeling that both men and women in *mpango wa kando* did not want to be exposed due to shame and embarrassment. A participant observed (FDG 6.9) that:

Human beings tend to be forgetful or we tend to assume that something is not happening whereas it is actually happening. Most of the times, we watch such a message and it impacts us momentarily. This kind of message has an effect in that it puts the person watching into a dilemma or ‘puts you in two parts’ as one participant put it; the desire for the *mpango wa kando* on one side and love for the family on the other. Participants argued that ladies also have *mpango wa kandos* and this should be brought in the open because some of them finance the men. “The same expense a man with a *mpango wa kando* incurs is the same expense this woman with a *mpango wa kando* will incur” (FDG 6:9).

Participants further interpreted the *Fanya Hesabu* Message in a variety of ways as outlined in the section below.

#### ***4.2.1.1 The Message was well composed, true, powerful and fair***

Participants claimed that the message is well composed to address men and acts as an eye opener. The message addresses men in key life issues such as lack of provision of basic needs to the family:

*the message is well articulated and communicates the message thus can act to inform men and women how much they spend on their Mpango wa kandos*(FDG 4.6).

The truck drivers in unison agreed that the message passed in the campaign is true.

*Expenses are incurred but unless you are the one doing the spending then you will not easily tell. A third eye can easily tell if you are incurring expenses (FDG 7:4).*

This was in reference to the tabulation of the costs as shown in the *Fanya Hesabu* message. The participants postulated that sometimes, we all need someone to help us get out of situations that could be costing us a lot of money without us noticing it.

Most participants in the FDGs highlighted the message was powerful and fair, it exposed a reality that men would rather remain hidden. It represented the phenomenon accurately and was fair. However, it did not consider their work environment which is conducive to *mpango wa kando* nor the fact that men rarely think of the cost in their times of plenty and they find comfort in the secrecy that surrounds the phenomenon.

The FDG consisting of Nairobi women was very vocal with most participants agreeing that the *fanya hesabu* message ‘hit the nail on the head’ but also felt women should have been asked for their ideas. A participant observed that it was important to focus on women in the society as they contributed to extra-marital affairs as well and in many cases its women who entice men. One participant observed that,

*I was thinking in the message, they would have been gender balanced because I also know the women are much aware about the matter of mpango wa kando. In this message the woman knew this man was married. So even women know it is wrong. They should have a message sensitizing woman on this issue and that draining the pockets of men is bad (FDG 9:2).*

The Nairobi women FDG agreed with the other groups that the message is accurate and ‘hits’ the nail on the head but in their interpretation, women were not consulted for their views neither were they featured in the message. They, however, added the



aspect of apathy on the part of the viewers and momentary impact meaning people may change for just a while after watching the message but soon revert to their old ways. Psychologically, the *mpango wa kando* practitioner is put in a dilemma as he is committed to both his family and the *mpango wa kando*.

#### **4.2.1.2 Counting the cost**

Most of the participants admitted they had not done the calculations asserting that when it comes to *Mpango wa kando*, cost is not an issue. They asserted that the amount spent is based on the beauty and mode of dressing of the desired lady.

Both women and men in the mixed group were willing to engage in doing the maths of how expensive it is to maintain a *mpango wa kando*. Moreover, they concurred that there have been sufficient talk about *mpango wa kando*. The question remains why this talk has not translated to behavior change. The participants, though in different words, agreed with the interpretations given by the fishermen.

There was a lot of discussion on the amount of KShs. 34,000/- that the man is spending on his *mpango wa kando* with some asking in which currency it is in. When they learned it is in Kenya shillings, one of them said they even spend more than that in a month. “As my friend put it, leisure is expensive and costly” (FDG 7:5) causing laughter among his colleagues.

“...Yes, we have done the math, but there is a slight problem” asserts the first participant, amidst laughter from his colleagues, “as truck drivers we are short of money while travelling to a certain destination. We only see returns once we have

*completed the job.*” FDG 7:1. He added that Jimmy Gathu with a calculator reminds him of the accounting he has to do for his trips including mileage, accommodation, truck maintenance and others. Participant FDG 7:2 interpreted the message with a bit of sarcasm in his voice:

*the short clip has a little or no help at all. Comfort is expensive; we all know that. We live within our means and when you have surplus, that’s when you think of leisure. When you have surplus, you cannot do the math because you have a lot to spend.*

With some seriousness, he added that “*but the message ideally displays the honest truth.*”

One participant posited that just like in normal relationships, friends are close to you when you have a lot of money. He told the story of his friend to support his point.

Once I had a friend who got an accident along the way, and luckily or unluckily, he had a mpango wa kando. The mpango wa kando lived close by in a house that my friend took care for all the costs and bills. He furnished the whole house. On this day when he got the accident, he broke both limbs. He sent me to the mpango wa kando’s place to pass the message but upon my arrival to her place and breaking the news, I could not give feedback to my friend. She openly confessed that her ‘contract’ with my friend was over. Their affair was done. Clearly, she was after the money. Even his wife was not receiving as much as the mpango wa kando (FDG 7:3).

#### ***4.2.1.3 Reasons for engagement in mpango wa kando***

Participants gave various reasons as to why men engage in *Mpango wa kando* regardless of all risks and costs involved. One of the reasons is that due to high cost of living, ladies have devised all methods to lure and trap men. Another reason is that when a lady taunts a man that he cannot afford her, most likely the man will spend on her to prove she is wrong. “*It’s because a lady has challenged you that you can’t afford her so you want to prove her wrong by spending money on her*” (FDG 4:7). Additionally, the culture factor contributes since the man is regarded as important by

the number of wives he has. *“You are regarded as an important person based on the number of women that you have or you can manage.”* Adding that the practice of *jaboya* (sex for fish) also contributes to why men engage in *mpango wa kando*.

#### ***4.2.1.4 Portrayal of a common phenomenon***

The message was interpreted to indicate that *mpango wa kando* was a common phenomenon and as such the messages were necessary to discourage the behaviour or encourage protection during sexual intercourse with a *mpango wa kando*. The issues of “*Mpango wa kando*” were no longer secretive as it is considered widely practised but participants felt it was a matter that required serious discussion. One of the participants also said that the main message that was being passed across was that trust in an intimate relationship was the only thing that would ensure stability and fidelity in that relationship.

#### ***4.2.1.5 Gender Bias***

The participants felt it was unfortunate that the woman engaged in this particular *mpango wa kando* was not featured at all in the message. Since the woman knows she was engaged in a *mpango wa kando* with a married man, she was considered as guilty as the man.

*It is very biased message because the reality is that the lady knows she is in a relationship with a married man and that’s the reason he is not living with her. It should have been balanced with another message that sensitizes ladies not to be in a mpango wa kando with married men (FDG 8:1).*

A member further emphasized that engaging in *mpango wa kando* was draining men of their hard-earned cash. She was of the opinion that women be sensitized of the cases of extra-marital affairs with married men. She stated (FDG 9.4) *“Women should*

*be sensitized that they should not engage in mpango wa kando with men who are in relationships that are already stable and working.*” There was concern in the group that it was women hurting their fellow women by going after their men. In their discussions, it was clear there was the belief that it was the women who initiate *mpango wa kando* by leading the men astray.

#### **4.2.1.6 Taking Action**

Most participants admitted they had not done the calculations and committed to do so after watching the messages. There was also a sense of apathy among the targeted audience who claimed to know the truth but found it hard to change. Women have *mpango wa kandos* and spend on men, especially young ones who benefit financially from the women. One participant narrated:

Human beings tend to be forgetful or we tend to assume that something is not happening whereas it is actually happening. Most of the times we watch such a message and its impact is momentary. This kind of message has an effect in that it subdivides you in two parts, that is, the *mpango wa kando*'s side and love for your family. Ladies also have *mpango wa kandos* and this should be brought in the open because some of them fund men. The same expense a man with a *mpango wa kando* incurs is the same expense this woman with a *mpango wa kando* will incur (FGD 9.5).

#### **4.2.2 Fishermen's Message in local Language (Dholuo)**

This message also under the *Fanya Hesabu* genre is in the Luo language and is set along the shores of Lake Victoria. It features a fisherman named Okello who is seen coming from the lake with his catch of fish. Two ladies, who are seen talking to him sweetly with a lot of flattery to sell to them the fish, perhaps in exchange for sex, immediately approach him. The camera zooms on them caressing his bare arms as they ask for the price of the fish. Just then the camera pans to the left to reveal a lady who turns out to be Okello's wife approaching. The other two ladies quickly

disappear and Okello is seen embracing his wife and reassuring her of his undying love and affection. He tells her that she is his only one though there are many temptations at the beach and she is seen smiling.

#### ***4.2.2.1 Interpretations of the Fishermen's Message***

The fishermen postulated that the message was well designed with proper communication where the inclusion of family members (the wife) drove the message home. There are various reasons as to why men engage in *mpango wa kando* regardless of all risks and costs involved. This included the offers and admiration by beautiful women, lack of love and appreciation at home, having excess money and peer pressure. They asserted that this reasoning should be discouraged by focusing more on the risks, and negative consequences to the family of the people engaged in *mpango wa kando*.

Focusing on possible consequences such as infections with STDs and expenses on medical bills as well as losing family breadwinners to STIs and HIV can bring about behaviour change. As one of the participants observed when asked about engaging in *mpango wa kando* and seeing the message, he said he would pray, change his behaviour on realizing how his family is suffering and the risk of getting infected with HIV/AIDS, which is incurable. Additionally, another fisherman postulated that he would change by leaving all *mpango ya kando* and settle down with one marriage partner.

The fishermen in the FDG were in agreement that the campaign portrayed the situation on the beach. The participants were generally aware of the content of the

message as they considered the issue discussed common knowledge. The awareness level was exhibited vividly since the participants, could well relate to the character on the message, Okello, with the some of their colleagues who behave in a contrary manner.

*The image of Okello is familiar since even at our beach, we have fishermen who return to the shore with fish and they start to choose whom they are going to sell the fish to and this is not right. Once you have decided on the price of the fish, sell it to the person ready to pay you the amount you want” (FDG 1:1).*

Regarding the first impression on Okello approaching the two ladies, one participant reported that he would have to make a decision very fast on which of the two ladies to approach so as not to confuse himself. Three of the participants reported that they would be driven by money and selling the fish at the set price. In another response, however, the participant would see this as an opportunity if he desired one lady. In this case, he would subsidize the price of KShs. 350/- fish and allow the lady to set the price for KShs. 250/- fish to capture her attention. Moreover, all the fishermen postulated that praises and admiration from women has led to escalation of the practice of sex for fish at the beach. One of the participants claimed that single ladies on the shore who devise all ways to attract fishermen since they are known to have money and fish fuel this issue.

Many women here at the shore do not have husbands and they always admire the men because they know we have money plus fish and they also have sexual desires and since they know we are from the lake, they devise ways of making men fall to the trap and they start by showering you with praises. Some of them go to extent of begging their friends not to admire you or have anything going on because she wants you. This happens especially if you are new to the beach. She will then device ways of praising you to make her fall for you without you knowing it (FDG 1:2).

On seeing his wife, Okello, acknowledges the intentions of the ladies and formulates a clever way to dismiss them as fast as possible. *“He has realized the intention of the*

*women so he has used his cleverness to dismiss them fast, but if he was not clever he could have fallen for the trap and ignored the wife and gone with one of the ladies”* (FDG 1:3). In another response, the husband looks surprised on seeing his wife and hastens the sale of fish before her arrival. Concerning the women, they portray the pride of impression and seem unhappy to see the wife approaching due to the diverted attention of Okello.

Furthermore, the participants concurred with Okello’s statement that temptations are high at the beach and some of his colleagues have given in. The participants reported that these women even go to an extent of feeding fishermen during their bad day of fishing to try and lure them. They then hook up for months before separation, thus, increasing the chance of spreading STIs. This cycle is repeated when the fishermen move from beach to beach in search of better prospects. This fact is supported by Gordon (2005) in her study of HIV/AIDS in fisheries sector of Africa, which established that:

*Many people involved in fishing or associated activities are mobile or migratory and, therefore, less constrained by family influences and social structures at home.*

Two of the participants posited that the trend of exchanging fish for sexual favours from women was very common. They have even nicknamed this practice as “jaboya” where, in exchange of fish, there is mutual understanding on the number of sexual encounters based on the amount of fish. The participants claimed that the practice is done openly such that even the fishing team assists in segregating the fish for sale and the lot for buying a sexual partner. Additionally, women offer sexual favors for fish in order to have daily supply of fish for their businesses and livelihood. Also, this relationship is advantageous as it allows the women to have fish even on debt. In

addition, men are source of money and since the women want to continue receiving the money, they use sex as bait to keep the fishermen closer. One of them explains this as follows:

Here in our beach, the trading of sex for fish is very common, we call it “jaboya” and how it usually happens is after you have agreed that the woman will be your sex partner (“jabocha”) in exchange for fish. You will agree on how many times you will have sex depending on the amount of fish, you see as fishermen we go as a team of four in the evening and as we fish, I will separate some of the fish for sex and the fish for sale even the boat owner cannot decide which woman is going to benefit from the fish for sex but only the person declared that they will need fish for a sex partner (FDG 1:4).

One of the participants said that men are willing to offer fish for sex since they believe that sex is not for free. This is because they have toiled hard to catch the fish and they cannot just give out the fish to the women they desire for free. In another response, the respondent argued that the beach women are business oriented and they normally save money. In this regard, men tend to keep these relationships so that on a bad day, they may borrow money from these women. Another respondent postulated that the men do not have bank accounts and, thus, they depend on these women to save money hence solidifying the sex for fish relationship.

The participants argued that most men are aware of the risk of contracting HIV/AIDS and even passing the virus to their wives while practising fish for sex relationship. One participant claimed that they rarely bother at all as long as they have a beautiful girl and they are not ready to use protection. In this respect, they have come up with a slogan,” *we dhiang otho gi lum edhoge*” translated as [let the cow die with the grass in the mouth] indicating that they aren’t fearful of death from STIs. Others, however, take this situation seriously when they fall sick.



Regarding the predominant group involved in this practice, single men were most involved since they are the majority in the beach. Although the participants failed to address this question comprehensively, one of them advised his colleagues to avoid discrimination while selling fish. The other participant advocated for considering the profit rather than sex and the other one advised the fishermen to avoid jokes with lake women since it is the alpha of all relationships that leads to death.

In the context of polygamous culture, the participants argued that communication is most essential and the man should take charge to ensure everything works well. Moreover, all the participants concurred that the disease requires just one of the partners to bring the disease home regardless of whether one has one wife or several. After watching the message, they claimed that it is informative as well as eye opener and that most fishermen may leave “jaboya” if they have a chance of watching it. Moreover, the participants advised the married fishermen that the disease emanates from unfaithfulness and, thus, they should be open and share their status with their partners instead of taking medications secretly.

One fisherman said that he had learnt to be decisive in the fish business. This would ensure that the fish he gets from the lake were sold at fair prices to people who would only afford his rates. The second participant said that nothing of significance came to his mind apart from the fish and the money involved in the transaction. The third participant claimed that the message did not have any important message for him since he was fully committed to making profit from his business and not sex as depicted in the message. The fourth participant posited that having a good catch during the night expedition would definitely trigger seeking sexual favours from

ladies around the fishing bay. He would ensure that one of the ladies he lusts for most gets the fish for a lower price than should be and then use the balance as an excuse to pursue her.

The fishermen were also asked what they would advise their colleagues who had not watched the message. First, they said that they would advise that all the married men stop the risky behaviour of exchanging fish for sex. This is because the risk of contracting HIV/AIDS increases when they have unprotected sex with multiple partners (FGD 1:5). Secondly, one of the participants stated that he would urge effective communication within marriage so that the parties involved would discuss the protection measures they should take for the safety of their families. This is because the community is predominantly polygamous. “What I would say is the disease can be brought by any partner and even if you have one wife or more. One of you or all may have *Mpango wa kando* and you may both get infected” (FDG 1:6).

#### **4.2.3. Message for Truck Drivers**

The message targeting truck drivers features a truck driver bidding his wife goodbye before heading for his long-distance trip. He is then shown in another town calling his wife to inform her he has arrived safely. What she does not know is that he immediately goes into a shop and does some shopping (and also buys condoms) and goes to see his *mpango wa kando*. As he is picking the condoms, the shopkeeper remarks “ I can see you are taking care, only good things happen” to which he responds “kabisa” meaning ‘completely’.

The shopkeeper seems to know him well and the lady is pleased to see him and declares how she has missed him and he responds he has missed her too. As she unpacks the shopping bags, the cameras zoom on her holding the packet of condoms as she exclaims “ I see you’ve brought good things” to which he responds “only good things, I want us to be safe, I bring you only good things.” As they embrace, the message concludes with an advise from the message designers and sponsors. Thus, “research shows that almost half of all new HIV/AIDS infections today occur among married couples”. It ends with bold words on the screen, ‘*Wacha Mpango wa Kando. La sivyoy, weka condom mpangoni.*

#### ***4.2.3.1 Interpretations of Truck Drivers Message***

Many of the truck drivers said that when they watched the campaign message, what came first in their minds is that their families are the most important thing in their lives and they should protect them by using protection in their concurrent relationships. Value and love for family emerged as one of the immediate reactions the message elicited in the truck drivers.

The truck drivers also interpreted the message to advocate for secrecy in marriage, especially if you have a concurrent partnership, you should not give your wife the correct details of what you are up to or where you are just as the truck driver did in the message by lying to his wife that he had arrived at his destination or if the wife is an overbearing one, she should not be told the truth. The message seemed to suggest that one can have a *mpango wa kando* so long as their spouse did not find out the truth and so long as they used condoms for protection. It also emerged that lying to women is ok as long as you get what you want in the long run and that the side woman is

better looking and well behaved as compared to the wife and that is why many men go for a side woman.

Many of the drivers, both in Chumvi and Mai Mahiu, felt that the message was biased against truck drivers by putting forth the message that they are all liars and sleep around with many women wherever they go without caring. “*No, not at all, we really don't know each other, lets just say ten out of a hundred do that, some avoid the issue of Mpango wa kando completely*” reported a participant adding that some go ahead and mingle with the *mpango wa kando* without protection and I should know that people are different. This was, however, discounted by majority of the truck drivers who reminded him it is the 90% who practice *mpango wa kando*.

They felt that the message depicted *Mpango wa Kando* as very merciless people who confess love to you but are slowly scheming on how to take all your money and leave you bankrupt, in some cases leave you sick as well. One participant disagreed with this arguing (amidst laughter from his colleagues) that the man “*knowing that he left a family behind and that he cares, he made sure that he bought a condom for protection. He bought a few gifts for the lady*” (FDG 2:2).

Truck drivers at Mai Mahiu, though agreeing that the message portrayed the actual situation on the ground, took the discussion to the issue of condom use.

Everyone has their secrets and not all are willing to share. Some people carry condoms but are embarrassed about the act of carrying them because there is a certain perception people have on those who purchase condoms. When you purchase them,

one can be deemed a harlot, one who sleeps out a lot whereas the motive behind it, is protection (FDG 3:1).

Both groups of truck drivers posited the need for society to change their view of condoms. Asked about the the phrase *weka condom mpangoni*, participant FDG 3:4 shared an opinion shared by others:

*Yes we do (use condoms) but the thing is most of us are embarrassed when asked about it directly. We actually have them but we are just embarrassed of what society will think of us. Society should change its perception in regards to purchasing of condoms.*

As a result, they said it is always a secret and suggested that those of them who carry condoms should be rewarded.

Another emerging theme was that of trust. They shared (some from personal experience) that when their wives find condoms as they wash their clothes, there is trouble in the home. Instead of being seen as responsible people who want to protect their families, they are viewed as promiscuous and this can even lead to failed marriages.

It emerged that even though the message says *weka condom mpangoni* (use a condom in your concurrent relationship) education on the proper use of condom is limited. It is assumed that people will automatically know how to use the condom properly and effectively.

Lying to ones spouse as seen in the message was seen as a necessary evil among the participants. Here, FDG 2:4 asserts:

*For example meet a woman and promise her marriage, yet you are broke, she will think twice but if you lie to her that you are rich and work as a bank manager, she will most definitely fall for you. She will not even think twice about it. That's why I say at times you must lie to a woman. Its a must at times.*

It also emerged that listening to and viewing the message did not necessarily lead to behaviour change as noted by by this participant:

*Some of us truck drivers have a listening ear but do not heed to what they listen to...once you are decided as a man that is final. If they have not decided to change, then they will not change (FDG2:5)*

### **4.3. La Sivyo Weka Condom Mpangoni Message**

This campaign was a sequel to the *Fanya Hesabu* message. The *Fanya Hesabu* campaign did not lead to a reduction in the rate of new infections among the married and those in long-term relationships. People were willing to pay the cost for pleasure at the risk of contracting and spreading HIV/AIDS. It is this realization that led to the designing of the *Wacha Mpango wa Kando - La sivyo weka condom Mpangoni*. This campaign was targeted at both men and women in marriages and long-term relationships and at various groups considered high risk..

