The Effect of Mass Media Campaigns on Sexual Behaviour:
The Case of Mpango Wa Kando HIV And AIDS Campaign in Nairobi West Estate,
Nairobi County

by

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THE EFFECT OF MASS MEDIA CAMPAIGNS ON SEXUAL BEHAVIOUR:
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In accordance with Daystar University policies, this thesis is accepted in partial
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I declare that this thesis is my original work and has not been submitted to any other college or university for academic credit

Signed __________________________                    Date_______________________

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It would not have been possible to complete this thesis without the support of several people, only some of whom it is possible to give special mention here.

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# Table of Contents

Declaration .................................................................................................................. iii  
Acknowledgements ...................................................................................................... iv  
Table of Contents ........................................................................................................ v  
List of Tables ................................................................................................................ viii  
List of Figures ............................................................................................................ ix  
List of Acronyms and Abbreviations ......................................................................... x  
Abstract ..................................................................................................................... xi  
Dedication .................................................................................................................. xii  
CHAPTER ONE ............................................................................................................. 1  
INTRODUCTION AND BACKGROUND OF THE STUDY ..................................... 1  
Introduction ................................................................................................................... 1  
Background of the Study ............................................................................................. 2  
The Mpango wa Kando Campaign ............................................................................. 4  
Television in Kenya ...................................................................................................... 5  
Statement of the Problem ............................................................................................ 6  
Purpose of the Study .................................................................................................... 7  
Objectives of the Study .............................................................................................. 7  
Research Questions .................................................................................................... 8  
Justification of the Study ............................................................................................ 9  
Significance of the Study ............................................................................................ 9  
Scope of the Study ...................................................................................................... 10  
Assumptions of the Study .......................................................................................... 10  
Limitations and Delimitations of the Study ................................................................. 11  
Definition of Key Terms ............................................................................................ 11  
Summary ..................................................................................................................... 13  
CHAPTER TWO .......................................................................................................... 14  
LITERATURE REVIEW ............................................................................................... 14  
Introduction .................................................................................................................. 14  
Mass Media Campaigns ............................................................................................. 14  
History of Mass Media Effects .................................................................................... 15  
The Role of Mass Media in the Campaign against HIV and AIDS ........................... 17  
Multiple Concurrent Partnerships and HIV and AIDS ............................................. 22  
Motivations and Justification for Practicing MCP ...................................................... 22  
Theoretical Framework ............................................................................................... 25  
Theory of Planned Behaviour ..................................................................................... 26  
The Elaboration Likelihood Model ............................................................................ 28  
The Conceptual Framework ....................................................................................... 32  
Summary ..................................................................................................................... 34  
CHAPTER THREE ..................................................................................................... 35  
RESEARCH METHODOLOGY ............................................................................... 35  
Introduction ................................................................................................................ 35  
Research Design .......................................................................................................... 35  
Population of the Study ............................................................................................. 36  
Accessible Population ............................................................................................... 36  
Unit of Analysis .......................................................................................................... 37  
Sampling Design ........................................................................................................ 37
Sample Size ................................................................. 38
Data Collection Instrument ............................................. 38
Pre-testing of the Questionnaire ........................................ 40
Training of Research Assistants ...................................... 41
Data Collection ................................................................ 41
Data Analysis ................................................................... 41
Ethical Considerations .................................................... 43
Summary ........................................................................ 43
CHAPTER FOUR .............................................................. 44
DATA PRESENTATION, ANALYSIS AND INTERPRETATION .... 44
Introduction ................................................................. 44
Demographics and General Information .......................... 44
  Age of Respondents .................................................... 44
  Gender of Respondents ................................................. 45
  Marital Status ............................................................ 45
  Level of Education ..................................................... 46
  Type of Relationship .................................................... 47
  Duration of Relationship ............................................... 47
  Presence of Children ................................................... 48
  Number of Children .................................................... 48
HIV and AIDS Knowledge, Attitudes, Beliefs and Behaviour.. 49
Knowledge of HIV and AIDS .......................................... 49
  High Risk Gender .......................................................... 50
  Perception of Sexual Orientation at High Risk of HIV .... 50
  High Risk Group by Marital Status ............................... 51
  Own Susceptibility to HIV Infection ............................ 52
Beliefs about Sex ............................................................ 52
Influence of Significant Others on Sexual Behaviour ........... 56
Attitudes Towards HIV .................................................. 56
Condom Use ................................................................. 58
The Practice of MCP ...................................................... 61
Gender and the Practice of MCP ...................................... 61
Marital Status and the Practice of MCP ............................ 62
Number of Multiple Sexual Partners .............................. 63
Age of Extra Partner(s) .................................................. 64
Gender of MCP Practitioner and Age of Extra Partner(s) .... 64
Marital Status of Extra Partner(s) ................................. 65
Current Status of Relationship with Extra Partner ............. 66
Condom Use with Extra Partner ...................................... 66
Condom Use with Regular Partner .................................. 67
The Practice of MCP Among Acquaintances .................... 67
Relationship with Acquaintance Engaged in MCP ............ 68
Exposure to HIV and AIDS Media Campaigns .................. 68
  Media Sources of HIV and AIDS Information ................. 69
  Recall of HIV and AIDS TV Adverts ............................ 69
  Television Station on Which Advert Was Watched .......... 70
  Frequency of Exposure to the TV Adverts ..................... 71
  Place at Which Advert was Watched ............................ 72
Awareness of the MWK Campaign ................................................................. 72
Reaction to the MWK Campaign ................................................................. 72
Perception of Key Message of MWK Campaign ......................................... 73
Perception of Intended Target Audience ....................................................... 74
Respondents’ Evaluation of the MWK Campaign Message .......................... 74
Rating of Various Aspects of the MWK Campaign ....................................... 76
The Effect of the MWK Campaign on Sexual Behaviour Change ............... 78
Suggestions for Making the MWK More Effective ....................................... 80
Summary of Key Findings .............................................................................. 80
Summary ....................................................................................................... 83
CHAPTER FIVE ............................................................................................... 84
DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS ..................... 84
Introduction .................................................................................................. 84
Discussion of Key Findings ........................................................................... 84
Conclusion .................................................................................................. 91
Recommendations ....................................................................................... 93
  Recommendations for Practice ................................................................. 93
  Recommendations for Further Research ............................................... 94
REFERENCES .............................................................................................. 95
APPENDICES ............................................................................................... 105
  Appendix A - Questionnaire ................................................................. 105
  Appendix B – Budget ............................................................................. 115
  Appendix C – Research Approvals from NCST and Daystar University .... 116
List of Tables