This message featuring two women discussing the affair one of them is having with a younger man, was viewed by four FDGs. In this message, two women are seen discussing the affair one of them (Mama Michelle) is having with a much younger man. The setting is a market place and when asked how her husband (Baba Michelle) is doing; Mama Michelle complains how he came home totally drunk the previous night. She then volunteers the information to her friend that she is satisfied with Mbugua and the camera zooms to the young man (Mbugua) chatting happily with a younger woman at his market stall.

It is at this point that the camera is focused again on the two ladies with the second lady advising her friend, even though they love one another, she hopes they are using condoms because there are diseases out there. At this stage mama Michelle is shown hugging her young children in school uniform. When this message hit the airwaves in 2013, there was public outcry with parents and religious leaders calling for its termination claiming it was corrupting societal morals. Some said it was showed during family viewing time and was corrupting the morals of young children. Four FDGs viewed the message, two in Nairobi and two in Homabay. There were varied interpretations from the groups.

#### **4.3.1 Interpretations of La sivyo Weka Condom mpangoni Message**

Due to the controversy, debate and public outcry that accompanied the campaign featuring two market women discussing *mpango wa kando*, various FDGs were very familiar with the message and subjected it to varying interpretations.

Ladies in FDG 11 said that the message was aimed at creating awareness among the people that prioritizing use of condom was important in every intimate relationship. Additionally, one of them noted that the message was also aimed at the parents so that they could protect their children from engaging in irresponsible sexual behaviour. As such, the ladies also posited that the message was appropriate since it represented the real issues that happen in the society.

They asserted that the phrase *Wacha Mpango wa Kando- la sivyo weka condom mpangoni* addressed the target audience well “because it is telling us to leave the

*mpango wa kando* and if we can't, let's use a condom in order to protect the ones we love" (FDG 11:1).

Participants in FDG 10:1 supported this idea asserting that *the "message is warning you to leave that behavior and if you cannot, you should protect yourself using a condom"*. They felt that the phrase was easy to understand and expounds on the risks that one exposes themselves and their family to when they have a *mpango wa kando*.

Nevertheless, they criticized the clergy for rising against the message claiming that the clergy were also victims of the "*Mpango wa kando*" menace. One of them also noted that the potential problem with the message was that it encouraged the use of condoms as a marketing strategy, which could be detrimental to the young people. Also, it would be wrong if the message involved the characters without their consent. One of the ladies also raised a complaint over the timing of the message saying that it was inappropriate. This was in reference to the fact that it was aired during family viewing time.

The depictions in the message were a typical reflection of the Kenyan society. This was evident in that the behaviour of men having concurrent sexual relationships were perceived as a normal occurrence while women doing the same were considered immoral. Apparently, men were perceived to have authority over the women and, therefore, have the liberty to do whatever they please. This gender bias was also clear when participants claimed that women also perpetrate the "*Mpango wa kando*" relationships especially with young men who were sexually active. The message, however, exhibited women as being open about their extra-marital affairs with their



friends, a notion that was refuted by some of the participants. “*No, it’s not common for women to discuss this openly because they are afraid the message may reach their husbands or people they won’t want to know*”, (FDG 11:2) said one of the respondents.

It emerged that *mpango wa kando* is common practice among women though they are very secretive about it. Most women know that they stand to face dire consequences from their husbands coupled with embarrassment from the society if their *mpango wa kando* is ever discovered. They, therefore, employ strict secrecy and discretion when engaged in *mpango wa kando*.

The *weka condom mpangoni* message was rated as appropriate as it led to creation of awareness. From their responses to the various questions, the ladies displayed a clear understanding of the message and the issues of *mpango wa kando* phenomenon. To begin with, the ladies said that the message was aimed at creating awareness among the people that prioritizing a condom was important in every sexual partnership with multiple partners. Additionally, one of them noted that the message was also aimed at the parents so that they could protect their children from engaging in irresponsible sexual behaviour. As such, the ladies also posited that the message was appropriate since it represented the real issues that happen in the society.

The message elicited mixed reactions over its appropriateness. One lady was clearly furious asserting that the message was a mockery to the women. “*Who is this other one? If they really wanted to send the message about ‘mpango wa kando’, they should be straight to the point*”, she posited (FDG 13.3), adding that the message was

portraying immorality as acceptable in the society. A section of the ladies, however, had contrary opinion. They postulated that the message was a true reflection of the Kenyan society where the cases of extra-marital affairs were rampant and growing by the day. Additionally, they asserted that the message was important on exposing that these illicit affairs happen within the circles of marriage, but since the situation was seemingly getting out of hand, it was imperative that those involved ought to use condoms.

It also emerged that the decision to portray women as unfaithful in the message was targeted to the right audience; the increasing number of women engaged in *Mpango wa kando*. Women, according to these participants, were also to blame for the increased instances of the phenomenon. Additionally, they concurred that the implied causes of seeking concurrent sexual relationships depicted in the message were also realistic. Peer influence was cited as one of the main causes of the infidelity in marriage.

It emerged that women tend to take more responsibility personally if they engage in *Mpango wa kando* than men. Women also tend to be more discreet and secretive where their *Mpango wa kando*'s are concerned. They felt that alcohol is only used as an excuse for women as the women make the decision to engage in *Mpango wa kando* when they are sober.

The women in FDG 11 gave varying reasons that lead women to engage in concurrent sexual relationships. Top on the list was the fact that their husbands do not satisfy some of them sexually. They postulated that sexual stamina of the man was crucial

and any sign of sexual dysfunction was the most likely cause for the “*Mpango wa kando*”. The other factors that were identified as predisposing to *mpango wa kando* affairs included financial instability, thus, “*some of us women have a lot of financial needs so that forces us to look for men to meet them-whether married or not as long as they have the money*” (FDG 11:3). Closely related to this was the view that men have money and are willing to spend it. Other causes included, the need to have children, being in a long-distance relationship, and the general acceptance of polygamy in some communities. “*Because of polygamy, you see a man with many wives will not always satisfy all of them (sexually) and at the end they will look for satisfaction outside*” (FDG 11:4).

They felt these were not captured in the message; therefore, the research upon which the study was based could have needed more input. Some participants, however, claimed that it was a shameful act to be caught in the act of *mpango wa kando* or for other people to be aware of the infidelity. Despite these causes for infidelity among married women and the remorse it would bring upon the participants, they said that they would still have some advice to the people involved in “*Mpango wa kando*”. Apparently, they postulated that the married women were expected to care for their husbands and embrace faithfulness as a pillar of strengthening their marriages. It also emerged that the men ought to minimize their spending and budget more wisely. This would ensure that the sexual infections resulting from unprotected sex during *mpango wa kando* would be avoided and the marriage relationships would be more solid.

Men asserted that the message was good since it was a clear indication of the societal status. The issues of “*Mpango wa kando*” were no longer secretive it was a matter that

required serious discussion. One of the participants also said that the main message passed across was that trust in an intimate relationship was the only thing that would ensure stability. Moreover, it was clear that the message was targeted towards the right audience since women also play part in the prevalence of the extra-marital affairs.

The message, however, was perceived as having no impact on reduction of the *Mpango wa kando* cases. This was evidenced by the fact that the message advocated for use of condoms rather than quitting the *mpango wa kando* relationship altogether. As a result, it emerged that the participants thought the message was banned because it encouraged immorality despite the fact that it advocated for the truth; a truth that many choose to deny.

Secondly, the message was not appealing since its content could not be shared with all the family members. One of the participants (FDG 12.6) said that:

*I think the best way you communicate here is the way you pay attention to the message. May be that is the time you send your daughter to bring you a glass of water (Laughter). They will see how you give too much attention to the message then they will be keen about it. Maybe you and your wife talk about it.*

Another participant held a contrary opinion saying that the content of the message was family rated and there was no need to exclude children from discussions involving the content. This would be a perfect chance for the children to learn the truth about the society they are living in.

This group concluded that the reason Mama Michelle's friend was asking about her affair was either because she had one herself or she was interested in Mbugua for

herself. One participant argued “*the lady could be interested in Mbugua and she wants to know if Mbugua uses protection with Mama Michelle*”(FDG 11:3).

They also interpreted the message to be about condom use for protection and not so much faithfulness in marriage. This condom promotion was good for the manufacturers as the condoms could end up in the hands of under age children who are told *weka condom mpangoni*. Others argued that the phrase *Wacha Mpango wa Kando* is easy to understand and is clear on the risks one exposes themselves to when they engage in *mpango wa kando*.

Participants unanimously agreed that the message did not reflect how women deal with their *mpango wa kando* arguing that women rarely discuss their *mpango wa kando* openly for fear that the message may reach their husbands or people they would not want to know.

In their interpretation, the message was about protecting the children and that is why children in school uniform were featured. They agreed that the phrase *Wacha Mpango wa Kando* is very catchy but regretted that even after message and even when people are taught, they still continue with the practice. They asserted that the message is a true reflection of what happens in their community. They concurred with the mixed group that it is very hard for women to discuss their *mpango wa kando* openly and this made the message look unreal. “*Women are afraid to even tell their friends about their mpango wa kando because their friends may gossip about it or even steal their mpango wa kando*” FDG 11:1. This was contrasted with men participants who were reported to share about their *mpango wa kando* openly as it is considered *macho* and

sometimes such discussions also result in help in getting a *mpango wa kando* for male friends who may not have one.

They reported that the message caused shame and embarrassment and by talking about condoms without explaining how they are used, it was clear the message was targeting only those who understood what is being talked about.

#### **4.4 Summary of Chapter Four**

This chapter presented the findings based on the first research question which was: What are the message themes and interpretations that emerge from *Wacha Mpango wa Kando* campaigns in relation to Sexual Reproductive Health Messaging?

The scope of this question included how the various members of FDG perceived the message on viewing, what emotions the messages evoked, and what are the message themes and interpretations that emerge from *Wacha Mpango wa Kando* campaigns in relation to Sexual Reproductive Health Messaging? The scope of this question included how the various members of FDG perceived the message on viewing, what emotions the messages elicited and whether they thought the messages were a true reflection of the situation.

The scope also included the themes that emerged from the discussions after watching the message clips of the four campaign messages under study. There were mixed reactions to the campaign in general with some participants asserting it did not make any difference and others arguing that it represented the situation of *mpango wa kando* accurately.

Participants portrayed confusion between the *Wacha Mpango wa Kando* campaign and the *Wacha Mpango wa Kando* phenomenon. In interpreting the Fanya Hesabu Message, participants insisted that the message should not have been tied to costs and that the message exposed men with their side dealings without offering them solutions. The message was interpreted to mean that mpango wa kando is acceptable for those who can afford it. There was general agreement that the message was well composed, true and fair and portrayed a common phenomenon well though with a gender bias.

In interpreting the fishermen message, participants agreed that the message was well designed and clearly demonstrated the temptations fishermen face on the beach. They acknowledged that jaboja is common at the beach but stated the message did not focus enough on the risks such as infection with STIs and the expenses incurred in treatment.

In their interpretation of the Truck Drivers Message, participants argued that the message advocated for secrecy in marriage but also portrayed the fact that some jobs encourage mpango wa kando to thrive. The message was also interpreted to promote secrecy in marriages.

In interpreting the *La sivyo weka condom mpangoni* message, almost all the FDGs debated on involvement of women in *mpango wa kando* with some concluding it was a reflection of the changing times. The message was perceived to encourage condom use but did not deal with the stigma associated with condom use.

The drivers of *Mpango wa kando* were not addressed in any of the messages and the content of *la sivyo weka condom mpangoni* was not appealing since it could not be shared with all family members.

In the next chapter, I present findings based on the second and third research questions which were: What considerations influenced the designers in the designing and implementation of the *Wacha Mpango wa Kandocampaign*; and What are the perceived effects of the *wacha mpango wa kando* campaign messages on the targeted audience segments?



## CHAPTER FIVE

### CONSIDERATIONS INFLUENCING THE DESIGN OF THE CAMPAIGN AND THE PERCEIVED EFFECTS

#### 5.1 Introduction

This Chapter presents the findings of the study based on two research questions: What considerations influenced the designer in the designing and implementation of the *Wacha Mpango wa Kando* campaign messages?; and What are the perceived effects of *Wacha Mpango wa kando* campaign messages on the targeted audience segments? I start with the underlying factors that influenced the design of the campaign based on the in-depth interviews with message designers and then the target audience FDGs.

#### 5.2 Considerations influencing the designs of messages

This question sought to establish; what campaign message designers consider when designing the messages? Specifically, what did the *Wacha Mpango wa Kando* campaign designers take into consideration?

I interviewed two message designers; one male and one female, who were both involved in the designing stage of the *Wacha Mpango wa Kando* campaign. Both reported that a major consideration in the development of the campaign was data from KAIS (2007) that showed a stabilising epidemic among the general population and an elevated epidemic among key populations. These populations included people with multiple sexual partners, sex workers, men who have sex with men, truck drivers and fishermen.

The general age of the target audience was men and women aged 25 to 49. New infections among adults contributed over 80% of the total new infections. The gender of the target group was both men and women. Specific targets were people in marriages and long term relationships, truck drivers(male) and fishermen (male). Below, I present the results from the in-depth interviews with the message designers followed by results from the FDGs with the target audience.

### **5.2.1 Demographics of the target audiences**

The in-depth interviews revealed the development of these campaign messages was motivated by the increasing trend of HIV/AIDS infections in marriages and long-term relationships. According to one of the interviewees,

*The normal thought that marriage is a safety net against diseases and infidelity was beginning to crush. Studies also revealed there was an increase in the number of youth who engage in sexual intimacy and a growing number of cases of people with multiple partners(Interview 1:1).*

The interviewee added that people in marriages thought they were safe from HIV infection until these findings poked holes into their safe world. The study debunked cultural and religious narrative that marriage was a safety net against HIV/AIDS infection.

In KAIS (Kenya Aids Index Survey) 2007), we found out that HIV prevalence was coming from married and cohabiting partners so there was a perception that if you are married or you are in a stable relationship then you are safe, right? So a lot of research went into it and said then...how then do we address this particular age group and this particular people who are practising a certain behaviour right. Thus, Wacha Mpango wa Kando right?"(Interview 2:1).

The participant added that the message designers were motivated by the need to create awareness on abstinence and faithfulness in sexual relationships. “ *We started with the ‘be faithful campaign’.* At this stage we did not even talk about condom use.

*We pushed for abstinence among the youth and faithfulness in marriage*” (Interview 1:2). After failing to get the desired results, the campaigners changed strategy to include partner reduction by talking about the networks, “ *that the partner you trust also has another partner that they trust, and that one also has a network. In the end HIV/AIDS was spreading through these networks*” ( Interview 1:3). From the message designers, it was evident that there was the need to develop the message since the rate of new HIV infections among married people remained high at 44%.

### **5.2.1.1 Statistics on new infections**

According to the interviewee, the origin of the campaign was the statistics of new HIV infection within the Kenyan population and the whole of Sub-Saharan Africa.

She observed that:

It started with the statistics that were showing a worrying trend of increasing new HIV/AIDS infections within marriages. Marriage is seen as a safety net. It is the last place one would expect to contract any STI. So, we started with the “be faithful campaign”. At this stage, we did not even talk about condom use. We pushed for abstinence among the youth and faithfulness in marriage. We did not get the desired results in terms of partner reduction and we had to change strategy to promote partner reduction, by talking about the networks...that the partner you trust also has another partner that they trust, and that one also has a network. In the end HIV/AIDS was spreading through these networks.

She stated that the message was regional and not only a Kenyan campaign, she stated:

This was not just a Kenyan campaign; it was a Sub-Saharan African campaign done at various levels.

The rationale behind the *mpango wa kando- Fanya Hesabu* and *mpango wa kando-la sivyو weka condom mpangoni* was the fact that the Kenyan population mostly

identified with such terms and could be easily connected and meaning derived. The interviewee further stated:

*We discovered that we were discussing a phenomenon that did not have a name yet was a common practice across Sub-Saharan Africa. Different countries coined different terms for it. In Kenya, we felt mpango wa kando would put a name to a phenomenon we all know exists but don't know what to call (Interview 1: 3).*

The message was designed to create awareness and consequently translate to reduced HIV infections. The interviewee further stated:

So, the first campaign created awareness. People got to know that their behaviour was putting them at risk. The greatest thing was creating awareness. Second, we asked if the gratification is greater than the cost. Count the cost was directed at those who felt they can afford the Mpango wa kando lifestyle. Thirdly, we said if you cannot be faithful or the cost is not an issue for you.... if abstinence is not an option then use a condom. That is how we introduced the tag line... la sivyo, weka condom mpangoni. (Interview 1:4),

The message designers also looked for elements that cause people not to drop their *Mpango wa kando*. This then furthered the promotion of reducing sexual partners as well as protection. The message designers had also established that infection is driven by many things: divorce, separation, infection before marriage.

The message was powerful, as it had created much hype, as it became a national discourse. This led the then CCK (Communication Commission of Kenya) to call and order putting the advert off the air. Among the aspects that people wanted controlled was the timing of the messages and the way the message was communicated. The interviewee further asserted: *“You know people were saying it was their responsibility to protect themselves but the way we looked at it is that people are uncomfortable with the reality, especially the reality of infidelity in women. And not just one woman, but all ordinary women”*(Interview 1:5).

It was also established that the message challenging one man to do calculations did not elicit as much debate as the one involving two women. This can be attributed to the norm that infidelity is perceived to be for men and not for women in the African context. The attention it received was evidence that it was headed in the right direction and the discussion that followed that campaign was even greater. *“The number of media air-time that we received was greater than what was intended as the debate became a national issue with various stakeholders calling press conferences”*.

The message of the *mpango wa kando* was an initiative to create awareness and coining the phrases *la sivyو weka condom mpangoni* and *Fanya Hesabu* to discourage concurrent multiple partnerships. The interviewee observed,

It’s just a phrase we coined to try and show this is not just that casual partner. This is that woman that you trust so much that you are willing to have unprotected sex, and yet you do not know her. And we know that, you know, you are only with that person only for a time. During the rest of the time you do not know what they do. And this person knows you are married. So, when you are not available, where do they go? What do they do? Just trying to sort of create those thoughts. eh... so that people can reflect and you know, be a bit more cautious(Interview 1:6).

The interviewee reported that some partners and churches also enrolled to support the campaigns. The *Mavuno Church* was among them and they used the campaign to debate on the effects of the extra-marital affairs among their congregants. She reported how this church was to later come under fire on social media for their boldness in their posters urging their members to discuss sexuality.

#### ***5.2.1.2 Behaviour and attitudes of the target audience***

The message designer was optimistic that there would be changes when the message was aired on the television sets at specific times. Asked about the need and the origin

of the *mpango wa kando* message, the interviewee concurred with the previous interviewee, “from the research that was done (KAIS, 2007) we found out that HIV prevalence was coming from married and cohabiting partners and there was a perception that if you are married or you are in a stable relationship then you are safe, right? So, a lot of research went into it and we said, how then do we address this particular age group and this particular people who are practising a certain behaviour right. Thus, *Wacha Mpango wa Kando*.” (Interview 2:6).

The increasing perception of the partners in marriage that no other person(s) involved is sometimes misleading. This is due to the trust the partners in a marriage have in each other. The interviewee stated,

There is a perception that as I said earlier once you are in a marriage it is just the two of you in that relationship and it becomes a bit uncomfortable when you start thinking that you’ve been with that person for this long or you are in marriage...you are in a marriage and they could be having another partner. So, we wanted to trigger off that uncomfortable situation that do I really know my partner and to trigger off that discussion and conversation(Interview 2:8).

The changing social dynamics are also to be blamed for the increased extra-marital affairs. From the KAIS research, it was found that cohabiting was increasing among the youths and having multiple partners was common among the married. The interviewee further observed that:

*The background to the study was purely from KAIS 2007 the internal PSI research that was done and as I said earlier it was more of where is the high HIV prevalence coming from during that period. And it was from cohabiting and married couples and an older kind of generation from 30-45 years old(Interview 2:9).*

Another influencing factor for the campaign and the message was the statistics that were depicting a shocking trend of escalating HIV/AIDS infection within the marriages. In the past, the disease was associated with the youths but after the

research by KAIS in 2007, it was realized that the spread of HIV/AIDS among married couples was eminent. Considering that marriage was perceived as the safest place where one could not fear acquiring STIs, targeting this group and unveiling the phenomenon also played a role in designing the message.