Table 4.1. Response Rate ...........................................................................................444
Table 4.2. Distribution by Age .................................................................................... 45
Table 4.3. Distribution by Gender ............................................................................... 45
Table 4.4. Distribution by Marital Status ..................................................................... 46
Table 4.5. Distribution by Level of Education ............................................................ 46
Table 4.6. Distribution by Type of Relationship ......................................................... 47
Table 4.7. Distribution by Duration of Relationship .................................................... 47
Table 4.8. Distribution by Presence of Children.......................................................... 48
Table 4.9. Rating of HIV and AIDS Knowledge ......................................................... 49
Table 4.10. High Risk by Gender ................................................................................ 50
Table 4.11. High Risk by Sexual Orientation .............................................................. 52
Table 4.12. High Risk by Marital Status ...................................................................... 51
Table 4.13. Assessment of Own Risk Susceptibility ................................................... 52
Table 4.14. Beliefs about Sex ...................................................................................... 55
Table 4.15. Influence of Significant Others on Sexual Behavior ................................ 56
Table 4.16. Attitudes towards HIV .............................................................................. 58
Table 4.17. Condom Use ............................................................................................ 61
Table 4.18. Practice of MCP ....................................................................................... 61
Table 4.19. MCP and Gender Cross-Tabulation .......................................................... 62
Table 4.20. MCP and Marital Status Cross-Tabulation ............................................... 63
Table 4.21. Number of Multiple Sexual Partnerships .................................................. 64
Table 4.22. Age of Extra Partner(s) ............................................................................. 64
Table 4.23. Age of Extra Partner(s) and Gender Cross-tabulation ............................... 65
Table 4.24. Marital Status of Extra Partners ............................................................... 65
Table 4.25. Current Status of Relationship with Extra Partner ................................... 66
Table 4.26. Condom Use with Extra Partner ............................................................... 67
Table 4.27. Condom Use with Regular Partner ........................................................... 67
Table 4.28. The Practice of MCP among Acquaintances ............................................ 68
Table 4.29. Relationship with Acquaintances involved in MCP ................................. 68
Table 4.30. Frequency of Exposure to TV Adverts ....................................................... 71
Table 4.31. Place at Which Advert was Watched ........................................................ 72
Table 4.32. Awareness of the MWK Campaign .......................................................... 72
Table 4.33. Respondents' Evaluation of the MWK Campaign Message ...................... 75
Table 4.34. Rating of Various Aspects of the MWK Campaign .................................... 77
Table 4.35. The Effect of the MWK Campaign on Sexual Behavior Change .............. 79
List of Figures

Figure 2.1. Conceptual Framework ................................................................. 33
Figure 4.1. Distribution by Number of Children ............................................. 49
Figure 4.2. Media Sources of HIV and AIDS Information.............................. 69
Figure 4.3. Recall of HIV and AIDS TV Adverts ........................................... 70
Figure 4.4. TV Station on Which Advert was watched .................................... 71
Figure 4.5. Reaction to the MWK Campaign ................................................ 73
Figure 4.6. Perception of Key Message of the MWK Campaign ....................... 73
Figure 4.7. Perception of Intended Target Audience ...................................... 74
Figure 4.8. Suggestions for making the Campaign More Effective .................. 80
List of Acronyms and Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>DfID</td>
<td>Department for International Development</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>KAIS</td>
<td>Kenya AIDS Indicator Survey</td>
</tr>
<tr>
<td>KDHS</td>
<td>Kenya Demographic and Health Survey</td>
</tr>
<tr>
<td>KNBS</td>
<td>Kenya National Bureau of Statistics</td>
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<tr>
<td>MCP</td>
<td>Multiple Concurrent Partnerships</td>
</tr>
<tr>
<td>MWK</td>
<td>Mpango wa Kando Campaign</td>
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<tr>
<td>NACC</td>
<td>National AIDS Control Council</td>
</tr>
<tr>
<td>NASCOP</td>
<td>National AIDS and Sexually Transmitted Infections Control Programme</td>
</tr>
<tr>
<td>NCST</td>
<td>National Council for Science and Technology</td>
</tr>
<tr>
<td>PSI</td>
<td>Population Services International</td>
</tr>
<tr>
<td>SSA</td>
<td>Sub-Saharan Africa</td>
</tr>
<tr>
<td>TRAC</td>
<td>Tracking Results Continuously</td>
</tr>
<tr>
<td>TPB</td>
<td>Theory of Planned Behaviour</td>
</tr>
<tr>
<td>TV</td>
<td>Television</td>
</tr>
<tr>
<td>Ukimwi</td>
<td>Ukosefu wa Kinga Mwilini (Kiswahili for HIV)</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>United Nations Joint Programme for HIV/AIDS</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organisation</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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Abstract

The study examined the effect of the *Mpango wa Kando* HIV and AIDS TV campaign on the sexual behaviour of men and women in stable heterosexual partnerships between the ages of 18 and 49 in Nairobi West Estate. It examined respondents’ level of exposure to the campaign, understanding of and response to the message, and potential barriers to adopting the promoted behaviour. The study adopted a non-probability design, used purposive and convenience sampling methods and was anchored on the Theory of Planned Behaviour and the Elaboration Likelihood Model. Data were collected using a self-administered questionnaire and analysed using descriptive statistics. N=38. The study yielded mixed results. Exposure was high (92%) but message recall was lower (54%). That 58.3% identified the key message as promotion of fidelity infers the campaign was effective in passing the intended message. Chances of respondents to use a condom (59%), discuss sex with partners (81.8%), and change sexual behaviour (81.2%) were high yet three years into the campaign, 58.9% still had one to three partners and 34.2% rated own risk as high or medium implying they had an extra partner or a partner who did. That 63.2% perceived own risk to HIV as low and condom use was higher with the extra partner (84.2%) than with the regular partner (57.9%) implies the notion that married couples are safe from HIV persists. The above suggest the campaign was effective in creating behavioural intentions than change. But, that it achieved a 30.6% success rate, higher than the 5%-10% recorded by most campaigns (Atkin, 2001) infers it was comparatively successful which can be attributed to the use of principles of effective campaign design. The study recommends further research on types of HIV and AIDS behaviour change messages and their relevance for targeting with media campaigns.
Dedication

To my parents who have been a constant motivating force in my life to pursue and fulfill my dreams and to my siblings, nieces, and nephews for their wonderful support.
CHAPTER ONE

INTRODUCTION AND BACKGROUND OF THE STUDY

Introduction

Global statistics from the United Nations Joint Program on HIV and AIDS (UNAIDS, [2010]) show that in 2009, nearly 33.3 million people were living with HIV, an estimated 2.6 million people became newly infected and that nearly 1.8 million died of AIDS. The UNAIDS further estimated that in 2010, of the 33.3 million infected persons, more than two-thirds (68%) live in sub-Saharan Africa (SSA) and 50% of new global infections and 72% of global deaths attributable to AIDS occurred in this region.

With an estimated 1.3 million living with HIV and 80,000 related deaths (UNAIDS, 2010), Kenya is still facing a serious AIDS epidemic. Despite evidence of declining HIV prevalence, data from the 2008/09 Kenya Demographic and Health Survey (KDHS) (Kenya National Bureau of Statistics [KNBS] & ICF Macro, 2010) shows that 6.3% of Kenyans aged between 15 and 49 years are infected, with a peak prevalence of ages 40-49 for both men and women. The KDHS further reported that heterosexual sex within regular partnerships account for 44% of new HIV infections which corroborates the 2007 Kenya Aids Indicator Survey (KAIS) (NASCOP, 2009). While the main mode of HIV transmission in Kenya is through sexual contact (KNBS & ICF Macro, 2010), sex is a taboo topic in most Kenyan communities, which by default inhibits discussion on HIV and AIDS.

Given the scale of the epidemic, HIV and AIDS is not only a health issue, but also a threat to development. The relationship between HIV and AIDS and poverty has a negative effect on economic growth as it reduces human, physical and social capital (World Bank, 1999). The disease mainly affects adults in their prime age and...
by extension, development of human capital as a result of premature deaths. Affected families have less disposable income, thus, draw on their savings. This, in turn, reduces physical capital and consequently affects investments and a government’s ability to save due to increased health expenditure and retraining of manpower. It further decreases a government’s ability to provide basic services to its citizenry and social capital is reduced as norms and networks that bind the social fabric are torn apart and children are orphaned and left destitute.

Therefore, in the absence of a medical cure and as the impact of the disease is felt throughout developmental and social domains, alternative responses to the epidemic have been developed. The declaration by the United Nations (UN) to combat HIV and AIDS as one of the Millennium Development Goals (UN, 2000) has resulted in the investment of huge resources in mass media interventions aimed at encouraging individuals to adopt safe sexual practices. However, Myhre and Flora (2000), Kiragu, (2001) and Atkin (2001) hold that media have failed to bring about significant behaviour change. A similar view is held by Airhihenbuwa and Obregon (2000) who proffer that campaigns often employ downstream approaches without understanding of how audiences attach meaning to messages. They further argue that if audience reception and understanding are not factored in at the design stage, there is a possibility for these messages to be misinterpreted, which is especially true for Kenya given the cultural diversity.

Background of the Study

Kenya has made various efforts to combat HIV and AIDS. The Government established the National AIDS and Sexually Transmitted Infections (STIs) Control Programme (NASCOP) in 1987 to champion HIV and AIDS interventions (NASCOP, 2012). Thereafter, the Sessional Paper No. 4 of 1997 outlined an institutional
framework for addressing HIV and AIDS (Republic of Kenya, 1997). However, HIV prevention and control became a priority at the highest level in 1999 when Kenya declared AIDS a national disaster and formed the National AIDS Control Council (NACC) under the Office of the President to coordinate a concerted response to the epidemic. The most significant indicator of the Country’s commitment to fight HIV and AIDS is possibly the enactment of the HIV and AIDS Prevention and Control Act No. 14 of 2006 which provides measures for the prevention, management and control of HIV and AIDS in Kenya (UNESCO, 2006).

Since its inception, NACC in collaboration with various stakeholders has initiated several media campaigns aimed at increasing HIV and AIDS awareness among the public. Among these are TV soaps such as *Siri* (meaning: Secrets) and *Shuga* (meaning: Sugar); segmented TV commercials such as *Nimechill* (meaning: I will abstain) targeting teenagers; *Chanukeni Pamoja* (meaning: Style up together), *Nakufeel* (meaning: I feel you), and *Love bila Regrets* (meaning: Love without regrets) reinforce condom use amongst young adults. The *Wacha Mpango wa Kando* (meaning: stop aside relationships) campaign which is the focus of this study seeks to promote fidelity and condom use among couples in trusted relationships. Data from the 2008/09 KDHS (KNBS & ICF Macro, 2010) and 2007 KAIS report (NASCOP, 2009) indicate significant behavioural change such as increased condom use, delayed sexual debut and reduction in sexual partners which NACC (2010) largely attributes to mass media public health campaigns.

Notwithstanding the above, global and Kenyan statistics indicate that multiple concurrent partnerships (MCP) are a key driver of the AIDS epidemic (Epstien, 2007; KNBS and ICF Macro, 2010). The 2008/09 KDHS indicates that the highest rate (44%) of new infections occur among heterosexual cohabiting couples. This,
according to NASCOP (2009), is attributable to perceptions held by individuals in this group that their personal risk to HIV infection is low.

The Mpango wa Kando Campaign

To counter the notion that heterosexual cohabiting couples were at low risk of HIV infection (NASCOP, 2009), the Government in collaboration with Population Services International (PSI)/Kenya, launched the Mpango wa Kando (MWK) Campaign in 2009. According to PSI (2009), the campaign targets men and women in marital/co-habiting partnerships. It seeks to create awareness of HIV-related risks associated with MCP to promote mutual fidelity and condom use in trusted relationships. The campaign is supported by the United States Agency for International Development (USAID) and the United Kingdom’s Department for International Development (DfID).

According to PSI, the objective of the MWK is to decrease the percentage of women and men who have had sexual intercourse with multiple partners in the last 12 months from 27.6% to 25% in men and from 4% to 3% in women (PSI, 2009). The campaign has been launched in phases and uses a multi-media approach. This study only focused on phases one and two of the TV campaign which were aired between 2009 and 2012. The TV campaign was chosen because TV has been hypothesised to have powerful influence on individuals due to its audio-visual characteristics (Omoera, Awosola, Okhakhu, & Adesina, 2010).

The campaign employed both research and theory (social marketing theory). Phase one of the campaign had the tagline, Epuka Ukimwi (meaning: escape HIV) and sought to dispel the notion that marriage is a ‘safe haven’ from the risk of HIV (PSI, 2009). Phase two had the tagline, Fanya Hesabu (meaning: count the cost) and combined rational messages with emotional appeals to persuade individuals to
evaluate the cumulative (financial and social) cost of MCP versus the benefits of partner reduction (USAID, 2010). Both campaign messages were pitched by a well-known local celebrity.

Television in Kenya

Kenya enjoys a diverse and liberalised media where the middle class provide a base for substantial advertising revenue (Mbataru, 2012). Initially, the State-owned Kenya Broadcasting Corporation’s (KBC) enjoyed a monopoly of the TV market but the liberalisation of airwaves in the late 1980’s paved the way for private players. Since then, competition has intensified in the Free-to-Air (FTA) TV market, and in the last decade, TV stations quadrupled from four to 15 (Deloitte, 2012).

Although only 28% of households nationwide own TV sets, ownership in Nairobi is relatively high at 61% (KNBS, 2010) and 87% of Nairobi residents watch TV regularly (AudienceScapes, 2009). TV viewership has also been enhanced by increased internet connectivity. According to the Communication Commission of Kenya (CCK), the data market almost doubled (from 4.1 million to 7.7 million subscribers) during the 2011/2012 financial year (CCK, 2012). Players in the FTA TV market have capitalised on increased internet usage to link their broadcasts to the internet and the main players in the FTA TV market can also be accessed through pay stations which are popular among the middle-class. Given this convergence of media, TV campaigns can now reach a wider population.

According to Deloitte (2012), the largest broadcaster in terms of coverage, viewership and revenue share is Royal Media Services’ Citizen, followed by Nation Media Group’s NTV, the Standard Group’s Kenya Television Network (KTN) and KBC. Whilst KBC and Citizen are similarly ranked by men and women on a national basis, preferences emerge between older and younger viewers and between urban and
rural viewers. The KBC is more popular than Citizen among viewers over 45 years and rural residents (AudienceScapes, 2009). The Kenya Film Corporation’s 2010 audience consumer trends survey (as cited in Deloitte, 2012) further showed that the younger generation between the ages of 18-34 were more likely to switch from one station to another than the older generation. This corroborates Ipsos Synovate (2012), who indicate that in 2011, the average TV viewer watched up to three stations a week and spent an average 26 hours watching TV.

Against this background, this study sought to examine the effect of the *Mpango wa Kando* TV campaign aimed at reducing MCP on the sexual behavior of men and women in stable relationships between the ages of 18 and 49 in Nairobi West Estate.

**Statement of the Problem**

With 1.3 million people living with HIV (UNAIDS, 2010), Kenya is still worst hit by the HIV and AIDS pandemic. Despite intensified mass media campaigns to sensitise the public on the negative impact of HIV on individuals and the Country, the 2008/09 KDHS showed that heterosexual sex in stable relationships account for the highest rate (44%) of new infections across adult populations (KNBS & ICF Macro, 2010). The 2008/09 KDHS further reported that HIV infections show a tendency to rise with wealth, with prevalence shifting to older age groups rising from 25-29 in 2003 to 30-34 in 2007 and 40-44 in 2008/09 (KNBS & ICF Macro, 2010). Yet, the MWK campaign is ubiquitous, and the campaign title has been widely adopted as the ‘brand name’ for clandestine sexual affairs in Kenya.

Additionally, awareness and access to condoms has increased as the fight against AIDS is intensified (NACC, 2010). The 2008/09 KDHS shows that knowledge of HIV prevention methods is high, whereby 75% and 81% of women and
men respectively between the ages of 15 and 49 know that condom use can reduce the risk of HIV infection (KNBS & ICF Macro, 2010). The KDHS further reported that 92% and 93% of women and men respectively know that abstinence or limiting sexual relations to one uninfected partner reduces the chances of getting HIV infection.