### **5.2.2 Perceived relevance of the slogan**

Since this slogan became part of the national dialogue, I wanted to know why this term was chosen. Both message designers point to the prevalent phenomenon of people having multiple sexual partners hence causing concern to stakeholders in view of the rising rate of new HIV/AIDS infections among married people and those in long-term relationships. Different people had different names for it and the message designers stated that there was need to identify the phenomenon. After conducting a few test studies on which name to be used, the one that stood out was *Mpango wa kando* as the general public love phrases especially ones that have a bit of Kiswahili in them, as seen in most advertisements, and this one was the most catchy phrase that also made more sense in relation to the phenomenon.

It also emerged that the coining of the phrases was influenced by local people and how they associate and use phrases to communicate. It becomes easy to engage terms to refer to situations or events. The interviewee stated, thus:

Kenyans love phrases, Kenyans love Kiswahili phrases catchy Kiswahili phrases. You'll notice in all campaigns be it Safaricom, be it Airtel there is usually a Swahili phrase a catchy phrase that people tend to use... Just to stand out from the clutter. So, they were couple of ideas that were thrown about but Mpango wa kando was the one that came out most successful because it is more of...it was easy to interpret in terms of Mpango wa kando as your side lady or your side. (Interview 2:7).

The Message Designers reported that campaigns were first aired on TV then moved on to radio and printed press then moved on to interpersonal discussions. The decision to start with TV was informed by the need to create awareness and stir up internal questions. For one of the TV campaigns, the face of the campaign was Jimmy Gathu. Anyone could have been used but they settled on him as he fits the age profile of the target audience and he is a man who is known by the public “but not for any promiscuous behaviours” (Interview 2:3).

The campaigns moved on to radio as this is an avenue that can reach more people and also brings out an avenue to include discussions on the issue. Many people would call with questions and also give personal experiences concerning the issue at hand, this is because radio provides secrecy as one is not seen and if they do not have to give out their names. They moved on to interpersonal discussions with different groups, from women groups to groups for men, this brought even clearer insight on the matter as many gave detailed accounts of their own involvement in such relationships and why it was hard for them to leave those relationship.

It emerged that the campaigns had different target audiences. The *Wacha Mpango wa Kando- Fanya Hesabu* campaign was primarily aimed at those who had a *Mpango wa kando*, urging them to count the costs, in the sense of financial costs and emotional costs. It was also directed to the *Mpango wa kando* themselves as the study on which the campaign was based had found that most of them were young people especially in the case of an old married man looking for a *Mpango wa kando*, he would look for a young girl, mostly someone who has just entered adulthood.



The *Wacha Mpango wa Kando-La Sivyo Weka Condom Mpangoni* was directed towards those who felt that they could manage the costs. It was also to hint at the fact that anyone can be engaging in such relationships, it is not only men who have a *Mpango wa kando*, also women have them unlike popular cultural beliefs. The interviewee elaborated:

*There is a perception that once you are in a marriage its just the two of you in that relationship and it becomes a bit uncomfortable when you start thinking that you've been with that person for this long or you are in marriage...you are in a marriage and they could be having another partner (Interview 2:4).*

The campaigners wanted to bring the uncomfortable conversation to the public domain:

So we wanted to trigger off that uncomfortable situation that do I really know my partner and to trigger off that discussion and conversation. And also to make it a bit uncomfortable 'I have a side mpango wa kando who most of the time, especially for the man is younger, is in campus or has just started their first job, and the question is do I know what they are doing when I'm not around right? She or he is in campus, she or he could have another boyfriend right, I'm I the only one? right and then the domino effect goes on (Interview 2:5).

The goal of the message designers was to have people begin to have such self-conversations.

The campaigns were mostly designed to create awareness on the fact that such relationships exist, are growing in number and are the largest contributing factor to the increased rate of new infections of HIV/AIDS in marriages and longtime

relationships. According to the message designers interviewed, this was achieved successfully. In the words of one of the designers:

*The TV messages created so much hype. I don't know if I can say hype, or it had created. Yes, it became actually national discourse, eh? Exactly, it became something in everyone's mouth, Oh my gosh, it became something else* (Interview 1: 3).

Prodded further whether this was a sign of success, the message designer asserted that in terms of creating awareness, it was a great success.

*"I think for us as a campaign, we triggered off the discussion and uhhmm and we got the people talking about it uhhmm out there"* (Interview 2:10).

The other objective was to provoke the need for discussions on how to best deal with this phenomenon. This was after the airing of the message with two women discussing the relationship of one of them outside her marriage. This provoked discussions nationwide with many calling for the message to be withdrawn from airing as it contravened societal norms. "It was so big that CCK actually had to call me to put it off air" (Interview 1: 7). The message was withdrawn for a while and was re-introduced after discussions with stakeholders and without the footage of children. The designers reported one of the long-term goals of the campaign, the creation of awareness was met and the national discourse concerning the phenomenon was evidence of the campaign success.

The message designers posited that many adults in the viewing audience did not approve of the campaign messages arguing the message discussed adult content during family viewing time. The loudest outcry was when they showed that anyone including women could cheat and have a concurrent relationship contrary to accepted societal norm that only recognizes men having such relationships. "People were

uncomfortable with infidelity being discussed, especially in women and not just women but an ordinary woman” (Interview 1: 8).

There were a lot of complains from the public toward the times the messages were run as they were run during prime time saying that, at such times, entire families were seated together watching television and, thus children saw what they should not see. They also complained about the fact that children were featured in the commercials.

*The things that the public was complaining about were neither here nor there. Because ati ooh we are showing children in the commercial...things that didn't really make sense. We removed the children then added the underlying message..wakinge unaowapenda-weka condom mpangoni which for now makes sense. (Interview 1:9).*

The same message designer added that timing was another complaint that they received.

*As I said, these things were mostly just because they made people uncomfortable..the reality of the issue being, the issue being addressed was a reality. Its just that I think people felt uncomfortable. You know sitting there with their children and this mama mboga is talking about Mbugua being shown over there (Interview 1:10).*

In order to gain greater acceptance and success in the fight against concurrent relationships, the messages needed to be run continuously with similar commercials being made, but this was impossible due to the lack of funds nor funding from donors. Many donors were prioritizing themselves with the care and treatment of HIV/AIDS and related diseases giving less priority to such campaigns. The designers stated that funding and the need for donors to see immediate results as a big challenge in sustaining the campaign.

### 5.2.3 Target Audience's Perspectives

The truck drivers reported that it was seen through previous research that truck drivers are highly susceptible to having concurrent relationships due to the areas where their jobs take them and where they stay while on the road. Their jobs also require them to work long hours, travel long distances and, therefore, be separated from their families for long periods of time. All these factors put them at high risk.

Other participants reported that the message was influenced by the fact that both married men and women have continually engaged in extra-marital affairs raising the rate of new HIV/AIDS infections among married people and those in long-term relationships to worrying levels.

Another influence that was highlighted was poverty leading women to look for men with financial ability. Distant relationships and couples living apart, leading to temptation and *mpango wa kando* was also seen as an influencing factor. The participants also felt the designers should have been influenced by the cultural norms that predispose people to multiple sexual partners. These include polygamy, wife inheritance and the general celebration of men who engage in concurrent sexual partnerships as macho men. The theme of caring and encouraging people to protect the ones they love was also highlighted as a big influence.

The participants also stated that it would be important to discuss the factors that influence the *mpango wa kando* in order to understand the message. They felt that low financial status of both men and women led to *mpango wa kando*. Another influence was what they called 'peer group' influence where this was noted:

*Another reason is due to peer group influence, whereby another lady has a mpango wa kando and she is married. Why not join her and she is a friend? This is solely out of peer influence. FDG 12:1.*

The men went on to add that human beings are sexually 'thirsty' by nature and that generally sex life deteriorates in marriage. They also noted the husband's sexual under performance due to drunkenness leading to inability to meet his conjugal obligations as a factor leading to increasing cases of *mpango wa kando*.

Referring to the message targeting fishermen, participants said the development of this message was influenced by the prevailing behaviour of the fishermen and fishmongers engaging in sex along the beaches. The high prevalence rate of new infections among the fisher communities was a concern to the message designers.

According to the participants, the messages were influenced by the changing societal norms where men and women are participating in extra-marital affairs without factoring in the expenses incurred to maintain the *mpango wa kando*. The other influence mentioned was the high rate of HIV/AIDS infection patterns where married couples were leading in new cases. Men participants (FDG5.8) agreed that a person could spend on an HIV infected lady and end-up getting the disease, thus, suffering double loss. Members agreed that married couples engaging in extra-marital affairs risked contracting diseases as the partners could have other partners, thus, infecting new people.

The truck drivers asserted that the message was influenced by the growing number of those who engage in *mpango wa kando*. One participant felt that the *mpango wa kando* issue is an agreement with two people and thus can be embraced or

discouraged by reaching the two parties through the messages not only one person. He stated:

I differ because *mpango wa kando* is an issue between two people. The moment you touch on men; it means that women are not involved of which is not the case. If a female approaches you and you are not interested in *mpango wa kando* from the onset, then, you will not tag along with her. This advert was targeting the men but the women were also touched because the moment the men separate themselves from the *mpango wa kando*, then it means the women will not have someone to support them in the *mpango wa kando* business. So, I think the advert was one way but it was meant for two parties (FDG 6.8).

Another participant shared a familiar story of what happened between a pastor and another pastor's wife who had an extra-marital affair noting that the practice is widespread.

*I think a lot needs to be done. Just recently I heard of a situation in which a pastor had an engagement with another pastor's wife. It means that as much as the advert has been played, a lot has to be done. People tend to forget. Even in the bible, we are told that even if they have been told, keep on telling them (FDG 6.10).*

The above statement is a testimony that the practice is influenced by personal factors and communicating the message is adequate in enlightening the participants on the cost of engaging in a *mpango wa kando*. Having the knowledge, however, does not always guarantee change to the recommended behaviour.

Participants noted that the message design was influenced by the number of people involved in *mpango wa kando* where sometimes the women drug the men or put them under a spell to forget about their families. Here, it was pointed out that:

*Alcohol is a great factor that may push women to go for mpango wa kando. I am not sure if you witnessed the demonstrations in Nyeri and Voi? All this was against men who are lousy (in bed) because of alcohol (FDG 7:6).*

The participants said the message was influenced by people's ignorance of the negative changes in social norms in regard to engaging in *mpango wa kando* relationships. The men agreed that there were increasing cases of engagement in *mpango wa kandos* and this negatively influenced the campaigns towards reducing the cases of new HIV infections.

The message design was influenced by the changing social and cultural dynamics that have seen both men and women engaging in *mpango wa kandos*. This influenced the design of a message that would inform men and women to reduce their contacts and issues dealing with *mpango wa kandos* with the aim of, consequently, reducing new HIV infections. Since the extra-marital issues are between two people, running a campaign to discourage such would be effective in reducing the increasing cases of concurrent partnerships among married couples. One of the participants felt that the message was made to inform both parties of the dangers of the *mpango wa kando*. A participant stated,

If a female approaches you and you are not interested in *mpango wa kando* from the onset, then, you will not tag along with her. This message was targeting the men but the women were also touched because the moment the men separate themselves from the *mpango wa kando*, then it means the women will not have someone to support them in the *mpango wa kando* business. So, I think the message was one way but it was meant for two parties (FDG 9.8).

In conclusion, the following were the factors that were found to influence the message design according to the FDGs; increase of sex for fish along the beaches, changing societal norms that no longer frown on extra-marital affairs, the high rate of infection among married people, the nature of truck drivers' jobs, temptation by the beauty of beautiful women, high number of people engaged in *mpango wa kando*, personal

factors, money, ignorance of the target audience and the fact that both gender are increasingly engaging in *mpango wa kando*.

### **5.3 Considerations on Perceived Effects of the messages**

In this section, I discuss how the participants responded to the question of what effects they perceived the messages had on them and other viewers.

#### **5.3.1 Reduction in cases of extra Marital affairs**

The perceived effects of the message was the possible reduction of cases of extra-marital affairs among the married couples whose husbands work along the beaches. It also encouraged fishermen to consider the reduction of their engagement in sexual affairs with fishmongers at the beach. This also indicates that with proper information, there is possible reduction of spreading of sexually transmitted diseases. It was postulated that this message would lead to the creation of messages where women, children and men featured, thus, encouraging responsible living.

The message was perceived as an eye opener by capturing a child with a bowl that has no food and another one with a school bag, and other scene that captured a friend trying to advice on the spending he is making on the lady is a powerful effect. After watching the message, some fishermen vowed to change and plan their finances and start helping their families.

On the contrary, there was the claim that people are not likely to abstain or leave their affairs since they have realized the consequence of the practice. On advising men, participants claimed that men should be responsible of their lifestyles and either use



condom or stop *mpango wa kando* to avoid bringing diseases home. Also, incorporating God in marriages was advocated. FDG 4.15 stated, “*The use of messages focusing on children’s welfare, their lifestyles, and the mentioning of faith-related issues affected majority of the viewers enabling responsible behaviours*”.

Participants also stated that the message encouraged them to stop the *mpango wa kando* to reduce the risk of contracting HIV/AIDS. They saw the need to be honest with one another and the need for husbands to take responsibility for the welfare of their families.

The message was also seen to instill fear in those who might be tempted to try *mpango wa kando* with the hope that the fear of infecting loved ones and the embarrassment that might cause was seen as a dissuading factor from engaging in sex. The tagline, *wakinge unaowapenda* was interpreted to mean that truck drivers should always think about the protection of their families even when on the long trips.

Some men also left their concurrent partners as they started to picture how hurt their wives would be if they found out. They did this by self-projecting how they themselves would feel if their wives were the ones cheating on them like the woman in the clip. When they knew how painful it felt, they thought about their wives feelings when they would learn that they were having concurrent partners. They then decided to leave their *mpango wa kandos*.

Some of the perceived effects include sensitization on the dangers of the *mpango wa kando* and the high expense of maintaining such relationships. A participant argued that the exercise of placing the messages to the viewers reminded them that there are

still dangerous diseases like HIV and it can be both expensive to fund a *mpango wa kando* and the additional risk of acquiring a disease that can lead to early death. A participant observed this impact as follows:

I think this message was directed towards HIV/AIDS sensitization. It is a real and a dangerous disease. Some of us who were lucky to witness the onset of HIV/AIDS from the early 90s and the late 80s, the scenes are still fresh in our minds and after the health experts were able to manage the disease, a lot of things were thrown in the wind. So, I can say sensitization must be used and that people have forgotten that HIV is a dangerous disease. A lot has to be done currently and there is fear that there may be a recurrence that it may sweep people just like it happened sometime back in Uganda due to lack of information. However, this advert went further to sensitize you more on other costs that it behooves on you besides the risk of contracting HIV/AIDS(FDG 6.14).

Participants felt that engaging in continuous messaging could have an impact on the society but unfortunately the messages did not last long on air to have any impact. A majority viewed the message as encouraging more *mpango wa kandos* as those with more money could engage in more *mipango ya kandos*. A member felt there could be an increase of extra-marital affairs.

*We can say there is an increase but not as an outcome of the message because the message was for sensitization purposes. If we had the message more often, different characters and maybe bring out the repercussions in the messages then play it more often, we might see some change in society(FDG 6.16).*

Many truck drivers reported that they became aware that there is a growing threat of contracting STIs from the women they engage sexually with at the places they stop at night to rest. They also became aware of the fact that it is not only male truck drivers who pay for sexual favours, as even female drivers do so. One male truck driver related of how a female colleague had approached him and asked for him to have sex with her in exchange for money, but he declined as by then, he had already seen the

various health campaign messages and had resolved to not enter into such relationships.

A few of the participants said the campaign created awareness as the medium through which it was aired (TV and Radio) was a medium used by a large part of the population on a daily basis. Also the time at which they were airing the message was well chosen as it was during the commercial breaks during the prime time hours meaning most families were at home watching their TV programmes or early in the morning when people are heading to work and tuned in to their favourite radio stations, which made the messages have a much greater reach.

Many did not leave their *Mpango wa kando* because they had stayed with them for a long time period to a point that they had started trusting them well enough to start playing 'house' with them. Thinking that what they have with the side partner is true love not knowing that the *Mpango wa kando* also has other lovers who she goes around lying to. Some of the *Mpango wa kando* also have boyfriends they take care of thereby asking for lots of money from the *mpango wa kando* in order to give the 'other' boyfriend.

The messages also encouraged couples to practice open communication so that they can be able to talk over the issue of *Mpango wa Kando* well so as to be able to avoid getting into such relationships. As a result, they would also be able to openly communicate about their health and a need to go for regular tests, as before the commercial, many couples never went for regular testing together, but after the commercial, some started to go for regular tests at VCT centres together.

It made many truck drivers see the need to educate their children so that they can have better careers than that of driving trucks in future. One truck driver stated that he would make sure to invest in his son's education so that he does not end up becoming a truck driver like him in future as he knows the dangers there are on the road to truck drivers, from bandits who may rob and kill you, to prostitutes who may seduce you and steal all your money when you slept and even give you a disease to corrupt traffic police.

### **5.3.2 Cost Saving Behaviour Change**

Participants postulated that some of the perceived effects included stopping spending on the *mpango wa kando* since it affected their families. One of the participants (FDG 5.9) stated, *“Some might change especially those without much money. They will see how they compromise their families and children thus changing”*.

Most of the men indicated that if they were the men who featured in the advert, *“they would kneel down and pray, and change their behaviours after seeing what the family suffers due to their ignorance and negligence”* (FDG 5.14). This was due to the influence of seeing the sorry conditions in which their families were due to their actions as portrayed by children with empty bowls, tattered clothes and hungry looks.

Some of the participants, however, argued that the message had no impact especially where infected men infected their wives. Women in this case started taking ARVs secretly and did not tell their husbands, thus, allowing them to infect their *mpango wa kandos*.

As women, the situations sometimes force us to stay even after discovering that our husbands have *mpango wa kando* and they have infected us with

AIDS, we know of women who after discovering they have been infected, secretly start taking ARVs and since they were infected by the husbands, they don't tell them, they allow them to go on infecting their mpango wa kandos" (FDG 5.17).

The truck drivers postulated that the message portrayed what happens in marriages and there is no magic bullet to reducing the practice. They, however, argued that those engaged in *mpango wa kando* watching the message should consider changing their ways for the sake of innocent children whose lives they are hurting.

The participants agreed that the message reflects the reality on the ground but noted that *mpango wa kando* won't stop, but people have been encouraged to use condoms which has a positive effect. The encouragement to use condoms was perceived to be a license to truck drivers to engage in *mpango wa kando* so long as they remembered to do so.

Some reported that a few of the truck drivers have left their *Mpango wa kando* and focused more on their families and on how to secure their family's health in future by starting businesses. They fear contracting any disease from these *Mpango wa kando* and they greatly fear the shame and embarrassment they would feel if their families came to learn of their unscrupulous behaviours, especially if their children were to find out. Participants agreed that this number was in the minority.

The women were very happy about the message depicting the man caught red-handed by Jimmy Gathu. "*You find men who toil hard the whole month so that their families can have a good life but the mpango wa kando comes into the picture*". This clearly showed men are expected to be the providers for their families. "*You see he is trying*

to cater for his family but the *mpango wa kando* comes up with a suggestion for a trip to Zanzibar. Of course, the man will go with the *mpango wa kando* because he is blinded,” asserted one participant arguing that men are easily led astray by *mpango wa kando* and can disrupt plans to cater for family needs. The women seemed to blame the *mpango wa kando* for the affair more than the man.

The women also postulated that sometimes men even take loans to please the *mpango wa kando* supporting their argument that men, unlike women, are ready to risk it all for their *mpango wa kando*.

As much as this guy from jua kali may part with this Kshs. 10,000/-, they are bringing it to me as the *mpango wa kando* and not their family. This man may even be taking a loan so that they keep up with the *mpango wa kando*. Back where I lived, there was a man who always took loans from the bank and also from his wife. When his wife inquired about the loans, the man said that he was building a home. This trend went on for some time only for the wife to realize that she was duped. The man was actually building a home for the *mpango wa kando*. He even kept on taking the *mpango wa kando* for trips to Mombasa, Zanzibar and all these lavish places. Something the wife never had a taste of. After three years and no home, when the wife inquired about the house, she was left homeless only to find herself in the ghetto. The home being built belonged to the *mpango wa kando*. They were all duped including the man and left homeless. The *mpango wa kando* played them and left them back at square one (FDG 11).

### 5.3.3 No Effect Perspective

The Nairobi men FDGs perceived the message as having no impact on reduction of the “*Mpango wa kando*” cases. This was evidenced by the fact that the message advocated for use of condoms rather than quitting the illicit sexual relationship altogether. As a result, the participants thought the message was banned because it encouraged immorality.