While there is evidence from SSA to show that mass mediated campaigns provide support to HIV prevention activities (Benefo, 2004; NACC, 2010; PSI, 2011; Soul City, 2000; Vaughn, Rogers, Singhal, & Swalehe, 2000), the overall impression from global research on health campaigns suggest that there are several instances in which massive mass media campaigns do not work well (Atkin, 2001; Bertrand, O’Reilly, Denison, Anhang, & Sweat, 2006; Myhre & Flora, 2000; Noar, 2006). Given that Kenyan statistics infer that knowledge is not an issue called for a deeper understanding of why this was the case.

In order to address the above, the researcher examined the understanding of associations between the message, existing knowledge and background factors that influence the perception of the risk of HIV infection and sexual behaviour among respondents to determine the extent to which the content of a media message worked.

Purpose of the Study

The purpose of this study was to examine the effect of the Mpango wa Kando TV campaign on the sexual behaviour of couples in stable heterosexual relationships between the ages of 18 and 49 in Nairobi West Estate.

Objectives of the Study

Based on the purpose of this research, the following objectives were formulated:-
1. To examine the level of exposure of the MWK campaign message among men and women in heterosexual stable partnerships between the ages of 18 and 49 in Nairobi West Estate.

2. To establish whether men and women in heterosexual partnerships between the ages of 18 and 49 in Nairobi West Estate understood the MWK campaign message.

3. To establish the responses of men and women in heterosexual partnerships between the ages of 18 and 49 in Nairobi West Estate to the MWK campaign message.

4. To examine potential barriers that may have accounted for lack of the desired response to the behavior promoted by the MWK campaign message among men and women in heterosexual relationships between the ages of 18 and 49 in Nairobi West Estate.

Research Questions

Based on the purpose and objectives of this study, the following research questions were formulated:

1. What was the level of exposure of the MWK campaign message among men and women in heterosexual stable partnerships between the ages of 18 and 49 in Nairobi West Estate?

2. What was the understanding of the MWK campaign message among men and women in heterosexual partnerships between the ages of 18 and 49 in Nairobi West Estate?

3. What were the responses of men and women in heterosexual partnerships between the ages of 18 and 49 in Nairobi West Estate to the MWK campaign message?
4. What potential barriers accounted for lack of desired response to the behaviour promoted by the MWK campaign message among men and women in heterosexual relationships between the ages of 18 and 49 in Nairobi West Estate?

Justification of the Study

A systematic review on the effectiveness of HIV and AIDS mass media campaigns in developing countries by Bertrand et al. (2006) recommended further research in this area so as to increase understanding of “(i) the elements of a communication program that contributes to its effectiveness, (ii) the outcomes on which communication programs have the greatest effect, (iii) the magnitude of these effects and (iv) the cost effectiveness of communication programs in HIV/AIDS prevention” (p. 595). This study addressed the third of these recommendations by reviewing the media effect of the MWK HIV and AIDS campaign in reducing MCP.

Significance of the Study

Exposure to communication campaigns is linked to a range of outcomes relevant to addressing HIV and AIDS in relation to attitudinal aspects of the disease and HIV prevention (Peltzer et al. 2012). By examining the understanding of associations between the message, existing knowledge and background factors that influence perception of risk of HIV infection and sexual behaviour among respondents, results of this study will contribute towards the development of more effective messages with higher media effects on the audience.

Findings of the study will be of importance to academics and advertising practitioners and also contribute towards the attainment of Millennium Development Goal No. 6, Target 6a, *halt and reverse the spread of HIV and AIDS* (UN, 2000) and by extension, make Kenya a prosperous nation with a high quality of life.
Scope of the Study

The target population for this study comprised men and women in stable heterosexual relationships between the ages of 18 and 49 in Nairobi West Estate. Although the primary indicator of concurrency recommended by UNAIDS is 15-49 (PSI, 2010), due to ethical considerations, the lower age limit for this study was 18 which is the majority age in Kenya.

The location was based on findings of the pre-test of the campaign which recommended intense targeting of Nairobi residents as they exhibited higher tolerance for MCP (USAID, 2010). TV ownership in Nairobi is also high (61%) (KNBS, 2010) and 87% of Nairobi residents watch TV regularly (AudienceScapes, 2009). The 2008/09 KDHS also reported that HIV shows a tendency to rise with wealth (KNBS and IFC Macro, 2010) and the cost of maintaining a ‘mpango wa kando’ (meaning: extra partner) presented in the Fanya Hesabu advert (KES 15,750 per month) alludes to the middle-class. Kenya’s Living Standard Measure (LSM) defines the middle-class as anyone who earns between KES 23,670 and KES 199,999 per month (Gachiri, 2011). Rents in Nairobi West range from KES 12,000 for bed-sitters to KES 60,000 for stand-alone units, thus residents of Nairobi West fitted in the category implied by the Fanya Hesabu advert.

Assumptions of the Study

In view of the sensitive subject addressed in this study, the researcher assumed that:-

1. Respondents would be willing to participate in the study.
2. Respondents would be honest/truthful in their answers.
3. The target population had been exposed to the MWK television campaign.
4. That there would be adequate time and funds to conduct the survey.
Limitations and Delimitations of the Study

Self-reported sexual behavior is difficult to validate. Thus, as recommended by Hewett, Mensch, and Erulkar (2004), the research relied on within-survey consistency of sexual data reported by respondents.

Disclosure of sexual activity is influenced by sociocultural norms (Singhal, 2003), thus, there was a probability that respondents may not be truthful in their responses. To mitigate this, respondents were instructed not to indicate any identity marker on the questionnaires. To re-assure respondents of anonymity and confidentiality, sealable envelopes were provided in which to return completed questionnaires.

Although the study was limited to a TV audience in an urban setting, it can still be used to inform future studies in other geographical locations.

Definition of Key Terms

Mpango wa Kando (Back-up Plan)  Sexual relationship with an extra partner (PSI, 2010).

Stable relationships  On-going main partner - co-wife, mistress (Lerclec-Madlala, 2008a).

Non-regular partner  Intermittent or occasional sex, Lerclec-Madlala (2008a).

Multiple Concurrent Partnerships  Relationships where one has two or more sexual relationships that overlap in time (Mah & Helparin, 2010).

Inter-generational/ Cross-generational sex  A partner 10 years older (UNAIDS, 2008)
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Transactional sex</td>
<td>Exchange of sexual favours for material and/or non-material favours (Lerclec-Madlala, 2008a).</td>
</tr>
<tr>
<td>Adult</td>
<td>A person over 18 years old (KNBS &amp; ICF Macro, 2010).</td>
</tr>
<tr>
<td>Attitude</td>
<td>Predisposition to act in a positive or negative way toward the attitude object (Littlejohn &amp; Foss, 2005).</td>
</tr>
<tr>
<td>Human Immunodeficiency Virus</td>
<td>A virus that attacks the human immune system rendering it vulnerable to disease and infections that cause AIDS (Muraah &amp; Kiarie, 2000).</td>
</tr>
<tr>
<td>Behaviour</td>
<td>Derives from the word behave which is to do things in a particular way (Hornby, 2002).</td>
</tr>
<tr>
<td>Sexual Behaviour</td>
<td>Sexual activity with one’s spouse/partner and/or with other sexual partners (Mah &amp; Halperin, 2010).</td>
</tr>
<tr>
<td>Behaviour change</td>
<td>A process of transformation an individual undergoes to reduce sexual activity associated with the risk of HIV infection (Mah &amp; Halperin, 2010).</td>
</tr>
<tr>
<td>Mass media campaign</td>
<td>Purposeful attempts to either inform, persuade, or motivate behavior changes in a large audience within a given time period (Rice &amp; Atkin, 2002).</td>
</tr>
<tr>
<td>Prevalence</td>
<td>A measure of the total number of people in a population who have a certain disease at a given time (Roe &amp; Doll, 2000).</td>
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Norms

Group rules that determine what is deemed acceptable behaviour (Ajzen, 2006).

Summary

This chapter presented an overview of the global, regional and national prevalence of HIV and AIDS; its impact on development, the institutional and legal framework Kenya has put in place to mitigate the impact of the disease and mass media as an alternative intervention strategy. It further gave a brief background of the MWK campaign, discussed the problem statement, purpose, objectives, research questions, justification, significance, scope, assumption and limitation and delimitations of the study. The next chapter reviews literature related to the topic of the study and discusses the theoretical framework used in an attempt to explain factors that influence individuals’ reaction to the campaign message.
CHAPTER TWO

LITERATURE REVIEW

Introduction

Literature review involves reading, analysing, evaluating and summarising scholarly materials on a specific topic (Boote & Beile, 2005). This chapter reviewed literature on the history of media effects research and the effectiveness of past HIV and AIDS mass media interventions in an attempt to understand and explain the effect of the *Mpango wa Kando* TV campaign on the sexual behaviour of men and women in heterosexual partnerships between the ages of 18 and 49. It also discussed and justified the theoretical orientation of the study in an attempt to explain the influence of message elements on an individual’s reaction to a campaign message.

Mass Media Campaigns

Rice and Atkin (2002) define mass media campaigns as purposeful efforts to influence behavior change in large audiences within a given time frame. According to Wakefield, Loken, and Hornik (2010) “the great promise of mass media campaigns lies in their ability to disseminate well defined behaviourally focused messages to large audiences repeatedly, over time…” (p. 1261). However, Atkin (2001) argues that they have had limited direct effects on most health behaviour. A meta-analysis conducted on 48 community-based campaigns by Snyder (2000; as cited in Atkin, 2001) indicated that the media contribute between five per cent (5%) to 10% change in behaviour. Atkin posits that while these results may be considered successful in commercial advertising, they are often a disappointment to health campaigners. Huang (2004) attributes this to the fact that unlike commercial advertising, health campaigns dissuade people from doing things they like to do which is compounded by
the fact that some of these behaviours are habits that are reinforced through interaction with the social environment.

History of Mass Media Effects

Over the years, the issue of effects of persuasive media campaigns has remained contentious among scholars. Pioneering research by Laswell (1930; 1935 as cited in Melkote and Steeves, 2001) conceptualised the effect of mass media on individuals as powerful, direct and with uniform impact on individuals with simple directional change in attitude and opinion. This, Melkote and Steeves say was attributed to the success of World War propaganda which inferred that media messages are injected directly into a passive audience which is immediately influenced by the message. However, concerns on the impact of war propaganda on soldiers and citizens led to a research program immediately after World War II to examine communication effects on individuals’ attitudes.

Studies carried out between 1945 and 1960 challenged the notion of ‘powerful’ media arguing that it was based on assumptions rather than empirical evidence (Melkote & Steeves, 2001; Neuman & Guggenheim, 2011; Severin & Tankard, 2001). An empirical study by Lazarsfeld and associates (1948; as cited in Melkote & Steeves, 2001) used the two-step flow model to disprove the ‘powerful’ media theory. Lazarsfeld and associates found that audiences were influenced more by interpersonal relationships than by media messages and concluded that mass media were often not associated with simple directional change. This set the stage for the second era of communication effect, the “minimal-effects” era.

A subsequent study by Hoveland et al. (1949; as cited in Severin & Tankard, 2001) found that while films were effective in conveying information, they did not change people’s attitudes. They also demonstrated that two-sided messages were
more effective in the long term particularly where people are opposed to the persuader’s point of view (Demirdöğen, 2010). Klapper (1960; as cited in Severin & Tankard, 2001) summarized the research findings to that date in his book The Effects of Mass Communication. He held that independently, mass media could not produce audience effects but instead “…functions among and through a nexus of mediating factors and influences” (p. 263). Klapper argued that through selective exposure, selective perception, selective retention, people expose themselves to mass media that are in tune with their attitudes, beliefs and interests. Therefore, media were merely contributory agents and were more likely to reinforce, rather than change existing attitudes and behavior.

Nevertheless, subsequent studies through research have modified Klapper’s conclusions. Noelle-Neumann’s Spiral of Silence (1973; 1980; as cited in Severin & Tankard, 2001) possibly marked the resurgence of powerful media effects. She argued that combined, the three characteristics of mass media; cumulation (repetition of a message over time), ubiquity (pervasiveness of media) and consonance (similar angle to a story), can produce powerful media effects. A similar view is held by Finnegan and Vinswanath (2002) who in a study on media violence found that cumulative exposure led to negative changes in perception about one’s susceptibility to violence. However, Curran (2002) disagrees. Like Hovland et al. (1949; as cited in Demirdöğen, 2010), Curran holds that recipients’ ability to make a decision is subject to access to two-sided messages, yet, the rise of global oligopolies in the media industry, and the decline of societal influence on individuals limit recipients’ access to alternative discourses.

Unlike researchers on opposite ends of the media effects continuum, Severin and Tankard (2001) adopt a neutral stand. They proffer that the minimal perspective
might be extreme as research on topics such as agenda setting and effects of TV violence show that mass media have had more than limited effects. However, they caution that the powerful effects could be difficult to qualify as “effects do not occur universally or easily but only when the right communication techniques are under the right circumstances” (p. 268). This is corroborated by Bertrand et al. (2006) and Noar, (2006) who hold that mass media campaigns can be successful if certain design principles and practices are adhered to. Nevertheless, the debate on media effects appears far from over and is exemplified by McGuire’s 1986, The Myth of Massive Media Impact and Zaller’s 1996 rebuttal, The Myth of Massive Media Impact Revised (as cited in Neuman & Guggenheim, 2011).

The Role of Mass Media in the Campaign against HIV and AIDS

The significance of the media’s role in the fight against HIV and AIDS is perhaps best captured in the words of the former Secretary General of the United Nations, Kofi Annan:—

When you are working to combat a disastrous and growing emergency, you should use every tool at your disposal. HIV/AIDS is the worst epidemic humanity has ever faced…. Its impact has become a devastating obstacle to development….Broadcast media have tremendous reach and influence….We must seek to engage these powerful organizations as full partners in the fight to halt HIV/AIDS through awareness, prevention, and education (UNAIDS, 2004, p. 4).

According to Romer et al. (2009), a fundamental premise behind the success of a media campaign is the exposure of the target audience to the campaign messages. Several studies have examined the effectiveness of exposure to media campaigns in generating behavioural changes among the general public and in high risk groups.
(Bertrand et al. 2006; Mhyre & Flora, 2000; Noar, 2006; Noar, Palmgreen, Chabot, & Zimmerman, 2009). However, a key question that often prevails is whether or not health campaigns are effective in impacting HIV and AIDS knowledge, attitudes or behaviours (Bertrand et al. 2006). The question has generated various opinions (Atkin, 2001) but there appears to be consensus that in many cases, HIV and AIDS campaigns are not designed properly, but can be successful if certain design principles and practices are adhered to (Bertrand et al. 2006; Noar, 2006; Mhyre & Flora, 2000; Noar, Palmgreen, Chabot, & Zimmerman, 2009).