Secondly, the message was not appealing since its content could not be shared with all the family members. One of the participants said,

I think the best way you communicate here is the way you pay attention to the message. Maybe that is the time you send your daughter to bring you a glass of water (Laughter). They will see how you give too much attention to the advert then they will be keen about it. Maybe you and your wife talk about it (FDG 8.4).

Some participants held a contrary opinion saying that the content of the campaign message was family rated and there was no need to exclude children from discussions involving the content. This would be a perfect chance for the children to learn the truth about the society they are living in.

Some of these fishermen do not care whether they get infected or not, so long as they have a beautiful woman and are not ready to use protection, even if STIs kill them. They even have a popular saying “*we dhiang otho gi lum edhoge*” let the cow die with grass in the mouth. The women who have sex with the fishermen in exchange for fish also do not care if they pass STIs to the fisherman and he ends up dead, they will just move on to another one. They already know that they have the disease so they take drugs so as to avoid opportunistic infections but they do not tell this to the fishermen.

#### **5.3.4 Increase in extra-marital affairs**

Most of the women in the FDGs perceived the effects of the message as increased extra-marital affairs among the married couples. One participant (FDG 9.11) further added, “*I think the message failed because mpango wa kando is still there. People still have mpango wa kandos.*” Majority of the participants felt that the messages had recruited more people into *mpango wa kandos* by using the terms to seduce men or

women. A statement that was intended to counter the supposed gains of the message supported this assertion. She (FDG 9.12) said,

*We can say there is an increase but not as an outcome of the advert because the advert was for sensitization purposes. If we had the advert more often, different characters and maybe bring out the repercussions in the adverts then play it more often, we might see some change in society.*

Some of the perceived effects noted by participants included reduction in *mpango wa kando*, reduction of sexually transmitted infections, future messages to encourage positive living, behaviour change, better planning of personal finances, no notable change of behaviour, less spending on *mpango wa kando*, prayer and repentance, only those without money would change behaviour, sensitization on the dangers caused by *mpango wa kando*, messages encouraged more *mpango wa kando*, messages would have been more successful if sustained for a longer period, increased condom use and encouraged immorality.

Participants reported that the message could be perceived to encourage *mpango wa kando* and could have led more men to try out concurrent sexual partnerships. It was perceived to encourage the drivers to lie to their wives and having *mpango wa kando* was perceived as alright so long as one used a condom.

The message brought a lot of mistrust in marriages, especially in marriages where the husband is a truck driver. They reported that many of their wives started suspecting them, making them feel less loved and unappreciated in their marriages while others were made to look for a side woman even if they did not have one in the beginning. Due to the fact that the husbands are on the road for many days and weeks at a time, when they return home, they usually come back with a lot of shopping for the house



and also leave enough money to be used on the needs of the home. Sometimes they cannot do all this as they might not have been paid well during their trip or maybe the costs they incurred during the trip were too many. This makes the wife jump to conclusion that the husband is having an affair, thus, causing strife in the marriage.

Another factor that was associated with causing mistrust is that when the husband is away, the wife remains at home and to pass her time, she mainly engages in chats with her friends, some of whom are bitter because their own husbands used to have a side partners, and they end up filling each other with doubt and suspicion towards their husbands. One man gave an account of how when he was off on the road, he had an unexpected accident and had to make a stop in an area which the wife's friend had told her is a dangerous area where many men go to meet their side women, but due to some issues, he had to spend a few days in that location. Though he kept his wife informed of all that was happening daily, her friend had convinced her that he was having an affair. When he returned home, they got into a big argument with the wife threatening to leave.

The other thing that made women distrustful is the fact that they thought that their husbands did not have the physical stamina to have sex with them when they had returned back home because they had spent all their energy satisfying their side partner, thus, the wife gets into a frenzy not knowing that the reason the husband is tired is because of the long hours he has spent on the road. This, they blamed on their bosses, who force them to work long hours taking their cargo to different places and not giving them enough time to rest. Following such incidences, the husband ends up

looking for a side woman who will make him feel appreciated and loved as these women know how to play with a man's emotions well and make him feel good.

Many truck drivers complained of how the messages made their wives lose trust in them, resulting in lots of fights. They had this to say:

*The video shows that we are not faithful because he (the driver in the message) lied to his wife and yet he had ulterior motives,..this video tarnishes all truck drivers name because some of us are honest (FDG 3:3).*

A driver stated how he once got into a fight with his wife when she found a pair of condoms in his pocket while she was washing his clothes. He narrated how his wife jumped to the conclusion that he was having a side relationship because she had also seen the message in which the truck driver had gone to see his *Mpango wa Kando* and that was the first thing that came to her mind. Instead of thinking of how he was trying to protect them she thought of how he was being unfaithful. This has resulted in her never trusting him at all, and always asking a lot of questions when he has travelled for work. *“One time I was busted with condoms and it brought quarrels within the home. I had to make another trip to avoid quarrels at home” (FDG 3:4).*

The message has encouraged many truck drivers to become secretive and lie to their spouses. They argued that in the commercial, the truck driver lied to his wife that he had reached his destination whereas in real sense he was with his *Mpango wa Kando* and, thus, his wife remained happy and he himself as well remained happy and satisfied and so did the *mpango wa kando*. They also stated that if their wives were to know the truth, it would cause a big fight and probably a separation and the ones who would suffer would be their children, so in all lying to their wives was focused at keeping their wives happy and their children safe. They went on to state that if they

had not lied to their wives from the start when they were dating, then they most probably would not have ended up married, meaning lying to them was okay.

The message caused their wives to have bad attitude towards them. Whenever they fail to bring a lot of money back home, their wives jump to the conclusion that they spent their money on another woman. This is because the commercial showed the truck driver buying things for the *Mpango wa Kando* and now many wives believe the reason their husbands have not bought many things back for them is because he has spent his money on another woman not putting into account that the drivers also incur expenses on the way and sometimes the money may not be enough. Wives also feel like this due to the fact that many of their female friends became very bitter after the commercial was aired and thus they tell them things that make them doubt their husbands.

One man stated that this has become something very common where he comes from at the coast of Kenya. Many wives love to showcase all the things their husbands bring them when they come back from a long trip, but when the husband fails to do so due to whatever reason, she quickly jumps to conclusions because she feels neighbours will laugh at her now that she has been brought nothing.

The reason they were unable to leave these *Mipango wa Kando* was because the *Mpango* lived near the areas where they would go to pack their trucks at night, thus, it was hard for them to avoid them. Also when they went to drink alcohol in clubs they would find the sex workers there and they would dress seductively and would seduce them into having relationships with them. Some pointed out that the sex workers

would wait until they saw they were a tipsy so as to approach them, knowing that they would not make sound judgment at such times. They also pointed to the use of 'miraa' as a contributing factor, as the truck drivers chew on it overnight so as to keep awake, but at the same time, it clouds their judgment on issues.

The other contributing factor was arrogance by those who have concurrent relationships. They see nothing wrong with their relationships as long as they can provide for the *Mpango wa Kando* and also for their family at the same time. They also don't use protection as they believe the *Mpango wa Kando* will sleep with no one else but them because of the large amounts of money they spend on them. They believe that the more money one has the safer he will be able to satisfy his wife and also your *Mpango wa kando*.

Many of such men are also ignorant to the truths about HIV/AIDS and other STIs and, thus, do not use protection owing to their ignorance and lack of information. One man gave an example of how a man he knows would engage in sexual acts with his *Mpango wa Kando* without using protection. Early the next morning, he would pass by the nearest VCT centre for a test and when found negative he would say he is okay and repeat the same thing that night. He did this thinking that as long as the test showed he was negative then he was okay, not knowing that it may take a while for the virus to show within one's body. The virus may not be seen immediately after one engages in sexual relations with an infected person without using protection.

Some of the effects that the members felt the message would bring included continued engagement in *mpango wa kando*. This was influenced by the way the

society views men and women in terms of engaging in extra-marital affairs. This is supported by some assertions that men are somehow viewed as polygamous by nature and, thus, they engage in *mpango wa kando* and have no power or self-will to stop the practice.

The tagline *la sivyo weka condom mpangoni* was perceived to have been encouraging women to use condoms if they cannot manage to leave their *mpango wa kandos*. Participants perceived this to indicate that the woman offering the advice was also involved in “*mpango wa kando*” that was why she had experience of mediocre counseling. The participant (FDG 8.23) said that:

*Well, from my perspective, this woman giving the advice also has a mpango wa kando. The reason being, I cannot tell you about the feeling you get after smoking if am not a smoker or smoked before.*

The perceived effects of the message, however, included the suspicion the message caused among couples as it shows it is very easy to get a *mpango wa kando*. Another perceived effect was that of shame and embarrassment. The women felt the message was intended to make those in *mpango wa kando* feel guilty and abandon the practice as a result.

Participants also felt that with that kind of message, there should be a decrease of *mpango wa kando* or at least some change in the society. “*The message in the video can make someone change because it is telling him/her the dangers of having a Mpango wa kando*” (FDG 11:5). There were those participants who felt that the message would encourage women, who had not hitherto considered *mpango wa kando*, to engage in it as it showed those who are doing it are having a good time as described by the word *raha* in the message.

Subsequent sexual encounters were most likely to be unprotected regardless of the health status of the partners where trust existed. It was also intriguing to discover that some of the participants said the message was a little misplaced since it was advocating for inclusion of a condom in the illicit sexual affair rather than doing away with such relationships altogether. Participants asserted that despite the messages, there is still an increase in *mpango wa kando* and HIV/AIDS. They felt the message encourages people to engage in sex with the excuse of a *mpango wa kando*. Ignorance was cited as one of the effects of the campaign.

*Ignorance. Some people end up trusting the mpango wa kando more than the husband. The mpango wa kando may be HIV/AIDS positive and I am continually having an affair with them. The trust I have with my mpango wa kando may be my downfall (FDG 13:4).*

The men were also asked what their reactions would be if they realized that their wives were carrying condoms. One of the participants said that he would not have a problem but the level of trust would be affected negatively. This was because he would appreciate the fact that the wife is mindful of his and her health but would get worried on the basis that the wife is engaging sexually with other men. This question also provoked the issue of cultural perception of the *mpango wa kando* menace. It emerged that most of the male participants thought that a woman was not entitled to carry condoms unlike the man. This implied that the men still had the ego that they are dominant and their actions were not questionable by the women. For instance, one of the respondents (FDG 12.8) posited that

*If a woman starts cheating, there is no changing her mind because she has thought it through. When your wife cheats on you, then that's the end of the marriage. You are as good as divorced. For a man who is caught up in the act, there are grounds for negotiation.*

There were few lessons that the participants drew from this message. First, they said that the young man involved in a *mpango wa kando* was a clear indication that those involved in extra-marital affairs had a chain of other lovers and they were living a lie. Accordingly, there was no way the young could be satisfied with only that older woman. This was supported by the portrayal of a young woman he is seen conversing with. Additionally, the message depicted one of the women offering advice to another who was involved in an illicit affair. This may, however, have indicated that the woman offering the advice was also involved in *mpango wa kando* and she must have been drawing from her own experience to advise her friend. A participant, said that:

*well, from my perspective, this woman giving the advice also has a mpango wa kando. The reason being, I cannot tell you about the feeling you get after smoking if am not a smoker or smoked before(FDG 12.12).*

More so, the participants said that there were many factors that led to thriving of the extra-marital affairs. These included, but were not limited to, alcoholism, financial instability, and peer influence.

### **5.3.5 Awareness Creation**

According to the fishermen, the message brought awareness countrywide of how many fishermen end up dead due to the practice of selling fish for sex, which they call “*jaboya*” and spark discussions on how to best deal with this issue as many have died due to it and the number of people infected with HIV in Nyanza has become overwhelming.

Many fishermen have vowed not to engage in “*jaboya*” as they have seen the effects from fellow fishermen who have died and left their families in a lot of problems, both

financially and healthwise. The message made many fishermen to start earning more profit as now they stopped selling fish for sex but focus on making a profit.

There are still those who continue to sell their fish according to who they think is the most beautiful woman so as to be able to find favour with her and sleep with her. These ones feel that it is their right to do what they are doing and sleep with these women saying it is the payment for all the hard work they put into catching the fish.

The women who exchange sex for fish usually flatter the fishermen over long periods making him become a bit too friendly with her so that when she finally asks him to give her the fish on credit as long as she has sex with him he willingly accepts.

Many of the fishermen also do this because they know that so as to save money these women pay with sex, thus, he knows that when he will need money, he can also ask her for a loan of which may reach up to Kshs. 10,000/-. He also knows that she can feed him because she will want to get more fish from him next time. Many of those fishermen don't have bank accounts so even the little money they get, they give to the women with whom they give fish to in exchange for sex to keep, so they act as their bank accounts, which in a way, cements their fish for sex deal.

Many of these fishermen drink a lot of alcohol after they get their money and some women prey on them seducing them so that after drinking the man goes with her and that marks the start of their business together.

It has increased the cases of people having multiple sex partners for the message portrayed it was ok as long as one would use protection. Those who in the past did not



have a *Mpango wa Kando* at all sought to get one and those who were with a *Mpango wa Kando* in the past increased the number of *Mpango wa Kando* they had stating that the commercial advocated for it as long as one was able to take care for the needs of his family and the *Mpango wa Kando* well, and even more importantly, if he made sure to use protection.

There was a unanimous agreement among the participants that the message was not making a positive impact but was encouraging women to have *mpango wa kandos*. Regarding the impact of the message, the participants had a unanimous notion that it was not effective. To begin with, they postulated that the incidence and prevalence of HIV/AIDS and *Mpango wa kando* in marriage was on the increase rather than the anticipated decrease. This meant that the people were more inclined to have more illicit affairs as long as there was a condom involved.

Nevertheless, the participants also explained that this increase in the rates of infection could be attributed to the fact that using a condom twice or thrice with another sexual partner led to building of trust and confidence. It also emerged that the message was creating awareness but the incidences and the spread of HIV was on the rise among the married couple resulting from the trust built after the initial sessions with *mpango wa kandos*.

The message created awareness to the fact that many people who have their concurrent relationships engage in unprotected sex with them and also with their spouses/partners because of the trust factor. As such, trust grows in proportion to the

length of the relationship and truck drivers reported that this reminder to consider condom use was important.

The message also encouraged many who have such relationships, to go for regular tests and to start using protection when they are with their concurrent partners. “*Ever since the message was aired, the number of those who use condoms in their side relationship has increased, now 10 out of 100 truck drivers openly confess to using protection with their side partners,*” added the Outreach Coordinator who accompanied me for the FGDs with truck drivers.

In time, as the trust is built, it resulted in less use of protection if any at all. One would at first use protection with the *Mpango wa kando* when they first met. The more time they spent with the *Mpango wa Kando*, the more they would feel that use of protection is absurd as they would begin to trust them and think they are faithful to them not knowing that the *Mpango wa Kando* may have other partners apart from him, thus, increasing the risks of transmission of STIs.

A few of the truck drivers started to buy condoms to use with their sexual partners. One man pointed out, in a joking manner, that they even buy the condoms in advance, even when they have not planned to meet with their side partners, so as to be extra cautious. “*One should buy condoms in advance so that when making the trips, you never know when the urge to have sex can get you, but it should get you prepared*” (FDG 3:2). An estimated ten out of one hundred truck drivers now openly confess to using protection, the other ninety do not have a side partner at all, according to one respondent.

#### 5.4 Summary of Chapter Five

This chapter presented my findings based on two research questions; what considerations influenced the designers in the designing of the *Wacha Mpango wa Kando* campaign and what were the perceived effects of the *Wacha Mpango wa Kando* campaign messages on the targeted audience segments. The scope of the first question covered the views of the campaign message designers as detailed in the in-depth interviews as well as the views of the target audience in the FDGs.

In summary, the considerations that influenced the designing of the campaign message include: research findings showing high rate of new HIV infections among married people, findings that the cause of this high rate of new infections was due to multiple sexual partners among married people, to question the perception that those in marriages are safe from HIV infection and trigger an uncomfortable discussion, demographics of the target audience, high statistics of new infection, high risk behaviour and carefree attitude of the target audience, lack of reduction in this high rate of infection, increased *jaboya* practice among the fishermen, men spending a lot of money on their *Mpango wa kando* at the expense of their families, long separation of truck drivers from their wives, changing social norms, culture that puts high value on men with multiple wives, the allure of beautiful women and ignorance about condom use. The success of previous campaigns was also highlighted.

The scope of the second question covered the findings from the 13 FDGs as to their perceived effects of the campaign message. In summary, the perceived relevance of the *wacha mpango wa kando* slogan was attributed to Kenyans perceived love for

phrases, especially with a bit of Kiswahili and a phrase that the audience could relate to.

The perceived effects of the message from the participants include perceived reduction of the extra marital affairs, message seen as an eye opener on what happens in society, message encouraged people to stop mpango wa kando, campaign sensitised the public on the dangers of mpango wa kando through awareness creation. The messages were also perceived to have sensitised the public on the dangers of mpango wa kando. Not all the participants saw the positive effects as some perceived the messages to have led to the increase of mpango wa kando or having no effects at all. Some perceived the messages to have led to the increase of *mpango wa kando* by introducing the practice to those who may not have heard of the practice.

## CHAPTER SIX

### HOW GENDER, SOCIAL AND CULTURAL REALITIES INFLUENCE AUDIENCE PROCESSING OF CAMPAIGN MESSAGES

#### 6.1 Introduction

This chapter presents findings based on the fourth question, which was: How do gender, social and cultural realities influence how the target audiences process the messages? In this question, I sought to establish how people of different gender perceived the messages and how characters of opposite gender in the message are perceived. Some of the observations in discussions of the messages have pointed to the whole issue of portrayal. The findings are based on the content analysis of the messages, the in-depth interviews and discussion from the the FDGs.

#### 6.2 Gender Considerations and Portrayals

Perhaps the best example of gender portrayal in so far as the *Wacha Mpango wa Kando* campaign is concerned was the public outcry that accompanied the screening of one of the messages dubbed *Wacha Mpango wa Kando – La sivyo weka condom mpangoni*. The message features two older women in a market place seen discussing the affair one of them is having with a younger man despite being married. Her friend urges her to *weka condom mpangoni* (use a condom in her side relationship.). The message ends with the tagline: '*Wakinge unaowapenda*' (Protect the ones you love). The public outcry following the airing of the message led to the temporary withdrawal of the message. Most vocal was religious leaders who claimed that the message was teaching bad morals to children and setting a bad example for young people.

According to message designers, the CCK (then) now CAK, received a lot of calls from the public asking for the campaign to be terminated. *“You know people were saying it was their responsibility to protect but the way we looked at it is that people are uncomfortable with the reality, especially the reality of infidelity in women. And not just women, an ordinary woman”* (Interview 1).

The FDGs discussed the gender and cultural influences presented in the *Wacha Mpango wa Kando-Fanya Hesabu*. In this message, the man is portrayed as the one with the financial resources to engage in mpango wa kando and the young women portrayed as the victim and is not even shown in the clip. Message designers explained the reason for this as the fact that the relationship of this nature normally involves a married man with a girl who has just entered adulthood and has no financial resources. Their views are shared below beginning with the fishermen.

The fishermen posited that women in the *Fanya Hesabu* message are portrayed as innocent while the men are portrayed as guilty. The men are portrayed as the drivers of *mpango wa kando*. Some of the participants questioned why the woman; the man was involved with was not shown on the clip. This was viewed from a gender and cultural perspective where male infidelity is accepted and even excused by the society. The participants also examined the message from a Luo cultural perspective that allows both polygamy and wife inheritance. The women in the group advised their fellow women not to be inherited by men whose HIV status they do not know. They also urged Luo men to stop the culture of extravagance and having many wives. With the focus on the whole family setting, it was clear that the gender influence on

the extra-marital affairs had significant impact, including women taking ARVs secretly once they discover their partners have infected them.

Participants argued that when a lady taunts a man that he cannot afford her, most likely the man will spend on her to prove she is wrong. Additionally, the culture contributes since the man is regarded as important by the number of wives he has. Other reasons include sex for fish that encourages this behaviour and men's sexual behaviour. This cultural influence has negatively influenced the community where men seek extra "wives" in form of *mpango wa kandos* to satisfy their cultural views about the might of men.

The gender and cultural views included spending on women based on their looks and dressing. Participant, FDG 4.21 stated, thus, "The amount spent is based on the beauty and mode of dressing of the desired lady." According to participants, most ladies solicit money at the expense of family. There are various reasons as to why men engage in *Mpango wa kando* regardless of all risks and costs involved.