A meta-analysis by Mhyre and Flora (2000) of 41 articles from studies published between 1986 and 1998 evaluated these articles in terms of six components considered as critical in the evaluation of a campaign. These include target audience, communication channels, message content, campaign theme, exposure and outcomes. Myhre and Flora noted that whilst mass media HIV and AIDS campaigns utilized multi-media strategies and paid attention to their frequency of use and the results of the evaluation, they neither explained how the decisions on the use of each component were arrived at nor how its use may have contributed to the success of the campaign.

In a systematic review of 24 studies conducted in developing countries between 1990-2004, Bertrand et al. (2006) examined the relationship between media campaigns, HIV-related knowledge, attitude and behaviour change. The campaigns were evaluated in terms of HIV related knowledge, transmission, perceived personal risk, self-efficacy to negotiate condom use, interpersonal communication about HIV or condom use, abstinence, condom use and reduction of high risk sexual behaviour. Although the effect size was small to moderate, in some cases as low as one per cent (1%) to two per cent (2%), Bertrand et al. found that the strongest evidence of effects existed with regard to increasing knowledge of HIV transmission and reduction of
high-risk sexual behaviour. However, most of the evidence for the remaining components yielded mixed results or no effect. It is notable that out of the 24 studies reviewed, only nine described the theoretical frameworks used to guide their analyses.

In another attempt to provide specific insights on the application of principles of effective campaign design, Noar (2006) examined how these principles were used to inform the design of mass media health campaigns. He not only examined the frequency of use but also why or how a particular component may have contributed to the success of the campaign. For instance, when discussing campaigns that used audience segmentation, Noar both cited a given component as an effective strategy and demonstrated the application of multiple variables in audience segmentation.

While theoretical debates allude that it is still not clear how mass media campaigns do so, evidence from SSA suggests that mass media can be used to influence HIV-related behaviours (Benefo, 2004; NACC, 2010; PSI, 2011; Republic of Uganda, 2004; Soul City, 2010; Vaughan, Rogers, Singhal, & Swalehe, 2000). In the absence of a medical cure, most national AIDS control programmes use media campaigns to disseminate information about HIV and AIDS. These campaigns use multi-media strategies at national and community levels and motivating personal influencers of opinion leaders (Myhre & Flora, 2000).

In the late 1980s and early 1990s, Uganda was celebrated as a success story in the fight against HIV and AIDS. Using a combined multi-sectorial/multi-component approach, President Museveni spearheaded the Zero Grazing Campaign to encourage fidelity among couples (Republic of Uganda, 2004). Among the factors attributed to the success of this campaign was the title which provided a unifying theme as cattle-keeping is a common practice in Uganda (Shelton, Halperin, Nantulya, Potts, Gayle, & Holmes, 2004). The title created understanding of the HIV and AIDS problem.
from a common cultural perspective and the theme was in turn promoted through a consistent central message and reinforced from various platforms. As a result, avoidance of risky sexual behaviour became a social norm.

In Tanzania, Vaughan, Rogers, Singhal, and Swaleh (2000) reviewed the radio programme *Twende na wakati* (meaning: Let’s move with the times) which was aired between 1993 and 1997. The campaign sought to demystify myths about HIV and AIDS. Media effects were examined on the basis of respondents’ practice of partner reduction, condom adoption as well as knowledge and attitudes. According to Vaughan et al. the campaign increased listeners’ willingness to discuss HIV-related issues. Two years into the campaign, people were more inclined to believe that unprotected sex could result in HIV infection, discussed more about AIDS, reduced their number of sexual partners and increased condom adoption. By 1994, 46% of the respondents and later 61% in 1995 reported having discussed the programme. Among listeners of the programme who had adopted an HIV and AIDS prevention method by 1995, 77% and 15% reported partner reduction and condom adoption respectively.

Another study in Ghana by Benefo (2004) examined the impact of mass media on various HIV-related behaviours. Although the study yielded mixed results, Benefo found a positive impact of mass media campaigns, particularly radio in increasing partner fidelity and condom use. Conversely, campaign exposure had no effect on abstinence and avoidance of commercial sex among men. Like in Uganda (Republic of Uganda, 2004), Benefo found that a multi-media strategy reinforced messages. Respondents who identified three sources of information as important were 10% more likely to report partner fidelity as a prevention method than those who only identified one source as important. The value added was 10% and 20% for partner fidelity and condom use respectively for those who identified three media sources as important.
compared to those who identified one. Notwithstanding, Benefo held that a single media source can still generate substantial change.

In Southern Africa, the Southern African Development Community (SADC) initiated the oneLove campaign in an attempt to halt the spread of HIV and AIDS in the region (SADC, 2006). A process evaluation of the campaign conducted in South Africa observed that in four months into the campaign, oneLove was associated with a six per cent (6%) increase in knowledge of partner reduction and a decreased likelihood of multi-partnering compared to the previous year among single women. Other impact areas were increased condom adoption and decreased transactional sex amongst men. The campaign also generated greater debate and discussion with partners and among children who watched Soul City 9 TV (Soul City, 2010).

Kenya, mainly through the NACC and PSI/Kenya has used mass-mediated campaigns as an HIV and AIDS prevention strategy. Among the channels used is the placement of adverts on TV featuring motivating personal influencers such as the Total War against HIV and AIDS (TOWA) campaign which had the then President Kibaki as the face of the campaign and the Je una yako? (meaning: Tell me, do you have yours?), a condom campaign which featured young local celebrities. A tracking results continuously (TRaC) survey of PSIs condom programme over a 10 year period showed that the programme was effective in improving access and promoting consistent condom use among males in non-spousal/non-cohabiting relationships, promoting favourable social norms supporting partner discussions on condom use and sexual risk behaviour among young males. Increase in condom use at last sex rose from 46.8 percent in 2001 to 53.9 percent in 2009, while consistent condom use rose from 27.2 percent in 2001 to 39.9 percent in 2007 (PSI, 2011).
Multiple Concurrent Partnerships and HIV and AIDS

The term multiple concurrent partnerships (MCP) is used where a main partner has overlapping sexual relationships with two or more partners (Mah & Halperin, 2010). MCP has been identified as an underlying driver of high HIV prevalence in parts of SSA (Eaton, Hallet & Garnett, 2011; Leclerc-Madlala, 2003; Luke, 2005; Mah & Halperin, 2010). This is consistent with the 2008/09 KDHS (KNBS & ICF Macro, 2010) which indicated that the highest rate (44%) of new HIV infection occurred among couples in heterosexual cohabiting relationships.

Although the association between MCP and HIV infection remains contested, proponents of this thesis argue that a person in a concurrent network who is exposed to HIV is more likely to infect a secondary partner during the acute phase of infection when mutation is highest (Garnett & Rottingen, 2001). Should the secondary partner be linked into other concurrent networks, they too may infect those in their other networks (Epstien, 2007; Thorton, 2008). Conversely, critics of this thesis argue that there is little empirical evidence to support this claim due to lack of a common definition of concurrency and continued citing of non-empirical studies (Lurie & Rosenthal, 2010; Sawers & Stillwaggon, 2010).

Motivations and Justification for Practicing MCP

Studies conducted in Southern Africa have shown that the underlying causes of MCP include and combine deep-seated cultural traditions and modern phenomena (Leclerc-Madlala, 2003; Selikow, 2004; Swidler & Watkins, 2006). Whilst poverty has been identified as a motivator for MCP, (Leclerc-Madlala, 2008b) and an indicator of risky behaviour (Hallman, 2005; Rwenge, 2003), studies show that in several SSA countries, HIV prevalence is higher amongst the wealthy (Mishra, Bignami-Van, Hong, & Vaessen, 2007; Shelton, Cassell, & Adetunji, 2005). This is
corroborated by the 2008/09 KDHS which reported that HIV infection shows a tendency to rise with wealth (KNBS & ICF Macro, 2010). Besides poverty, other underlying drivers of MCP include social acceptance of the practice, consumerism, sexual dissatisfaction with a main partner, insurance against losing a main partner (Epstien, 2007; Leclerc-Madlala, 2008b; Swidler & Watkins, 2006).

Despite social changes and changes in health risks associated with HIV and AIDS, culturally-rooted structures such as polygamy, rites of passage and ritualistic sex which drive MCP are still pervasive (Selikow, 2004; Swidler & Watkins, 2006; UNESCO, 2002). However, UNESCO (2002) points out that unlike traditional polygamy which limits sexual networks to a man and his wives, MCP are more common in urban areas where men apply traditional constructions of masculinity to justify the practice (Selikow, 2004). Selikow observed that in South African townships, male sexuality was defined by the number of sexual partners a man had and was qualified by metaphors such as ‘real man’ for men with multiple partners or derogatory labels for those who did not. This has also been observed in some Kenyan communities. For example, among the Samia, a man who practices MCP is referred to as edalang’i (meaning: lion) or emboko (meaning: buffalo). Conversely, one who does not is derogatorily referred to as edebe (meaning: empty can). This can further be linked to a common cultural belief that a man’s sexual access and social expectations of sexual access increases with wealth (Leclerc-Madlala, 2008c). These constructions of masculinity affirm men’s sense of self-worth and respect among peers and society which by default increases their risk exposure to HIV infection.

Socio-demographic and economic changes have also had an impact on the nature of sexual relationships and the spread of HIV (Hunter, 2002). These include early and delayed marriage (Bongaarts, 2007; Clark, 2004), trends which have also
been observed in Kenya where age at first marriage in urban areas and particularly for women has increased (Ikamari, 2005). Consequently, young men and women simultaneously engage in sexual relations with peers and older persons prior to marriage. This is closely linked to an emergent norm in South Africa where women knowingly enter into sexual relationships with men already in other relationships (Silberschmidt & Rasch, 2001) for lifestyle rewards. Other emerging sexual norms in Kenya include the opening up of the homosexual community (Kuria, 2012) and ‘swinging’ (partner swapping) (Chacha, 2012). The ‘baby mama/baby daddy’ (co-parents living apart) phenomenon and intergenerational and transactional sexual relationships are equally common.

Intergenerational relationships refer to young women and men who form partnerships with men or women 10 years older (UNAIDS, 2008). These relationships are commonly referred to as ‘Cougar,’ (older women chasing younger men) ‘trout’ or ‘rhino’ (older men chasing younger women) relationships. Leclerc-Madlala (2008b) says that while economic transfer/reciprocity is a normative expectation in most sexual relationships, financial gain is a dominant feature in this type of relationship. Older men and women are perceived as conduits to financial security and social mobility for younger men and women (Karlyn, 2005; Silberschmidt & Rasch, 2001). Therefore, young men and women establish sexual relations with older women and men for purposes of either meeting their basic needs or acquisition of desirable consumer goods and the social status that goes with them. The price for sex is rarely negotiated but the amount of money or value of material items offered in exchange of sex influence the decision whether to continue or discontinue the relationship (Swidler & Watkins, 2006).
Transactional sex has become a fairly common practice in SSA (Hunter, 2002; Leclerc-Madlala, 2003; Luke & Kurz, 2002). Although transactional sex involves an exchange of material gains (Leclerc-Madlala, 2003, 2008b, 2008c), unlike commercial sex, it blends sexual relations of mutual affection with overt economic exchange (Swidler & Watkins, 2006). Whilst financially dependent women may engage in transactional sex as ‘survival sex,’ career women may choose to do so for social mobility (Leclerc-Madlala, 2003). As a sign of respect to both partners, this exchange is rarely negotiated, rather, it is taken as a social contract in which both parties act as expected to fulfill social expectations of the relationship (Swidler & Watkins, 2006).

Theoretical Framework

“A theory is a set off interrelated concepts, definitions and propositions that present a systematic view of events or situations by specifying relations among variables, in order to explain and predict the events or situations” (Glanz, Rimer, & Viswanath, 2008, p. 26).

Petty, Briñol, and Priester (2009) proffer that “the success of media campaigns depends on (a) whether the transmitted communications are effective in changing the attitudes of the recipients in the desired direction and b) whether these modified attitudes in turn influence people’s behaviours” (p.125). Consequently, this study was anchored by Ajzen’s Theory of Planned Behaviour (TPB), (Ajzen, 2006) and Petty and Cacioppo’s Elaboration Likelihood Model (ELM) (cited in Rucker & Petty, 2006). The TPB focuses on attitudinal aspects toward behaviour but Sutton (2000; as cited in Wilson, Irvine, & Mill, 2010) argues that while the TPB is effective in identifying beliefs to be targeted in an intervention, it does not provide assistance on how to change those beliefs. To this end, Ajzen and Manstead, (2007; as cited in
Wilson, Irvine, & Mill, 2010) propose that models such as the ELM can address this limitation. According to Cameron (2009), the ELM provides a framework for understanding how one’s perception of a behaviour can predict its occurrence by explaining the conditions under which one scrutinises a persuasion message and the process by which message elements influence an individual’s attitudes in relation to pre-existing attitudes that may alter reception of a message. Combined, the TPB and ELM provide a framework for understanding people’s behaviour and the processes that underlie the effectiveness of the message.

Theory of Planned Behaviour

The TPB is an expectancy-value theory and is often used to explain media effects at the individual level (Finnegan & Viswanath, 2008). It incorporates the determinant of perceived behavioural control into the Theory of Reasoned Action (TRA) (Ajzen & Fishbein, 1980) to account for behaviours beyond an individual’s control (Ajzen, 2006). The core assumption of the TPB is that the best predictor of behaviour is behavioural intention, where intention is determined by one’s attitude towards a given behaviour and one’s subjective norms (Ajzen, 2006). As a result, one’s behavioural choices are likely to be motivated by the beliefs or expectations one holds about outcomes of one’s choices and the value one places on those outcomes which are assumed to be influenced by underlying beliefs that form them (Finnegan & Viswanath, 2008). The prediction of a positive outcome increases the likelihood of adoption of the behaviour, whereas prediction of a negative outcome will produce an opposite effect.

In this study, attitude refers to one’s evaluation, whether positive or negative of one’s sexual behaviour whereas subjective norm is a function of the evaluation and normative beliefs of what one’s significant others think of one’s sexual behaviour and
one’s motivation and ability to conform to their expectations. The perceived behavioural control construct is used to measure one’s ease or difficulty of performing a given behaviour. The aim of the MWK campaign is to change individual sexual behaviour, however, in most Kenyan communities, sexual behaviour is socially constructed therefore, sexual practice is often governed by social norms. Therefore, norms and values rooted in the social structure shape the assumptions, expectations and meanings that people bring to sexual relationships Leclerc-Madlala (2008c).

According to Fisher and Misovich (1990), HIV prevention messages that promote condom use are ineffective when social or peer norms do not reinforce condom use. Therefore, it is possible that a person with the ability to rationally weigh the merits and demerits of MCP may lack the motivation to do so owing to the need to conform to societal expectations. As a result, the TPB has been criticised for its neglect of the social nature of sexual practice in collective cultures (Airhihenbuwa & Obregon, 2000; Dutta-Bergman, 2005; Singhal, 2003). A similar view is held by Selikow (2004) and Valente (2001) who submit that the influence of social norms has had a major impact on the spread of HIV.