It was evident in that the men having extra-marital affairs were perceived as 'normal' but not so the women. Apparently, men were perceived to have authority over the women and, therefore, have the liberty to do whatever they please. This is well articulated in this quote from the FGDs, "*The other reason is because the man is the head of the house and he is allowed to do anything he desires*" (FDG 11:6). This gender bias was also clear when the participants claimed that women also perpetrate the "*Mpango wa kando*" relationships especially with young men who were sexually

active. *“Yes, younger men are sexually active more than older men and sex is the main thing in mpango wa kando” (FDG 10:2).*

In the message, women were portrayed as being open about their extra-marital affairs with their friends, a notion that was refuted by the participants with *“no it is not common for women to discuss this openly because they are afraid the message may reach their husbands or people they won’t want to know”*, said one of the participants (FDG 11.7).

The participants asserted that society criticized the woman more than the man generally, more so in *mpango wa kando* situations. As a result of this, the woman is more secretive if she has *a mpango wa kando*. According to these participants, *“sugar mamas do exist but they are rare and are viewed with suspicion. People will gossip that she is the wife of so and so yet she makes merry with other men” (FDG 7:7)*. The term making merry was used to refer to the *mpango wa kando* activity.

In discussing women and *mpango wa kando*, they insisted that, for the woman, it is a dangerous affair.

*As a man, society will not harm you when they find a man in a case involving mpango wa kando, as compared to when they find a woman in such a position. If my sister finds my wife with another man, it will be a case as compared to when she finds me with a mpango wa kando (FDG 7:10).*

To support the negative feeling of women involved in *mpango wa kando*, majority of women felt that the message would disorient them if they were the ones featured in the message using condoms. Participants added that they would not share secrets with peers since the matter could obviously spread beyond the friendship circles. This, they



noted, would be a risk since the husband would know about the issue and cause serious distractions within the marriage. Women were also described as very trusting.

The society considers it shameful when women have condoms, as it is interpreted as infidelity and, thus, immoral. Despite these causes for infidelity among married women and the remorse it would bring upon the participants, they said that they would still have some advice to the people involved in “*Mpango wa kando*”. Apparently, they postulated that the married women were expected to care for their husbands and embrace faithfulness as a pillar of strengthening their marriages.

The impact of the message on society was perceived to be more on the women rather than the men. It emerged from the discussion that it was easier for women to be changed by the message compared to their male counterparts because women are compassionate. Additionally, one of the participants posited that it was not necessary to follow the message depicted in the campaign since they were blatantly misleading. Conversely, infidelity in women was perceived to be unforgiveable, despite the fact that participants agreed that women contribute significantly in the exponential growth of *mpango wa kando* cases.

Women were identified as gossipers and the information about having a supportive “*mpango wa kando*” could easily lure peers into the vice. Although debatable, alcoholism was also identified as a main factor that could lead to indulgence in extra-marital affairs. Interestingly, the discussion revealed that the personality of a married woman was largely to blame for her involvement in *mpango wa kando*. One of the participants postulated that poverty and drunkenness were perceived to be the main

factors that led to extra-marital affairs while in reality, the personality of a person was central to the issue at hand. In his words:

At home we see lots of women who have drunk husbands who go to the extent of sleeping in the sewer lines and drainage pipes but still, their wives stick by them. This whole issue depends on me as an individual because there are women out there who are in a comfortable setting, their husbands provide for them yet they still engage in 'mpango wa kando'(FDG 13.11).

### **6.3 Changing Socio-economic Norms**

The messages were influenced by the changing social norms specifically the increasing number of single mothers forced to seek alternative sources of funding for their lifestyles and maintaining their families. They are pushed by their circumstances to engage in anything to have their needs catered for, thus, trapping married men as their *mipango ya kandos*. Married men are considered responsible because they already know how to take care of their families.

Men engaging in polygamy when they are not able to sustain their families was highlighted. Further, in cases where the husband is not financially stable, women go to seek services and financial help from other men. This leads to having *mpango wa kando* to sustain their families. Participants in the group (FDG 5.13) observed, thus,

*the other contributing factor is polygamy, in the current lifestyle a man may fail to provide and the other wives may engage in mpango wa kando to meet the financial needs.*

It is, indeed, the case that having several wives when not able to provide for them can lead to women participating in extra-marital affairs to meet both their sexual needs and, in many instances, financial needs when they engage in sex for money.

Men felt that the negative aftermaths of the extra-marital affairs was very painful for them to handle especially where separation with the wife and the children was considered. Women were perceived as always patient, and when they caught their husbands in these relationships, they were not quick to call for separation especially for the sake of the children. This, according to the women, is an indication that women suffer more because they care for their children and want to be viewed with respect in the society. In this regard, one discussant had this to say: *“As married men we should be responsible in our lifestyle it is either we use condoms or stop this mpango wa kando.”* (FDG 5:14).

Some participants felt that all what women cared about was money from men and, thus, the behaviour could not be controlled. An observation was thus made, *“I do not think they stopped because nowadays, all women care about is money. You find women as young as 16 years of age with mpango wa kando. All this is because of money”*(FDG 6.17). The culture has changed where young girls and boys are having sexual relationship for money with old men and women. This should also be captured in messages that work on encouraging both young girls and boys to stop engaging in practices that will lead them to *mpango wa kandolater* in life.

Majority of the truck drivers felt that without money, they were less of men and could not participate in many activities engaged by other men including having *mpango wa kandos*. This assertion was supported by one participant (FDG 6.19) who observed that, *“I can say; concerning men, there are different cases. What makes men move out depends on the money they have and the reception they get from their wives when they get home”*.

It was clear that money, or lack of it, counts a lot as does how the woman takes care of her looks.

*You can move out due to financial status because, most of the time, you cannot be a man without money. Another case is the moment you get married, as a man, before you marry; your wife is always beautiful. After marriage, you slowly find that beauty fades in your wife (FDG 9:16).*

The truck drivers said they would be uncomfortable receiving money from women in a *mpango wa kando* relationship. In the words of one of the participants, “*Problem is if you are not used to a woman providing or giving you money, then you cannot accept it.*” He caused laughter when he added; “*I cannot believe that there are women who give money to men. Women are always on the receiving end.*” (FDG 7:8).

This assertion was confirmed by his colleague, who emphasized that:

*a woman can hardly give you her money. If you find a woman who gives money to a man, then there is a catch and she has her plans well calculated. Be it a wife or a mpango wa kando even if she earns more money than you. Her money is her money (FDG 7:9).*

#### **6.4 Cultures of Polygamy, Wife Inheritance and the reality of extra-marital affairs**

It emerged that men are respected more in society if they have many wives or women around them and most times do not want to accept the fact that they have HIV or *mpango wa kando*. Society secretly admires men who are able to attract and keep beautiful women around them.

The culture of wife inheritance was mentioned among the Homabay FDGs. Here, one woman had this to say: “*As a woman who has lost her husband I should not rush to be*

*inherited by a man whom I don't know the status.*" (FDG 5.18). Spirituality and religion came in, where one of the members emphasized that:

*We need to put God first in our marriages for them to survive the mpango wa kando mess. As Luos we should drop this culture of being extravagant and wanting to have many wives as soon as we get money.*

Although the society values marital faithfulness and chastity in youth, many societies are now grappling with the reality of extra-marital affairs. The issues concerning money and survival have pushed more men and women to engage in extra-marital affairs. A person supporting responsible *mpango wa kando* affair felt that it was necessary to support the partner in times of financial problems or when the couple is having difficult times. A participant (FDG 9.15) observed that:

They should not have touched on the money bit. The same way life is hard on your side, those are the same struggles the *mpango wa kando* is going through. You may be having a rough patch with your wife back at home, constantly in disagreement, something that may prompt you to go out and look for a *mpango wa kando* (Burst of laughter). We all need that peace of mind so at times you can say that *mpango wa kando* is not a bad thing. They help you relax.

There are also the changing roles where women sponsor men as their *mpango wa kando*. This further leads to engaging in extra-marital affairs especially where the woman is married to an old man and is not able to perform well in bed.

It was clear that men expect their wives to remain attractive after marriage while some do not give much attention to their looks after marriage especially when motherhood sets in.

The value for children in the African culture means that a spouse stays in a marriage even if the other is cheating on them, purportedly, for the sake of the children. Most

will stay together for the sake of the children. At this stage they ignore the fact that co-existing with a *mpango wa kando* in a marriage increases the risk of both partners contracting HIV/AIDS.

The men were also asked what their reactions would be if they realized that their wives were carrying condoms. One of the participants said that he would not have a problem but the level of trust would be affected negatively. This was because he would appreciate the fact that the wife is mindful of his and her health but would get worried on the basis that the wife is engaging sexually with other men. This question also provoked the issue of cultural perception of the “*mpango wa kando*” practice. It emerged that most of the male participants thought that a woman was not entitled to carry condoms unlike the man. This implied that the men still had the ego that they are dominant and their actions were not questionable by the women. For instance, one of the respondents (FDG 8.21) asserted that: “*When your wife cheats on you, then that’s the end of the marriage. You are as good as divorced. For a man who is caught in the act, there are grounds for negotiation*”.

### **6.5 The Practice of *Jaboya* around the lake**

The practice of *jaboya* is a common and widely practised along the beaches. It emerged that women play as key role as the men and that the messages should also target them. Poverty was also identified as a contributing factor and *jaboya* feeds from the poverty of both the men and women. Similarly, the practice of wife inheritance makes *jaboya* more acceptable among the fisher folk. In addition, the reality of women with no purchasing power and no source of livelihood and with children to feed left them no choice but to engage in transactional sex for sole survival. It is

worth noting here that, culturally, women are not allowed to go fishing, which forces them to depend on men for the fish and mostly on the terms set by them(men).

There was also the reality of the allure of the beautiful woman as articulated by one of the participants: “*may be the mpango wa kando is more beautiful than your wife.*”(FDG 2:6). A participant gave an example from 2004 when he worked in a supermarket in one of the estates in Nairobi and lived nearby with 11 other people..

*Imagine we saw a photo of a woman who offered that if she dies, let the world witness how bad HIV/AIDS can be (by infecting as many people as possible). Most of my roomates vowed that they will not engage in mpango wa kando. In (within) two weeks, everyone had gone back to their old ways (laughter)”* (FDG 2:7).

Some of the truck drivers felt that as men, they cannot stay without having sex. It emerged that society beliefs that one who carries condoms is a harlot. This causes embarrassment and those carrying condoms are traumatised. Many truck drivers also said that the reason they continue not using condoms with their *Mpango wa kando* is because they fear what the society will think of them if they are found buying condoms. Many in the society will label them as harlots. They also stop using condoms with them after a while as they begin to trust them and believe that the *Mpango wa Kando* has no other partner.

The truck drivers likened the continued behaviour to the fact that most of them use drugs like *miraa* so as to keep awake during their long hours on the road driving and by the time they come to parking areas their better judgment is clouded making it easy for sex workers to seduce them because most of these sex workers live near the areas where the truck drivers park their trucks for the night as they rest.

They also put alcohol and going to clubs as a contributing factor. By the time they reach the parking areas they are tired from the stresses they encountered on the road and, thus, when one reaches a parking area, they want to unwind with fellow drivers and they head to clubs to relax. The bad thing is that because areas are full of prostitutes, the clubs are usually filled with them and they wear seductive clothes and wait until they see the driver drunk, seduce him and take advantage of the fact he is drunk to rob him as he sleeps.

Friends are also a contributing factor to the continued spread of *Mpango wa kando* as many will tell you of how happy they have become ever since they got a *Mpango wa Kando* and will encourage you to also get one, even offering to help you get one. Also most of the times when the truck drivers have gone to clubs to drink alcohol and relax after a long day on the road it is because their friends push them into doing so.

The long distance trips were also put to blame for the continued rise of *Mpango wa Kando* relationships. Sometimes the truck drivers go away for nearly three months before they come back home. At such times, when they get strong urges to be intimate with someone, they easily give in to such urges because they have stayed a long time without their wives. In such cases wives may also end up having a *Mpango wa kando* as they also have urges. One man went on to state how most of the times when they go for long trips, another man who has marked his travel routine may be coming home to play 'house' with his wife. Most of the time these are people who live near where you do and this can result in the spread of infections within one neighborhood.



They also highlighted the behaviour that many drivers have dubbed as ‘sampling’. When they are sent to deliver cargo in a different country, they say it is a must they have sexual relations with a woman in that country so as to see if women are all the same in bed or there are those who are better in bed than others due to where they come from.

## **6.6. Summary of Chapter Six**

This chapter presented findings from the fourth research question which was: How do gender, social and cultural realities influence how the target audiences process the messages? The scope of this question included how gender, social and cultural realities influenced the way the message was designed, disseminated and how the same realities influenced the way participants responded to the messages. I presented the findings according to these perceptions of reality summarized according to gender considerations and portrayal, as well as changing socio-economic norms. In terms of gender considerations and portrayal, the discussions revealed that portrayal of infidelity in women is not welcome in the African society. It would appear that the society licenses men to have *Mpango wa kando* but frowns on women who do the same. It is considered shameful for women to carry condoms. The messages were also shown to have impacted women more than men while the portrayal of women as innocent and men as drivers of *mpango wa kando* was seen as misleading. Also, the idea of infidelity being discussed in public, particularly infidelity in women, is not welcome.

In terms of changing socio-economic norms, the following was highlighted: Cultural norms have been influenced by western culture and ideas, increasing number of single mothers seeking alternative means of survival, increased love for money, especially

by women, condom use stigma and the timings of the messages during the watershed period.

The African culture of polygamy, wife inheritance and the reality of extra-marital affairs were identified as factors that clearly came through in the messages. Other cultural practices such as wife inheritance and *jaboya* have an impact. Too much money or lack of it is a factor in *Mpango wa kando* practice. The reality of extra-marital affairs in a society that values marital faithfulness and chastity in marriage was not clearly addressed in the messages. The fishermen's FGDs highlighted the practice of *jaboya* around the lake as one that calls for consistent messaging due to how widely it is practised and the fact that it feeds on the poverty of both men and women in the area. The cultural practice of wife-inheritance makes the practice of *jaboya* acceptable.

## CHAPTER SEVEN

### DISCUSSION AND CONCLUSIONS

#### 7.1 Introduction

This chapter summarises the key findings of the study and discusses the findings with reference to the literature reviewed, including the theories cited in chapter two. The chapter also relates the literature review to the study and relates the highlighted theories of behavioural change communications to the study. To do this, the chapter reviews the research questions that guided the study and discusses the findings according to each research question. The chapter opens with the summary of the key findings from the study.

#### 7.2 Summary of Key findings

This study was based on four research questions as follows: What are the message themes and interpretations that emerge from the “*Wacha Mpango wa Kando*” campaign message in relation to Sexual Reproductive Health Messaging; What considerations influenced the designers in the designing and implementation of *Wacha Mpango wa Kando* campaign messages; what are the perceived effects of the messages on the targeted audience segments; and, how do gender, social and cultural realities influence how the target audiences process the messages? To meet this study’s aim and answer the research questions, I conducted FDGs and in-depth interviews as primary sources of data. This was supplemented by content analysis of the scripts and the audio/visual footage of the messages under study. The study was further aided by observation of the discourse of the subject in Kenyan media and public discourse. The summary of the findings is outlined below.

### **7.2.1 Summary of Interpretations and themes emerging from the *Wacha Mpango wa Kando* Campaign**

Firstly, there were mixed reactions to the campaign in general with some participants asserting it did not make any difference and others arguing that it represented the situation of *mpango wa kando* accurately. Secondly, involvement of women in *Mpango wa kando* elicited a lot of debate in almost all the FDGs with many participants agreeing it was a representation of the changing times. Thirdly, some of the emerging themes included; condom use promotion, a call to responsible sexual behaviour, protection of loved ones, true reflection of the Kenyan society, the authority of men over women, that women were more secretive and discreet than men, portrayal of immorality as acceptable, peer pressure as a driver of infidelity, cultural acceptance of polygamy as well as the shame and embarrassment that comes with being found out. This raises gender issues in message design and dissemination and the mixed reactions by participants point to the complexity involved in designing a campaign for a diverse audience.

### **7.2.2 Summary of Considerations that Influenced Campaign Design**

In summary, the development of the campaign was motivated by research findings showing high rate of new HIV infections among married people; research findings that the cause of this high rate of new infections was multiple sexual partners among married people, lack of reduction in this high rate of infection, increased *jaboya* practice among the fishermen, long separation of truck drivers from their wives, changing social norms, the allure of beautiful women and ignorance about condom use.

### 7.2.3 Summary of Perceived Effects on the Target Audience

The perceived effects of the campaign messages on the target audience can be summarised as: reduction in cases of extra-marital affairs, cost saving behaviour change, sensitization on dangers of *Mpango wa kando*, reality check for those engaged in *mpango wa kando*, no effect perspective for those who thought the messages had no effect, increase in extra-marital affairs, awareness creation, testing and protection of HIV positive people and mistrust in marriages.

### 7.2.4 The Influence of Gender, Cultural and Social Realities

Gender, cultural and social realities played a key role on how the audiences interacted with and processed the messages. Some of the findings include; portrayal of infidelity in women as not welcome in society, society licenses men to have *Mpango wa kando* but frowns on women who do, cultural norms have been influenced by western culture and ideas, African culture of polygamy is responsible for men engaging in *Mpango wa kando*, other cultural practices such as wife inheritance and *jaboya* have an impact, too much money or lack of it is a factor in *Mpango wa kando* practice, portrayal of women as victims in *Fanya Hesabu* Message and as initiators of *Mpango wa kando* in *La sivyoweka condom mpangoni*, cultural importance attached to a man who can attract and keep many women, young women going for older men for financial gain vs young men going for older women for the same gain, women staying with an unfaithful husband both for financial reasons and for the sake of the children, men finding beautiful women difficult to resist, increasing number of single mothers who prefer married men, increased desire for easy money to get material things and a commercialised world that places high premium on material things. These were among the gender, cultural and social realities that influenced how audience members

processed the messages. Some of the realities mirror the ones that motivated the message designers to develop the campaign.

### **7.3 Discussion**

Overall, the findings of this study show that members of the target audience interpreted the messages in diverse ways based on their personal and social experiences and not as expected by the message designers. The findings also show that the considerations that influence the design of the campaign were not fully understood by the members of the target audience, which in turn, influenced how the messages were responded to. Some of the social and cultural realities that influenced how target audience members responded to the messages include gender bias and increased desire for material things leading to transactional sex. The integrative theory of behaviour change communications and Diffusion of Innovation Theory highlighted in Chapter 2 are also discussed further in this chapter. The details of these findings are discussed in sections 7.3.1, 7.3.2, 7.3.3 and 7.3.4 below.

#### **7.3.1 Emerging messages and Interpretations**

Bandura's (1977) social Cognitive theory asserts that health behaviour change is influenced by three factors; behaviour, personal factors and outside events. These three factors are key factors in public campaign messages. In analysing the data, I established that participants interpreted the messages in a variety of ways and certain message themes emerged from these interpretations. These interpretations were influenced by the participants' environment and what they observed while each target group was influenced by their environment in the way they responded to the messages. Renata Tesch (retrieved May 2016) whose view guided my definition of

theme argues that “a theme can mean a major dimension, major aspect, or constituent of the phenomenon studied: expressed more simply, what the data segment is about” (p. 231). A theme, he adds, “can also mean something akin to the topic, or statement, or fact, in a piece of data expressed more simply, a partial description of the phenomenon” (p. 231). In her PhD study on factors associated with primary and secondary sexual transmission of HIV in concurrent relationships in Kenya, Parker (2016) noted the following seven themes that emerged from her study: financial dependency, economic inequality, task and assignments, beliefs, risk factors, marriages, and aggression. It was interesting to note similar and more themes emerge from the discussions of the four *wacha mpango wa kando* campaigns I studied. Further, in the content analysis of the messages, the themes of risky behaviour, gender biases, financial dependency, secrecy in marriage and economic inequality also emerged.

One of the most notable messages was that people who advocate for and use condoms are still viewed with suspicion and are considered to have loose morals. One truck driver described how his wife found a condom in his clothes while washing them and the trouble this got him into because she concluded that he was involved in *Mpango wa kando*. It emerged that there is stigma associated with one being seen purchasing a condom.

An article in the Saturday Nation (October 1st 2016) highlighted how the stigma of buying condoms is fuelling the spread of HIV/AIDS infections in Kenya. Too embarrassed to be seen buying condoms, young men and women are putting themselves at risk of contracting HIV/AIDS through unsafe sex. In this regard, one of

the participants, a twenty five year old resident of Kisumu had this to say: *“The looks people give you when you ask for a pack of condoms, leave you feeling very embarrassed. Sometimes, I end up buying something else instead of the condoms I had come for. There are times I have decided to not to use condom during sex, because the thought of being judged was greater than my resolve to buy the condoms.”*

The *Wacha Mpango wa Kando – la sivyoweka condom mpangoni* campaign did not take into consideration this stigma. As such, messages ought to be developed that clearly educate the public that a person buying a condom should be respected and not judged because he/she is practising safe sex and protecting themselves and their partner.

Additionally, studies by Mulwo (2008) and Sakar (2008) cite religious and social factors as some of the reasons people avoid condomising. As it were, society considers people who are seen buying or carrying condoms to be of loose morals and promiscuous. In Sakar’s study (2008), both men and women argued that it would be difficult to introduce condoms in their relationship owing to the stigma attached to the condom. Rondini and Krugu (2009) argue that women carrying condoms are often perceived as “bad”, “ruined”, or “loose”, and are referred to as “whores” and “prostitutes”, which in turn, discourages women from carrying or using condoms in many countries. Stigma associated with condom use, therefore, remains a barrier in condom use advocacy, as articulated by one of the participants who reported getting into trouble with his wife when she discovered condoms in his pockets while washing his trousers. According to Diffusion of Innovation Theory, the audience should easily accept the campaign messages and also go a step further and recommend the message



to others. Though the messages recommended condom use for those who are unable to stay away from *mpango wa kando*, the individual decision process, in many cases, may be affected by the stigma accompanying both the purchase and use of condoms.

Secondly, it emerged that not all people think about the cost when they engage in *mpango wa kando*. There are those for whom the allure of the *mpango wa kando* is so strong that they forget about the cost completely. Yet, according to a situation analysis by UNESCO (2005), the major factor contributing to high incidence of HIV in Kenya is the rising level of poverty among Kenyans where 50% of the population lives below the poverty line (Economic Survey, 2000) with an income of less than a dollar per day. This shows that even in situations where one partner is not thinking about money, the other one is engaging for economic gain. Some of the participants in the study strongly opposed the idea of discussing money in the messages. They took issue with the message featuring Jimmy Gathu with a calculator arguing that it is not a question of whether one can afford *mpango wa kando* or not as even poor people engage in the practice. Secrecy was viewed as a more critical factor to consider.

One message designer explained how Jimmy Gathu, who was the face of the *Fanya Hesabu* campaign, was reportedly accosted by a man in Nairobi traffic jam and accused him of letting out their ‘secrets’. For this particular man and others like him, they interpreted the campaign as a threat to their *mpango wa kando* lifestyle. The ‘secrets’ stated above refer to the fact that *Mpango wa kando* thrives in secrecy.

Studies have also revealed that multiple concurrent sexual relationships are practised secretly supporting the views from participants in the study (see for example JHU,

2001; Sigamoney, 2009; Soul City Institute, 2008). The studies also revealed that women are more secretive about their *mpango wa kando* compared to men. The reason given for this is fear of public humiliation, rejection and violence that women are likely to face if their husbands found them out. One of the issues participants raised about the message depicting two women discussing the *mpango wa kando* one of them was having with a younger man was that these women were discussing it publicly contrary to accepted behaviour among women.

The question for consideration in future message is whether cost or affordability is really a driver? Some participants argued that *mpango wa kando* is not for those with money. Indeed, people with what would be considered little money such as fishermen and truck drivers are among the groups most at risk in Kenya. No one is too poor to engage in *mpango wa kando* as evidenced by those who continue in the practice despite very dire financial situations at home. Yet, various studies have highlighted poverty and economic needs as reasons why married men and women engage in *mpango wa kando*. Rweyemamu & Fuglesang (2008) cite the need for material support to fulfill some of the most basic needs as a major motivation for women and, in some cases, men to engage in multiple and concurrent partnerships. Transactional sex is a common factor among both men and women engaging in *mpango wa kando* for financial gain in exchange for sex. This is certainly the case among the fisher community along the shores of Lake Victoria. This would be equated to *jaboya*, the practice of exchanging sex for fish highlighted by the fishermen FDG.

Thirdly, most participants; fishermen, truck drivers, men and women FGDs agreed that there has been sufficient talk about *mpango wa kando* though it had not translated

to behaviour change. The question for this research seems to remain; if there has been sufficient talk about *mpango wa kando*, why has the rate of infection among the target audience remained high? Why do people continue to engage in sexual behaviour that exposes them to risk? There are individual and community factors that influence risky behaviour (Aggleton, O'Reilly et al, 1994, p. 343). Some of these individual factors include that, "many individuals under estimate the probability of dangerous and particularly dreaded outside threats...but underestimate the probability of dangers caused by personal behaviour" (p.343). They give the example of many individuals regarding themselves as not being at risk of HIV infection. The community factors listed and relevant to this study include social pressure, cultural expectations, cultural scripts and other cultural practices influencing sexual negotiations.

Passive information processing may also have played a part in the way audiences responded to the message. Sutton's model (1991) argues that "individuals are motivated to become actively cognitively engaged when content is presented in unusual, unfamiliar, or novel way and when it causes the individual to deliberately initiate an increased level of conscious attention." (p. 5). This, however, seems to have failed in the case of the *Wacha Mpango wa Kando* campaign. The message designers reported to have employed the unusual, unfamiliar and novel creativity in the development of the campaign but still did not get the desired results. This finding suggests that the need for message developers to re-look at how the *Wacha Mpango wa Kando* message is presented to get individuals cognitively engaged. Individuals who are deeply cognitively engaged with a message are more likely to perform what the specific message asks of them.

Fourth, on the *Fanya Hesabu* message, one truck driver postulated, amidst laughter from his colleagues, “*Yes, we have done the math, but there is a slight problem, as truck drivers, we are short of money while travelling to certain destinations. We only see returns when we complete the job*” (FDG 7:1). It was later to emerge that they normally have a float given by the employer for emergency purposes and this is sometimes used for the *mpango wa kando* and paid back later. In his social cognitive theory, Bandura (1998) perhaps gives an insight into this behaviour. In the case of this study, it shows that the power of intention is stronger than cost implications of engaging in *mpango wa kando*. He postulates that individuals should not only be provided with reasons to avoid or stop risky behaviour but also the means, resources and social structures to do so. In this case, when messages ask a poor female fish seller to stop *mpango wa kando*, the message must go further and suggest other means of livelihood and the societal support system to enable her adhere to the message.

Fifth, it emerged that women participants were dissatisfied and frustrated by husbands who refuse to discuss the topic of *mpango wa kando*, especially when their wives suspect them. Here, the women noted that: “*The husbands start behaving as if they are angry and frustrated with the topic. They show no interest and always divert the story since they are likely to have one,*” referring to *mpango wa kando* (FDG 5:7).

The Theory of Reasoned Action by Ajzen and Fishbein (1980) looks at behavioural intentions rather than attitudes as the main predictors of behaviours. Ajzen was to later add the concept of *perceived behavioural control*. In my study, it can be argued that how members of the audience perceived the *Wacha Mpango wa Kando* messages influenced the way they responded to the said messages and/or the action they took.

According to the theory, the most important determinant of a person's behaviour is behaviour intent, which is a combination of attitude toward performing the behaviour and the expected norm. The theory does not address a situation where a sexual partner seems to deliberately refuse to discuss a sensitive issue raised by the other partner. The Theory of Reasoned Action is anchored on the strength of a person's intention to perform a specific behaviour. It proposes that so long as desired behaviours are within a person's control, then behavioural intentions predict actual behaviour. Further, these behaviour intentions are determined by the individual attitude towards that behaviour and belief regarding other peoples support of the behaviour (CDC, 2002). Many of the participants agreed that when it comes to sexual behaviour things are different. Male participants in the FDGs argued that a man may leave home with no intention of engaging in *mpango wa kando* but finds himself entrapped at the end of the day. In such a case, the resulting behaviour is not determined by the person's intentions nor other people's beliefs but more by the spur of the moment strength of ones will or lack thereof.

From the participants' perspective, the promised benefits of stopping the *mpango wa kando* were not emphasized enough to indicate a positive norm. The phenomenon of husbands refusing to discuss sexual affairs with their partners was highlighted in the study by Sarkar (2008) where women reported that the relationship with their partners had been difficult because of the absence of dialogue about sexual matters and men always had the final word. Despite being informed about AIDS, women did not use preventive measures in their steady relationship because they did not wield decision-making power. This assertion is contrary to the findings of the study where some female participats reported resorting to taking ARVs secretly on discovering that

their spouses had infected them with the virus. They remained in the relationship for the sake of their children but ensured they got treatment. They did not wield decision-making power but used wisdom to ensure their survival and the livelihood of their children.

Male participants confessed that they sometimes ‘mistake’ their *mpango wa kando* for true love only to get the rude shock when they are sick or ran out of money and the *mpango wa kando* is nowhere to be seen. One truck driver narrated the experience of a friend who had invested all his money in *mpango wa kando* at the expense of his own family. He took care of all her bills and had furnished her house. When he got an accident and broke both limbs and sent for her, she openly declared their ‘contract’ was over. “Clearly, she was after money”, the participant declared. The desire for money from the woman’s perspective was not adequately addressed by the campaign nor was the desire of the man to spend it.

Behaviour Decision Making (1995) is, to a great extent, concerned with the cognitive processes by which humans perceive, structure and evaluate alternative courses of action. For a man who has been ‘deceived’ by a *mpango wa kando*, this course of action could include either multiple relationships to ‘hurt’ women or complete abstinence from any partnerships. Studies contradicting this view show that transactional sex seems more prevalent among the fisherfolk than other demographic groups in the study. Given the nature of their occupation, it seems more likely for a truck driver to confuse a *mpango wa kando* for true love than a fisherman whose behaviour is governed by the practice of *jaboya*. The difference is compounded by the

fact that *jaboya* is practised within the cultural context of wife-inheritance while track drivers leave home for long periods owing to the nature of their jobs.

Some participants postulated that poverty was more of a driver of *mpango wa kando* and, therefore, lack not excess, led to the phenomenon. This contradiction could point to the fact that *mpango wa kando* cuts across social economic class. It also points to the fact that in a *mpango wa kando* relationship, there is lack of money at one end and money on the other. Various players in the field of HIV/AIDS have argued that HIV and AIDS is indeed more about poverty than it is about anything else. This would give credence to the fact that more poor people die of HIV than do people in richer nations. Discussing the social economic factors in concurrent *mpango wa kando* relationships, Parker, (2016) highlights poverty-related issues such as unemployment, substance and alcohol abuse, poor quality of life in general as some of the poverty factors driving both men and women to *mpango wa kando*. This argument was supported by almost all the FDGs underlining the fact that to reduce *mpango wa kando*, issues of poverty must be addressed as well. The campaign designers did not critically address poverty as a central theme in the designing of the campaign messaging.

“Sex is not for free” was the way *fishermen* interpreted the message. “*Here at our beach the trading of sex for fish is very common. We call it ‘Jaboya’*” (FDG 1:4). In this transactional sex the man gets the sex and the woman gets the fish. She sells the fish to get money. The message was interpreted as an accurate representation of what happens at the beach. A 2014 study by researchers from KEMRI points to high-risk unsafe sex, especially among single men, as one of the driving factors for HIV

infection among fisher folk (Ondondo, Nganga et al, 2014). Though the study highlights the high-risk aspect of the *jaboya* practice, the participants in my study focused the transactional aspect of the *jaboya* and seemed to have ignored the high-risk aspect. This low focus on the risk of infection could be identified as a driver of high infection rates among the target group.

Gordon (2004), argues that any study of transactional sex among the fisher folk and those around them must take into consideration the role poverty plays in rural areas. This points to the fact that sex for money is driven by poverty among other things and, unless poverty issues are addressed, the messages will remain ineffective. The *Fanya Hesabu* message targeting fishermen did not address the issue of poverty. It was not even mentioned. This can be seen as another factor contributing to the high rate of new infections.

Some felt that the truck drivers' message advocated for secrecy in marriage as the truck driver did not give his wife full disclosure of his whereabouts. Generally, lying to women was viewed as acceptable so long as the man knows what he wants and the *mpango wa kando* is better looking than his wife. In the year 2001, I attended an HIV/AIDS conference in Botswana where one of the speakers asserted that one of the factors in the spread of HIV/AIDS were lies. Even those interviewed for research purposes lied about the number of sexual partners they had, whether or not they used condoms and how often they engaged in illicit sex.

When the message targeting truck drivers portrayed the driver lying to his wife that he had arrived safely, yet he proceeded to his *mpango wa kando* for whom he bought



gifts, the message was interpreted by some to be a confirmation of how lying is driving the epidemic. If the messages are targeted at promoting faithfulness in marriage, then the messages must be seen to promote that faithfulness and trust. Previous studies have highlighted the fact that *mpango wa kando* is practised in secrecy, thus, hampering the efforts to address it (JHU, 2000; Sigamoney, 2009; & Soul City Institute 2008). The participants felt that the messages seemed to promote this secrecy instead of condemning it. Women are considered more secretive than their male counterparts and the reasons given for this include fear of public humiliation, rejection and the violence they are likely to face when their husbands found out (JHU, 2000; Soul City Institute, 2008 & Were 2015). The result of this secrecy is that it is often unknown who is practising *mpango wa kando*.

### **7.3.2 What considerations influenced the Designs of the Campaign?**

In response to the question on what influenced the designing of the messages, participants in the FGDs and the message designers were in agreement that the rate of new HIV/AIDS infections among married people and those in long-term relationships was a concern. This assertion was supported by the other message designer who observed that *“the normal thought that marriage is a safety net against diseases and infidelity was beginning to crush.... there was growing number of people with multiple partners”* (Interview 1:1).

In discussing what message designers take into consideration, Maibach and Parrot (1995) argue that effective campaign messages have two main ingredients; they are theory-grounded and they are audience-centered. In the case of the campaign under study, the message designers reported to have developed an audience-based campaign

but there was no indication that the campaigns were theorybased as the designers interviewed did not pinpoint any theories applied. Atkin (2009, p.22) argues that in public health communication, are purposive attempts to inform or influence public behaviour in large audiences within a specific time period. The time period for the *Wacha Mpango wa Kando* campaign seems to have been driven by donor funds though it did use an organized set of activities in multiple channels. Participants in the FDGs and interviewees agreed that the campaign could have had a more lasting and positive effect if it had been aired for longer period.

Atkin (2009) further argues that campaign designers should always perform a situational analysis (know the situation well) and set objectives and targets leading to development of a coherent strategies. This will lead to the implementation of a campaign that is rich in information and also persuasive enough. The next step would then be the use of the relevant new technologies and traditional media to disseminate the information. According to the campaign designers, the decision to design this campaign was based on KAIS (2007) survey that showed that 44% of new infections were occurring in marriages and long-term relationships. Though my study focused on traditional media and specifically television, it is worthy noting that though the campaign employed other traditional medium such as radio and print, there was a gap in the use of new media technologies.

The term *mpango wa kando* was arrived at after a few tests were conducted on which name to use to make the campaign resonate with Kenyans. It was agreed on because “*Kenyans love Kiswahili phrases, catchy Kiswahili phrases*” (Interview 2:2). Though the phrase itself did not influence the design of the campaign, the designers were clear

that the campaign slogan needed to be catchy and memorable. The use of catchy phrases is part of the message strategy as outlined by Public Health Ontario (2012) who argue that the first step is to indicate what the message is all about. In my study, there was no doubt that the message was about *mpango wa kando* though it could have portrayed more of HIV/AIDS in my opinion. The use of the catchy phrase also created a national discourse while the term *Mpango wa Kando* has stuck with the public years after the campaign ended.

It is clear that the success of previous campaigns was also an influence in the designing of this campaign. The communication campaign borrowed heavily from the family planning campaigns that were gaining credence to stall the rapidly escalating population services (Were, 2015), a fact supported by Piotrow et al., (2003), who noted that success in using information, education and communication (IEC) in family planning communication led to the duplication of the same in the HIV arena. In the early days of HIV/AIDS in Kenya, the government launched a condom campaign to promote condom use and reduce risky sexual practices (Aidscap, 1997; Hershey, 2009). Some of the sexual reproductive health campaign messages rated as successful include the *Nimechill* campaign encouraging teens to delay their engagement in sex to focus more on their education and the voluntary male circumcision campaign.

Fishermen participants noted the prevailing behaviour of fishermen and fish mongers engaging in sex along the beaches thus leading to high rates of HIV/AIDS infections as a major factor that influenced the design of the message targeting fishermen. Studies on transactional sex among the fishing communities of Lake Victoria (see for example Kwena, Bukusi, Omondi, Nga'yo & Holmes, 2012) show that transactional

sex is largely considered a necessity, a means of survival especially by the women who engage in it. To urge the target audience to change their behaviour without giving them an alternative for their economic wellbeing is an exercise in futility.

It is also the case that modernity has led to changing societal norms and people are more open to sexual experiments. Some of these experiments, as reported in local media, include a practice called 'swinging' where couples willingly and voluntarily exchange spouses to spice up their marriages. This leads to increased exposure to HIV in addition to other infections. These changing norms, sexual exposure and the practice of infidelity were portrayed as the drivers of the HIV/AIDS infections among married people, motivating the development of the campaign. This is coupled with the behaviour of one's spouse during sex. Chirwa and Chizimbi's study (2009) reveals that talkative, bully and rude wives or girlfriends are considered a turn off for many men. In addition, women who are perceived to have failed their gender defined home duties, such as not knowing how to cook, drive their men to engage in concurrency (JHU, 2011). On the other side of the gender divide, abusive and bully husbands drive women to engage in *mpango wa kando*.

In the case of *Fanya Hesabu*, there should have been more emphasis on other factors not just the cost of *mpango wa kando*. Some of these factors include the deceit and fear of being found out, the risk of losing the respect of family and friends, and siring a child out of wedlock and most of fear of contracting HIV/AIDS. For accountability purposes, communication with one's spouse about sexual matters was seen as key in influencing the message. Social norms dictate that men do not discuss issues such as sex positions with their wives because such ideas are considered dirty and

disrespectful (Soul City Institute, 2008). Conversely, gender norms restrict women from expressing their own sexual feelings and desires as they are expected to subservient to their male partners. Participants in the study, especially the women, disagreed with the notion of lack of communication and argued that people in an intimate relationship should always keep the communication channels open and freely discuss their sexual life.

In terms of designing a communication campaign, Freimuth, Cole & Kirby (2000) discuss what they consider a winning formula for a successful campaign. They categorize four variables that categorize outcomes that one can expect as a result of a communication campaign, namely: 1) psychological attributes of the receiver, 2) the source or spokesperson, 3) settings, 4) the message itself including tone, type of appeal, audio characteristics, and visual attributes. Depending on which variable is at play at the reception of the message, the recipient can feel very confused by the message. Some of the variables are also particularly hard to implement in a mass campaign. For instance, the psychological attributes differ from individual to individual and can be difficult to decipher. As such, this attribute can only be effectively applied to person-to-person communication and not a mass campaign.

There was the assertion that the message design was influenced by the number of people involved in *mpango wa kando* with participants volunteering the information that sometimes the women drug the men or put them under a spell to forget about their families. The empirical data that exists shows the rate of new HIV infections among married people and those in long term relationships influenced the designing

of the campaign. Public discourse and media reports, however, point to an increasing number of people in Kenya getting involved in *mpango wa kando*.

Another influence was seen as money. Participants posited that once someone has money, they want to spend it on *mpango wa kando*. The question then is how the messages should address the issue of success and leisure. Kwena & Ng'ayo (2012) discuss in detail the issue of transactional sex among the fishing communities of Lake Victoria as a catalyst for the spread of HIV/AIDS. It is this prevalence that led to the development of a message specifically for fishermen, yet the message did not address the root cause of the transactional sex, which Kwena and Ng'ayo describe as desire for social status or consumer goods. Transactional sex between men and women is often thought to be a manifestation of poverty, epitomizing differences in economic power between men and women. Men may exploit unequal economic power differentials by demanding sex for any goods or services that women require of them (Kongnyuy, Wiysonge, Mbu, Nana & Kouam, 2006). As such, campaign message responses ought to address the various factors contributing to the transactional sexual relationships. It is evident, looking at the various factors highlighted by both the message designers that the designers could have enriched the campaigns with a more deliberate application of both Social Cognitive Theory (SCT) and Theory of Reasoned Action (TRA).

### **7.3.3 The Perceived Effects of the Campaign on target audience**

The third component in the Integrative of behaviour Change is the Health Belief Model (HBM) which proposes that for people to adopt a certain behaviour, their perceived threat of disease and benefits of the action must outweigh their perceived

barriers to action (CDC, 2002). For behaviour change to occur through the *Wacha Mpango wa Kando* campaign, there was need for the target group to feel so threatened by HIV/AIDS infection that they abandon the risky behaviour. Message designers revealed that the campaign was designed to create awareness of the fact that such relationships exist, are growing in number and are the largest contributing factor to the high rate of infections among married couples and those in long-term relationships. In the message designers' view, this was achieved successfully. The fact that it created a national discourse was considered a success factor. "*It was so big that CCK actually called me to put it off air*" she said referring to the banning of the message featuring two women (Interview 1:7). Though the ban was later lifted and the campaign put back on air with a few changes, there was no evident change in terms of rate of new HIV infections. In this regard, Greenwald (retrieved May 7<sup>th</sup> 2016) raises the issue of belief change and behaviour change. He poses the question, "When a persuasive communication causes a change in belief, will behaviour relevant to the belief also change?" In my study, target audience members may have believed the facts concerning the dangers of *mpango wa kando* but this did not necessarily mean they changed their behaviour.

Some of the participants postulated that the message challenging the man caught in a *mpango wa kando* to do calculations did not elicit as much debate as the one featuring two women discussing the affair one of them is having with a younger man. Here, one of the designers noted that "*People are uncomfortable with the reality, especially the reality of infidelity in women... and not just one woman, but all ordinary women*" (Interview 1:5). It also emerged that many adults in the viewing audience did not approve of the campaign messages. The reason given for this is that the messages

challenged societal norms where sexual matters are not discussed in public. The message featuring two women discussing the concurrent relationship one of them was having with a younger man received the harshest criticism, leading to its temporal withdrawal from the airwaves for a while. It was brought back after the message designers edited out the children from the footage.

The reason given for this was that it challenged another societal norm that acknowledges *mpango wa kando* in men and not in women. There was also complaint that the message was exposing children to immoral behaviour as it was aired during prime time when the entire family is normally watching television. The message also featured children and this was not received very well. This discussion points to the complexities of developing a communications campaign in an environment of competing gender, social and cultural realities.

In discussing theory-based population behaviour change models, McAlister (1991) argues that “behavioural modeling messages should be drawn from the community itself, in the form of “role model stories” that publicize positive behaviour of actual community members”. (p. 222). Though it portrayed ordinary women in a market place, the message featuring two women in the market place was not considered a “role model story as they were discussing something negative”. In terms of social norms, the participants’ views confirm that social norms supporting gender inequality between men and women have created a double standard where men are accepted to engage in concurrency while women are castigated for doing the same (Jana et al., 2007; Were, 2015).



One of the strategies for communication campaigns involves the use of fear appeals to promote better health (Maibach & Parrot, 1995). Fear appeals, they argue, are persuasive messages that emphasize the harmful physical or social consequences of failing to comply with message recommendations. For the *Wacha Mpango wa Kando* campaign, some participants reacted positively to the suffering of children of the man in the *Fanya Hesabu* message, declaring that if they were the ones, they would be moved by the lack of food and school fees for their children and would abandon the practice. Though the fear appeal was not strong in the other messages, it is clear that there are instances where it would work, especially where the fear of contracting HIV/AIDS is concerned. It would need to be more graphic and strongly worded and acted. Poor communication campaigns have partly been blamed for the continuing rise in the rate of new infections among married people in key populations. In the absence of a cure, it is indubitable that communication holds a vast but unexploited potential to halt the spread of the HIV pandemic (Kippax, 2006).

Another perceived effect was the possible reduction of cases of extra-marital affairs among couples where the husbands work in high-risk jobs such as fishermen and truck drivers. A number of scholars (Kwena, Bukusi, Omondi, Ng'ayo & Holmes, 2014; Gordon, 2005) have conducted studies on the drivers of HIV/AIDS among them the hurried manner in which sex occurs often without preparation or protection. Other factors include cash income, poverty, irregular working hours, being away from home, which places fishermen in a group with disposable income and time off (when not fishing), that favors the consumption of alcohol and prostitution. The corollary of this is that low-income women are drawn to fish landings or ports precisely because of the opportunities to sell food, alcohol or sex (Gordon 2005).

The message depicting two women discussing the *mpango wa kando* one of them is having with a young man was perceived to be encouraging more women to engage in *mpango wa kando*. The overriding message of *la sivyoweke condom mpangoni* was also perceived as a license for both men and women to engage in *mpango wa kando*. Given that the aim of the message was to stop or at least reduce the incidences of *mpango wa kando*, could the messages have had the opposite of the intended effects? Studies of message effects show that this is possible. Mcquail (1994) postulates that media have their most significant effects by constructing meanings and offering these constructs in a systematic way to audiences through a mediated process. It is this mediated process that was lacking in the message featuring two women leading to public outcry that led to the temporary withdrawal of the message.

Participants perceived that the woman giving her friend advice on condom use must have also been involved in *mpango wa kando*. “I cannot tell you about the feeling you get after smoking if I am not a smoker or smoked before”. Though this is not an accurate assessment, it was the perception. Perceptions are critical for forming opinions and, in this case, strong opinions were formed. Beaudoin (2002) argues that in any campaign, it is important to address themes and issues that attract the targeted audience. Ruiter et al (2001) postulate that if one is made aware of the negative repercussions of their actions, they will tend to avoid such actions. In this case, if the lady is made aware of the danger of contracting HIV, she will abandon *mpango wa kando*. It was recommended in this message that after watching, those involved in *mpango wa kando* should consider changing their ways for the sake of innocent children whose lives they are hurting.

The fishermen participants posited that the message elicited discussion on how to deal with *jaboya* as many people had died and the number of those infected with HIV/AIDS in Nyanza was overwhelming. This discussion is only useful if it leads to behaviour change, which did not happen in this case. The history of sex for fish in Lake Victoria fishing communities is thought to be embedded in the changing ecological environment and in prevailing socioeconomic and cultural factors (Mojola, 2010; Were 2015). Messages that do not consider such factors would not be effective for failure to touch on the circumstances that lead the men and women at the lake to engage in '*jaboya*' practice. Some, however, perceived that after watching the message and stopping '*jaboya*' practice, the fishermen made more profit from their trade as they got money in exchange for their fish and not sex. The respondents could not name anyone they knew who had stopped the practice. Sex is like alcohol and once someone has tasted and enjoyed it, it becomes an addiction and hard to control.

Many still continue to practice '*jaboya*' and for them, the message made no difference. Particularly, those who were already infected, those so attracted by the beautiful women that they do not reason, and women who did not think the message was for them as it targeted fishermen. The message did not offer an alternative lifestyle. "*The HIV vulnerability of fisher folk stems in part from the specific dynamics of the occupation and the social interactions that arise out of the fishing industry*" (Hemrich & Topouzis, 2000). Seeley & Allison (2005) elaborate on this further suggesting that fishing communities attract young, highly migratory men who spend long periods away from their families and communities. During this time of absence, the social structures and hierarchies that guide sexual norms are no longer observed.

Any campaign messages targeting such people, therefore, cannot be based on the context of their original homes and cultures.

While conducting interviews for HIV/AIDS radio programmes in 2013, a number of the interviewees attributed the increase in the rate of new HIV infections to the availability of ARVs. The knowledge that treatment was available minimized the perceived risk of engaging in unprotected sex. Aggleton, O'Reilly et al., (1994) have pointed out that individual factors such as risk perception, outcome expectations (the belief a person holds about the good or bad things that will happen as a result of adopting a new behaviour), perceived social and community norms and life efficacy are all factors influencing why people engage in risky behaviour. For some among the participants, the fear of contracting HIV/AIDS was not such a big deal.

Messages portrayed the *mpango wa kando* as very 'merciless' people who confess love to the man but are secretly scheming how to take their money and leave them and their families destitute. Participants were made aware of the growing threat of contracting HIV/AIDS from their purported places of 'comfort' i.e. the places they stop to rest in the arms of women in their long journeys. Many of the truck drivers reported that they now go for regular tests whenever they reach an area with a VCT center but still keep their concurrent relationships.

Some reported to having left their *mpango wa kando* relationships to focus more on their families and on how to secure their family's health. They did this because wives trusted them less and especially if a condom was found in their clothes, it would cause a lot of conflict in the family. Some truck drivers decided the *mpango wa kando* was

not worth so much family trouble and stopped the practice. These were, however, in the minority and even their fellow truck drivers did not believe them. The number of people having *mpango wa kando* was perceived to be on the rise since the messages encouraged people to use condoms. In this regard, a number of studies (Nzioka & Oppong, 2007; Nzioka 2001; Thumbi 2002) disclose that HIV knowledge does not translate into abstinence or condom use. This is the reality supported by the reactions to the *Wacha Mpango wa Kando* campaigns.

Some wives were reported to have bad attitudes. When their men did not bring enough money home, they concluded the money must have been spent on the *mpango wa kando*. This sometimes brought trouble at home and was attributed to the *Wacha Mpango wa Kando* messages. When the husband is too tired to have sex after a long trip, the wife blames his lack of interest on *mpango wa kando*. Given this power imbalance JHU, (2001), which disempowered women from questioning their spouses' infidelity due to fear of violent reprisal, women are likely to draw the wrong conclusions when their husbands neglect their conjugal duties. This is coupled with poor communication as observed by Soul City Institute (2008), whose study posited that social norms dictated that men could not discuss issues related to sex with their wives because such ideas were considered dirty and disrespectful.

#### **7.3.4 How Gender, Social and Cultural Realities influenced the Perception of the Messages**

Diffusion of Innovations Theory (Aggleton, O'Reilly et al., 1994) argues that audiences should not only easily accept campaign messages but should be able to try listening and accepting and recommend them to others. The theory also addresses

other factors such as perceived social and community norms (a person's perception that a behaviour is what is expected by his or her community or by people influential in his or her life).

The influence of gender, social and cultural realities came through in participants discussions both directly and indirectly. The unfaithfulness in marriage portrayed in the clip was directly linked to increase in HIV/AIDS within marriages. While women were reported to go to great lengths and devise all sorts of traps to lure the men, the men were seen as falling prey to the tricks of the women ending up in the *mpango wa kando*. When a lady taunts a man that he cannot afford her, most likely the men will spend on her to prove that she is wrong. Researchers (see for example Jana et al, 2007; Rweyemamu & Fuglesang, 2008) give insight into the gender issue when they state that men preferred younger women willing to experiment with a variety of new sexual positions because they felt that being sexually adventurous with their wives was disrespectful. This points to the complex web of gender realities that impact on the *mpango wa kando* phenomenon.

The cultural importance attached to a man that can keep many women was another reality that participants' felt was not clearly addressed by the messages. "*You are regarded as important based on the number of women you have or can manage*"(FDG 4:7). For the messages to be effective and acceptable, they need to take into account such realities. Reports by JHU (2000) and Soul City Institute (2008) indicate that many cultural norms encourage men, in particular, to have more than one sexual partner by normalizing concurrency. To the participants, therefore, the design of the messages should have considered this cultural reality for them to be effective.

Another gender and cultural influence cited was the increasing number of unwed mothers. Participants postulated some of these women without sustainable income are forced to seek alternative sources of funding to maintain their lifestyles and families. Married men become the sure bet as they are looking for a good time and always return to their wives, meaning the lady can engage several married men at a go as that means a little more income from transactional sex. Participants (fishermen, truck drivers, male and female focus groups) agreed that this has contributed greatly to the *mpango wa kando* industry. For these women, the desire for consumer goods such as clothing, jewelry, fashionable hairstyles, accessories and make-up, has been highlighted in a number of studies as a driving factor in women engagement in transactional sex (see for example Hulton, Cullen & Khalokho, 2000; Nyanzi, Pool & Kinsman, 2001; Longfield, Glick et al., 2004 & Kwena, Bukusi, Omondi et al., 2012).

In addition, the desire for material luxuries coupled with gendered power differentials may lead to women's loss of negotiating power and the ability to determine the timing and conditions for sex. The end result is increase in the chances of contracting an STI including infection with HIV (Gregson, Nyamukapa, Garnett, *et al.*, 2002; Longfield *et al.*, 2004; Chatterji *et al.*, 2005; Kalichman, Simbayi, Kagee, Toefy et al., 2006). A woman without a providing husband and no means to provide for herself is, therefore, portrayed as more likely to engage in *mpango wa kando*. It emerged that all that some women cared about was money from men, thus, fueling the *mpango wa kando* phenomenon. "I do not think they stopped because nowadays all women care about is money. You find women as young as 16 years of age with *mpango wa kando* all this because of money". This suggests that the money issue is a core one that messages must seriously address if the phenomenon is to be reduced. Why, for

instance, has it become commonly acceptable for young school or college girls to be so attracted to the life provided by rich older men? Whether it is sex for money or sex for fish and other gifts, the commercialization of sex is a factor that cannot be ignored in discussing the *mpango wa kando* and HIV.

In line with this was the issue of polygamy, which is accepted culturally among some communities in Kenya. This was particularly evident from the fishermen group and the other focus groups in Homabay who postulated that a culture that encourages and respects men with many wives leads men to marry more wives than they can support. Participants felt that a man who is not able to provide equally for all his wives, leaves the neglected wife (wives) with no choice but to engage in *mpango wa kando* to meet their financial needs and support their families. “It can be observed that aspects like having several wives when not able to provide for them can lead to women participating in extra-marital affairs” (FDG 5:13).

The culture of wife-inheritance was highlighted as another factor that leads to the high rate of new infections and which influenced the designing of the messages. Widow inheritance is widespread across Sub-Saharan Africa and has been found to contribute to the risk of HIV transmission (Agot et al. 2010). Oluoch & Nyongesa (2013) note that widow inheritance, whether traditional or modern practice, has a sexual component. Women end up being treated as property to be passed on from one man to another. Studies show the association between widow inheritance and HIV/AIDS prevalence (Shisanya, 2007).



It also emerged that society places more value on men who have many women, a respect that is not reduced by the risks such men are exposed to. Sometimes, HIV/AIDS is spread through this network, as they do not want it known they are infected. According to Mah & Halperin (2008), historical explanations of multiple concurrent partnerships are rooted in biology and polygamy. Here, Spiegel (1991) reported that *“informants referred to their own conceptions of the institution of polygamy in order to make sense of a contemporary practice (multiple partnerships) which they knew to be morally non-normative”*. Selikow (2004) highlights the belief that some practices are ‘meant to be’, as they are based in biological realities and/or tradition. It is this reality that, participants reported, places a high value on men who have married or keep many women.

Male participants reported that if they realized their wives were carrying condoms, their level of trust would go down. One participant said that though he would appreciate the fact that the wife is mindful of his and her health, he would not accept the implication of the same; that his wife was having sex with other men. Most of the male participants further argued that though it was okay and allowable for men to carry condoms, it was not okay for women. The issue, however, went beyond the fact of carrying a condom to the implication of the same. It would be a clear indication that the woman was having an affair and this was unacceptable. *“When your wife cheats on you, then that is the end of the marriage. You are as good as divorced. For a man who is caught in the act, there are grounds for negotiation”* (FDG 8:21). The reasoning behind this argument was that women do not engage in *mpango wa kando* unless they have thought and analyzed it and decided it is what they want. On the contrary, they argued that a man can leave home without any idea or plan of engaging

in *mpango wa kando* but ends up in one if the opportunity presents itself. From this discussion, women should be the ones to count the cost though not necessarily in financial terms.

Male participants reported that their trust for their wives would diminish if they discovered the wife was carrying condoms. The care and protection for the marriage exhibited by carrying condoms would be overshadowed by the realization that the wife is engaging in concurrent sexual relationships. The issue of women engagement in *mpango wa kando* was viewed as more serious than that of men. This was portrayal of a cultural reality that generally accepts male promiscuity but frowns upon women who engage in extra-marital affairs regardless of what pushes them to do so.

With reference to the above points and in view of Health Communication as one that gives ready access to relevant, reliable and culturally appropriate information to the general public (Schiavo, 2007), we can conclude that in as far as the *Wacha mpango wa kando* campaign is concerned, participants felt that the campaign did not look deeply enough into the social and cultural realities of the target audience.

#### **7.4 Relating the Literature Review to the Study**

As detailed in the above sections, the literature review (Chapter 2) played a key role in informing the study. Outlining the history of the HIV/AIDS in Kenya gave the much-needed background to the study and previous studies informed on what has driven the Kenyan epidemic, how the epidemic has evolved and what has motivated the various campaigns over the years. As a researcher, I have gained a deeper understanding of the existing policies put in place to fight the epidemic.

The literature review also delved deeper into the *Mpango wa Kando* phenomenon creating a better understanding of the phenomenon in its Kenyan and African contexts. The drivers of *Mpango wa Kando* were discussed in detail forming a basis for determining which of those drivers drove the target audience of the campaign to concurrency.

Further, the literature review situated the study in the field of Communication studies indicating the important role health communication plays in giving ready access to relevant, reliable and socially acceptable information. Beyond this, the literature review delved deeper into Health Communication Campaigns and specifically ones promoting healthy attitudes and behaviour while suppressing harmful attitudes and behaviour. It looked at various responses, the history of campaigns and the place of the *wacha mpango wa kando* campaigns in the continuum.

The literature continued to examine the relevant theories related to the study, specifically the integrative theory of behaviour change communications and its role in campaign messaging. The role of theory in campaign design is to help create understanding of the communication process, predict behaviour outcomes as well explain differences between passive and active information processing, which was critical in understanding how members of the FDGs processed the campaign messages.

Finally, the literature review looked at relevant previous research in Health Communication, HIV/AIDS, Health campaign messages, effectiveness of messages

and the campaigns in Kenya. This placed the *wacha mpango wa kando* campaign in context.

## 7.5 Conclusions

Overall, the study revealed that there are complex reasons that lead people in marriages to engage in *Mpango wa kando* and a generalized message would not be effective. It also revealed that the audiences interpret the messages based on personal, cultural and environmental experiences, which differ from person to person and community to community. This opens the same message to differing interpretations.

The themes that emerged included the following: temptations, costs, peer pressure, money, poverty, condom stigma, the allure of the beautiful woman vs. rich man, mistrust in marriages, secrecy in marriages, appetite for risky behaviour, culture of polygamy, and the nature of the source of livelihood.

Though message design was primarily influenced by research findings showing the high rate of new infections of HIV among married people and those in long-term relationships, there was the concern that this high rate was driven by *Mpango wa kando*, hence, the desire to change this behaviour. Though the campaign designers asserted that the campaign was designed after thorough studies, members of the target group differed on this with some stating that more could have been done to understand the drivers of the *Mpango wa kando* phenomenon.

As it were, the campaign did not lead to the reduction of the high rate of new HIV infections among married people as envisioned but succeeded in the creation of a

national discourse on the *Mpango wa kando* phenomenon while creating awareness on the dangers of multiple concurrent partnerships. The messages also challenged accepted societal norms, norms that seem to license men to engage in *Mpango wa kando* but frowns on women who do the same. The study revealed that both gender and culture play a key role in how individuals are socialized and how they respond to specific campaign messages.

Based on the above, it is my conclusion that *Mpango wa kando* is a complex phenomenon with many changing facets and influences, and though its contribution to the increase in rates of new HIV infection cannot be denied, there is need to study each population demographic group at risk and design both media and grassroots campaigns involving all stakeholders. There is also need for sufficient funding to sustain the momentum of the campaign in order to witness real change. This must be coupled with the de-stigmatization of the condom.

### **7.5.1 My Thesis**

It is my thesis, therefore, that though the *Wacha Mpango wa Kando* campaign succeeded in creating a national discourse on the *Mpango wa kando* phenomenon and popularizing the *Mpango wa kando* slogan, it did not succeed in lowering the high rate of new HIV infections among married people and those in long-term relationships as anticipated. More importantly and in relation to its context, *Mpango wa kando* is a complex phenomenon requiring a deeper understanding and the development of campaign that looks into its social, cultural and personal drivers for it to be successful. A campaign addressing such a dynamic phenomenon also needs to be theory-

grounded and audience segmented with a grassroots campaign complementing the media campaign. A dynamic phenomenon is best tackled in dynamic ways.

### **7.5.2 My Contribution to the field of Health Communication**

This research contributes to the body of knowledge in the field of Health Communications in several ways. First, the study established that concurrent multiple partnerships are driven by both personal and social factors that are unique and may not be addressed by a general message that targets the general audience. There is, therefore, need to study each of these drivers to generate in-depth understanding of the contextual, social and personal factors that drive people to *mpango wa kando*.

Secondly, the study established that the campaign was a continental campaign based on models that had worked in the West. There is need, therefore, for the development of a 'Kenyanised' model that addresses the peculiarities of the Kenyan epidemic since both the history and its prevalence is well documented.

Thirdly, the study established that though the messages were locally developed, the campaign was donor-driven and donor funded and this presented some challenges. Both the message designers and participants in the FDG's asserted that the campaign could have been more effective if it had been sustained for longer. Key stakeholders should lobby for budgetary allocation from the government for a sustained campaign. The donor funds would then supplement these funds and fill any gaps. This should include long-term plan to sustain the campaign for a period lasting at least one year.

## 7.6 Implication for Policy and Practice

The main aim of this study was to analyse the *Wacha Mpango wa Kando* campaign in view of the high rate of new HIV infections among married people and those in long-term relationships. This study is important for policy formulation. The National Aids Control Council (NACC) is the body tasked with policy formulation for HIV/AIDS formulation for Kenya. In September 2013, NACC held a summit in Nairobi under the theme: *HIV Prevention-Everyone's Business*. The aim was to come up with a prevention road map aimed at stopping new HIV/AIDS infections. By contributing on what needs to be done to design and disseminate campaigns messages that bring about the desired change, this study will be contributing to HIV prevention initiatives.

Further, one of the results of the above summit was a document released by government agencies; NACC and NASCOP around the same time, *HIV Prevention Revolution Roadmap 2013*, listing nine high incidence Counties with prevalence rates of between 10% and 28%, much higher than the national average of 6.2%. These counties are Nairobi, Homabay, Kisumu, Siaya, Migori, Mombasa, Turkana, Busia and Kisii. 1 million of the 1.6 million people living with the virus at that time were in these nine counties. The document sought to intensify focus on HIV prevention to reduce the number of new infections. Since this study is looking at campaign messages that target the whole country and acknowledges that these messages are important in encouraging fidelity in marriage and hence a reduction in the sexual transmission of the virus, the findings of the study will lead to development of more targeted messages to the counties with high-incidence rates.

Organizations such as the National AIDS&STI Control Programme (NAS COP), which operates under the ministry of health involved in the technical coordination of HIV/AIDS programmes in Kenya, and was involved in the campaign under study, would benefit from these findings. NAS COP works through partners such as Population Services International – Kenya (PSI-Kenya). PSI Kenya has specifically requested for this study report, as they believe the findings will enrich the development of future campaigns.

Academically, this study contributes in bringing new knowledge drawn from the analysis of the campaign messages and recommending changes necessary to make the campaigns more effective. In analysing the *Wacha mpango wa kando* campaign in Kenya from the perspective of campaign designers and three demographics of the target audience, this study serves as a resource for other academic studies in the area of sexual reproductive health campaigns.

The policy makers and researchers will gain more insight into the social impact of the campaign especially insofar as the perceptions that the messages elicit from members of the target audience. The National Aids Control Council (NACC) has worked to engage the faith sector at the policy level with the aim of crafting intervention policies that have the support of faith communities at the grassroots level. Out of this initiative, Faith Sector Action Plan (FSAP) was developed as a tool that future campaign designers could reference in the development of future campaigns.

This study focuses on campaign messages urging faithfulness in marriage and aimed at reducing the rate of new infections among a key segment of the Kenyan society. By



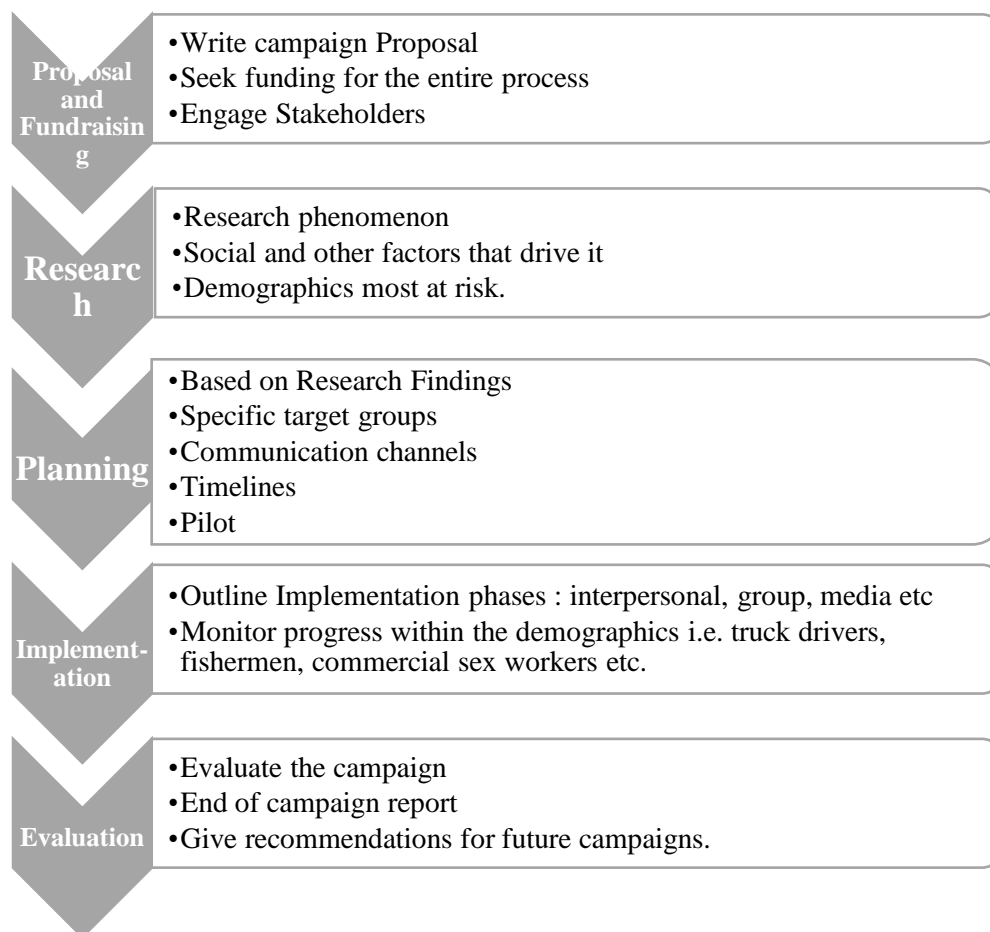
closely analyzing these messages and their target audience, the study contributes to Kenya's drive to improved planning, implementation, monitoring and evaluation of HIV/AIDS prevention interventions.

### **7.7 Recommendations**

For future Sexual Reproductive Health campaigns to be effective, the academia and the practice need to combine forces from the conceptual to the implementation stages of the campaign. My recommendations listed below will contribute to future sexual reproductive health campaign messages effectiveness and should be researched further.

More needs to be done by PSI-Kenya and campaign developers to understand the individual and societal factors that drive someone to *mpango wa kando*. What the root causes are of concurrent sexual relationships in different demographic, gender, cultural and social settings is a question that needs to be clear for each campaign as target audience are driven by varying factors. This can be achieved through a deliberate participatory approach to campaign messaging that follows a process from proposal writing to evaluation.

A suggested Health Campaign Process for a *Wacha Mpango wa Kando* campaign is illustrated below.

Table 7.1 *Recommended Health Campaign Process*

Before campaign designers embark on any new campaign, there is need for a concerted pre-campaign to de-stigmatize the condom. The stigma and embarrassment associated with purchasing condoms was highlighted as another driver to HIV with admission that some have engaged in unprotected sex for fear of being seen carrying condoms. These messages should be accompanied by condom dispensers in discreet locations where members of the public can insert coins to purchase the condoms in discretion. To do this, campaign designers would need to lobby the religious stakeholders as they are the most opposed to condom use.

Those buying or receiving free condoms need to reach a point where they do so without shame or fear that they will be perceived as promiscuous. Instead, they need

to reach a place of pride in their responsible behaviour. Societal norms and views of condom use too need to change. It is not only people with loose morals who use condoms but responsible people in committed relationships use them too as protection to their loved ones. The societal negative connotation was evident in that not many of FDG participants noticed the ending tagline of *Wakinge unaowapenda* added after the main tagline of *weka condom mpangoni*. The study recommends a repackaging of condom use messages to emphasise the aspect of protecting ones spouse and children from not only contracting the virus but also the danger losing a bread winner incase of infection.

To reduce condom stigma, the study recommends that PSI-Kenya and other campaign designers employ the tenets of Social Cognitive Theory (Table 2.2). This theory postulates that behaviour change is the result of behavioural, personal factors and outside events. The campaign would, therefore, target condom use behaviour without attaching it to the risk of HIV/AIDS, other STI's or unwanted pregnancy but focus on the purchase and use of the condom. The components of a proposed SCT-based campaign are outlined below.

**Table 7.2: Proposed SCT Based Condom Buying Campaign**


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Gain attention:	Peoples' awareness of where and how to buy condoms and their use.
Retention:	What is the best way for people to remember the action of purchasing a condom? Develop Message.
Reproduction:	Can the target audience reproduce the action of buying condoms boldly without shame?
Motivation:	List what motivates people to purchase and use condoms. Personal, social and psychological motivations.
Performance:	Is the target audience able to go out and buy condoms on a regular basis without fear of stigmatization?
Self-efficacy:	How confident is the individual in going out to buy a condom or being seen carrying one? As others see this confidence (in a campaign) they are more confident to emulate this behaviour.
Result:	Reduced condom stigma.

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The *Wacha mpango wa Kando* campaign, going by different names in different African countries, was conducted in the whole of Sub-Saharan Africa and was motivated by success in other campaigns in other parts of the developing world. Though this strategy works in some cases, it seems to have failed in this one. That the rate of new HIV/AIDS infections among married people and those in long-term relationships has remained high in Kenya despite the campaign may be a pointer to the possible dangers of borrowing concepts from different cultural and contextual settings as it may not always apply. It is, therefore, recommended that a deeper study into the *mpango wa kando* phenomenon and how it presents itself in our context to

inform future studies. This study can be undertaken by NACC and NASCOP or PhD students.

The study recommends sufficient and sustained funding for the campaigns of similar nature. Participants complained that the length of the television campaign was too short and should have been sustained for a longer duration to enhance its effectiveness. Message designers admitted that this was due to shortage of donor funding. The donors expected to see immediate results and when that did not happen, they withdrew the funding. My recommendation is that such core campaign that touches on the very core of our society should not be tagged on donor funds. The Treasury, through the ministry of health, should allocate funds as a fall-back plan. At the time of conducting my interviews, PS Kenya was yet to receive funding to continue the campaign. It is recommended that the Ministry of Health and NACC lobby for sufficient funding to sustain future campaigns.

Finally, the study recommends that since multiple concurrent relationships have been established as a key driver of HIV/AIDS and there is sufficient research on what drives these *Mpango wa Kando* relationships, specific messages for each driver be developed. With sufficient funding, designers can develop targeted messages targeting social norms, the environment and societal factors that create a fertile ground for the *Mpango wa Kand* phenomenon to thrive. Other drivers that can be specifically targeted include secrecy, gender power imbalance, condom use stigma, lack of communication around sexual issues, poverty and economic needs as well as the prolonged absence from spouses.

### **7.8 Suggestions for further Study**

This study analysed the *Wacha Mpango wa Kando* campaign in Kenya specifically looking at messages targeting key populations considered most at risk. This included people in marriages, truck drivers as well as people in marriages and long-term relationships. The findings of the study have raised issues of the interpretations and drivers of *Mpango wa Kando* needs to be studied further from a communications perspective. It has also addressed issues of personal, gender, social and cultural factors that drive the *Mpango wa Kando* practice. To aid the efficacy of future campaigns against the phenomenon, each of the highlighted drivers of the practice need to be studied from a communications' campaign perspective. For instance, a study of how lack of communication around sexual issues in marriages leads married people to *Mpango wa Kando* is suggested.

Another suggestion is for a study that analysis the stigma associated with condom use in Kenya and designing a campaign that destigmatizes the condom.

Further studies can also investigate how specific gender, social and cultural realities influence how audiences respond to behaviour change campaign messages.

### **7.9 My Reflection as a PhD Scholar**

Prior to joining Moi University for my PhD studies, I worked in and still do work in media, particularly, radio. Perhaps an experience in my early days of producing radio programmes got me interested in communication around the issue of HIV/AIDS.

This study has opened up my eyes to the road ahead and distance we still have to cover as African scholars in the development of behaviour change campaigns. I have

learned that though western developed models are helpful for comparison purposes, our socio and cultural contexts demand that our campaigns be anchored on these contexts in order to succeed.

My time in the field was very informative as I spent time in FDGs with those targeted by the messages. I saw their perspective, views and understood their lifestyles from their open discussions.

In conclusion, I have learned that the Sexual Reproductive Health campaigns need to take cognizance of the complexity of sexual relationships. Messages must then be developed to address the psychological, social and economic realities as the generalized messages may not be effective.

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## APPENDICES

### APPENDIX 1: RESEARCH INTERVIEW GUIDE

#### QUESTIONS FOR DESIGNERS OF CAMPAIGN WACHA MPANGO WA KANDO

1. What was the origin of this campaign?
2. Why *Wacha Mpango wa Kando*?
3. What was the rationale behind the campaign, '*Wacha Mpango wa Kando*'?
4. What specific reaction did you intent to elicit from the campaign?
5. What about the sequence of the various genres of the campaign? What sequence did they follow and what motivated each?
6. Who was the specific target audience?
7. What background study was done before the development and launch of the campaign?
8. What theories of behaviour change communication advised this campaign?
9. How did the campaign designers involve media organizations in the development of this campaign?
10. What role did the socio-cultural context of the target audience play in the development of these messages?
11. What particular themes did the campaign content seek to highlight?

12. How did you ensure gender parity in the designing of the messages?
13. Given the sensitive nature of airing messages of sexual nature in public media, what challenges did you face in designing messages that target a specific group but acceptable by the general viewing public?
14. What advises the choice of well-known media personality, Jimmy Gathu, as the face of the Campaign?
15. Why do you think there was such outcry from the public and particularly religious leaders on the airing of the *Wacha Mpango wa Kando- la sivyoweka condom mpangoni* ' that feature two women?
16. In your opinion, what advised the decision to withdraw this commercial and later on reinstate it?
17. On a scale of 1-10 (with 1 being poor and 10 excellent) how would rate the success of the campaign?
18. If you were to be involved in designing another campaign aimed at reducing the incidences of *Mpango wa Kando* and new rates of HIV/AIDS among married people and those in long-term relationships, what would you do differently?

**APPENDIX II - FOCUS GROUP DISCUSSION GUIDE1****Wacha Mpango wa Kando – Fanya Hesabu**

1. Have you done the maths (umefanya Hesabu)?
2. Do you believe there has been enough talk about *mpango wa Kando*?
3. To what extent would you say the phrase *Wacha Mpango wa Kando – Fanya Hesabu* addresses men involved in *Mpango wa Kando*?
4. Do you agree men spend money on *Mpango wa Kando* at the expense of their families and family needs?
5. Do you think men stopped spending on *mpango wa Kando* after watching this message?
6. If you were the man featured in this campaign, how would you feel? What decision would you take?
7. Do you agree with the message that HIV/AIDS is spreading fast within marriage?
8. Do men spend the kind of money mentioned in the Campaign (Ksh. 34,000) on *mpango wa kando*?
9. Could you comment on why men engage in *mpango wa kando* despite the campaigns and the costs involved?
10. Is it only men who go to the extent of spending that much money on women (even supporting her parents) or do women do the same for their *mpango wa Kando*?
11. Do you feel that women are portrayed as the innocent ones in this message or are they also initiators of *mpango wa kando*? How would men feel if their wives engaged in *mpango wa Kando*?

12. In encouraging the audience members to count the cost (Fanya Hesabu), do you feel the campaign designers got to the core issues surrounding the *mpango wa Kando* phenomenon?
13. In view of the Kenyan urban context, in which ways do you believe the campaign designers addressed the cultural realities of the target audience?
14. Supposing you or someone in the group watching this message was involved in a *Mpango wa Kando* discuss the kind of decision you would take after watching this message?
15. In spite of these messages, *mpango wa kando* continues and so does the number of HIV infections among married people. In view of this what message would you have for married men?

**APPENDIX III - FOCUS GROUP DISCUSSION GUIDE 2**  
**Wacha Mpango wa Kando – La Sivyoweke Condom Mpangoni**

1. What are some of the happenings you notice as you watch this message?
2. To what extent would you say the phrase *Wacha Mpango wa Kando- La sivyoweke condom mpangoni* addresses the target audience?
3. Do you believe there has been enough talk about *Wacha Mpango wa Kando-la sivyoweke condom mpangoni*?
4. Do you agree that married women are increasingly engaging in *mpango wa kando*...Sometimes with younger men as seen in the message?
5. Does this strike you as normal or strange?
6. What reasons do married women give for engaging in *mpango wa Kando*.
7. Do women normally discuss their *mpango wa kando* as openly as portrayed in this message?
8. The young man, Mbugua, whom the two women are discussing, is shown in the background talking to a young woman. What does this portray?
9. If you were the married woman featured in this message, how would you feel? What decision would you take?
10. This particular message elicited an outcry among some members of the public and particularly religious leaders leading to its temporary withdrawal. Why do you think this happened?

11. Why do you think the message featuring two men discussing the affair one of them is having with a lady called Stacy did not did not elicit an outcry or complaint publicly?
12. In view of the Kenyan context, in which ways do you believe the campaign designers addressed the cultural realities of the target audience?
13. Supposing you or someone in the group watching this message was involved in a *Mpango wa Kando* discuss the kind of decision you would take after watching this message?
14. Do you believe there are fewer married women practicing *mpango wa kando* as a result of seeing this message?
15. In spite of these messages, *mpango wa kando* continues and so does the number of HIV infections among married people. In view of this, what message would you have for married women?

**APPENDIX IV - FOCUS GROUP DISCUSSION GUIDE 3****Truck Drivers**

1. *Umeweka condom mpangoni?* (Have you put a condom in the affair?)
2. How do you feel as you watch this message?
3. To what extent would you say the phrase *Wacha Mpango wa Kando- La sivyoweka condom mpangoni* addresses your concerns as truck drivers?
4. In what way(s) did the content of this message affect your life or the life of a fellow truck driver?
5. Why do you think truck drivers engage in *Mpango wa Kando*?
6. In your opinion, to what extent do you think this campaign succeeded in terms of a) reducing *mpango wa kando* and b) increasing condom use?
7. Do you feel the campaign designers got to the core issues surrounding the *mpango wa Kando* among truck drivers given their needs and circumstances?
8. Would you be happy to be the truck driver featured, first calling his wife to inform her he had arrived at his destination safely and proceeding to purchase goodies and condoms for his time with *mpango wa kando*?
9. Supposing you or someone in the group watching this message was involved in a *Mpango wa Kando* what would you feel? What do you think the other person would feel?
10. Do you think this campaign was good? Did it serve the purpose intended? Should we have such messages in future?

11. Could you briefly say why truck drivers from Mombasa to Malaba continued to engage in unprotected sex in spite of these messages?
  
12. What is the best message you can give to fellow truck drivers for their protection against HIV infection?
  
13. Do you believe enough information has been given to truck drivers for their sexual protection on the road?
  
14. Other than the Wacha Mpango wa Kando- la sivyoweka condom mpangoni, what other messages are there for truck drivers?



**APPENDIX V- FOCUS DISCUSSION GROUP GUIDE 4****Fishermen**

1. Is the image of fishermen returning home with their catch familiar to you?
2. What comes to your mind as you watch Okello approaching the two ladies on the shore?
3. Do you feel that the practice of women showering praises and admiring male fishermen leads to better prices for the fish but also to cases of *mpango wa Kando*?
4. What does the image of Okello's wife approaching convey to the (i) husband and (ii) the ladies he is talking with?
5. What do you make of Okello's statement that there are many sexual temptations at the lake and that some of his friends have succumbed to the temptation?
6. How common is the practice of fishermen exchanging fish for sexual favours from women?
7. What do you think leads these women to offer sexual favours for fish?
8. Why do you think the men are so willing to exchange their fish for sexual favours?
9. Do they normally do this with the full knowledge of the risk of contracting HIV/AIDS and even passing the virus to their wives?
10. Okello says that most of the men who used to do this have died. Do you know of people who have died as a result of this fish for sex practice?
11. Is the practice more predominant among single men or the married?
12. What advice would you give to fellow fishermen who continue to engage in sex for fish despite the risks?
13. Okello states that he has chosen to stick with his one wife. How do we relate this message in a polygamous cultural context?

14. Supposing that you or someone you know is engaged in this fish for sex exchange, discuss the kind of decision you would take after watching this message?
15. In spite of these this and other messages, *mpango wa Kando*, fish for sex and number of HIV infections among married people continues to increase. In view of this, what message would you have for married fishermen?



## APPENDIX VII - RESEARCH AUTHORIZATION



### NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

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Date:

25<sup>th</sup> February, 2015

NACOSTI/P/15/2181/5093

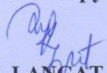
Bernice Ndegi Gatere  
Moi University  
P.O. Box 3900-30100  
ELDORET.

#### RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on "*Sexual reproductive health campaign messages: An analysis of wacha mpango wa kando campaign in Kenya*" I am pleased to inform you that you have been authorized to undertake research in **Homabay, Machakos and Nairobi Counties** for a period ending **31<sup>st</sup> December, 2015**.

You are advised to report to **the County Commissioners and the County Directors of Education, Homabay, Machakos and Nairobi Counties** before embarking on the research project.

On completion of the research, you are required to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

  
DR. S. K. LANGAT, OGW  
FOR: DIRECTOR GENERAL/CEO

Copy to:

The County Commissioner  
Homabay County.

The County Director of Education  
Homabay County.