Notwithstanding, studies conducted in the West indicate that the TPB has been successful in promoting positive HIV-related behaviours (Wilson, Irvine, & Mill, 2010). Beadnell et al. (2008) used the TPB to examine 3 sexual behaviours; monogamy, condom use in steady partnerships and intention to use a condom with casual partners among heterosexual men in the United States of America. They found that the TPB could explain the 51% variance in monogamy intentions and that intention had a stronger link to attitude than to social norm or self-efficacy. They further observed that self-efficacy had significant links to both intentions to remain monogamous and to use a condom with a steady partner, but not with casual partners.
However, like Airhihenbuwa and Obregon (2000), and Bertrand et al. (2006), Beadnell et al. underscored the significance of incorporating underlying beliefs and attitudes of target audiences in the design of HIV and AIDS interventions.

In other studies, Bryan, Ruiz, and O’Neill (2003) tested the utility of the TPB on the intent of incarcerated individuals to engage in safe sexual practices and safe needle use. Wise, Goggin, Gerkovich, Metcalf, and Kennedy (2006) tested the intentions of a diverse group of African-American youth to use condoms. Results from both studies showed a positive relationship between TPB and intentions to use a condom and that the theoretical constructs of the TPB account for a significant proportion of the variance in intention to use condoms.

Whilst the researcher acknowledges that the role of social norms on sexual behaviour is important, the ability of a message to enhance confidence levels in an individual can still result in the desired behaviour change (Beadnell et al. 2008). To this end, the influence of argument quality on the TPB constructs of subjective norms and perceived behavioural control in building an individual’s level of confidence to adopt the promoted behaviour was examined.

The Elaboration Likelihood Model

The Elaboration Likelihood Model (ELM) is a dual-process model which explains how message elements interact with motivation and ability to influence information and impact attitude (Petty, Brinol, & Priester, 2009; Rucker & Petty, 2006). The model posits two distinct routes to persuasion (central and peripheral) which occur along an elaboration continuum defined by one’s level of motivation and ability to critically evaluate (elaborate) the merits and demerits of the attitude object. Among the factors that impact motivation and ability are personal relevance (involvement) of the topic to the receiver and distraction in the persuasion context.
With greater relevance, increased elaboration is likely, whereas with increased
distraction, there is likely to be reduced elaboration (Choi & Salmon, 2003; Petty,
Brinol, & Priester, 2009; Rucker & Petty, 2006). Thus, the level of elaboration one
engages in is indicative of how, if at all a person will be persuaded, Petty and

Central or systematic processing occurs at the high end of the elaboration
continuum and is activated by close scrutiny of message variables to reach a verdict as
to whether or not to adopt the behaviour in question. These variables include
argument quality, pre-existing knowledge and how they influence the message.
Conversely, peripheral or heuristic processing occurs at the low end of the continuum
where the recipient relies on peripheral cues, such as the celebrity status of the person
pitching the behaviour. According to Petty and Cacioppo (1986; as cited in Choi &
Salmon, 2003; Petty, Brinol, & Priester, 2009; Rucker & Petty, 2006), attitude change
that occurs through the central route results in greater temporal persistence, greater
predication of behaviour and greater resistance to counter-persuasion than attitude
change that occurs through peripheral route.

Based on the above theoretical predictions, this study examined the two
primary variables that affect elaboration likelihood; involvement (motivation) and
ability to process. It further examined the effect of the two variables on other
variables within the persuasion context; source credibility and argument quality which
moderate the route to persuasion either through central or peripheral processing
(Petty, Briñol, & Priester, 2009). According to Petty and Cacioppo (1986; as cited in
Petty, Briñol, & Priester, 2009), these variables are subject to manipulation in the
persuasion context where involvement and ability influence the extent or direction of
elaboration hence, can take up multiple roles. Therefore, a message promoting the same position can be differentially persuasive.

Factors that impact a recipient’s involvement and ability can be specific to the communication content or internal to the person. These include intelligence, critical evaluation of the message, a person’s level of actual or perceived knowledge, distraction in the communication context and repetition which facilitate better understanding, scrutiny and recall of arguments conveyed in a message (Choi & Salmon, 2003; Rucker & Petty, 2006). In the context of this study, ability refers to an individual’s capacity to engage in elaboration whereas involvement/motivation was operationalised by examining situations where outcome-relevant involvement is either high or low (Parker, Levine, Westerman, Orfgen & Foregger, 2007; Rucker & Petty, 2006; Wagner & Petty, 2011).

Johnson and Eagly (1989; as cited in Parker et al. 2007) identified 3 types of involvement; value-relevant involvement (VRI), outcome relevant involvement (ORI), and impression relevant involvement (IRI) which they hold influence different persuasive effects differently. The VRI refers to the extent to which the attitude object is linked to closely held values and self-concept, whilst the ORI refers to the extent to which the attitude object is likely to affect an individual’s current goals. Parker et al. posit that when outcome-relevance is high, one is more likely to process incoming messages centrally, conversely, when outcome-relevance is low, one is less motivated and is more likely to process the message peripherally than centrally. The ORI and VRI were relevant to this study because they mediate the TPB variables of intention and subjective norms which in turn influence the route to persuasion one takes.
Strong arguments are deemed to generate predominately positive thought than weak arguments. Therefore, if the argument quality is strong, one will most likely evaluate the merits and demerits of the message centrally. Conversely, if the argument quality is weak, one will evaluate the message peripherally to decide whether or not to adopt the promoted behaviour, Petty and Cacioppo (1986; as cited in Choi & Salmon, 2003; Rucker & Petty, 2006). In this study, perceived argument quality was defined in terms of the persuasive impact of the campaign message, Petty and Cacioppo (1986; as cited in Choi & Salmon, 2003; Rucker & Petty, 2006) and was measured in terms of respondents’ ratings of the argument quality (O’Keefe, 2002).

Attitude formation results from the evaluation of an issue for the first time while attitude change occurs when an individual alters his or her existing perception of an issue or object (Parker et al., 2007). Based on the findings of the 2008/09 KHDS (KNBS & ICF macro, 2010), it was assumed that individuals had pre-existing knowledge of HIV transmission. Therefore, the study focused on attitude change. Whilst Petty and Cacioppo (1986; as cited in Petty, Brinol, & Priester, 2009) submit that attitude change through the central route is more desirable, they acknowledge that it is difficult to achieve attitude change via this route. This is because cognitive and peripheral responses to a persuasive message interchangeably mediate the impact of variables on attitude change and as a result, attitude change can occur in either a relatively objective or subjective manner. For instance, in this study, a person driven by a high level of fear of HIV may simply respond positively to a campaign message out of fear rather than on the basis of the argument quality. Conversely, a person with a high knowledge of HIV could disregard the argument quality to either conform to subjective norms or personal needs. To this end, the study examined the interaction
between involvement, argument quality and source credibility on attitude change and behaviour.

Credibility refers to an individual’s perception of truth of the source or transmitter of the information (Eisend, 2006). In this study, source credibility was defined as “judgments made by a perceiver concerning the believability of a communicator” (O’Keefe, 2002, p. 181). As a non-content element, source credibility is often considered a peripheral cue, but in some situations, can function as a central cue to trigger a high level of scrutiny of both the message and the source to determine validity of the message. In this study, the celebrity (Jimmy Gathu) was considered as the source, and source credibility was measured for competence, trustworthiness and dynamism as recommended by, Hoveland et al. (1953; as cited in Eisend, 2006).

Notwithstanding its explanatory power, the ELM has been criticized for lack of clarity on how the central and peripheral processes occur and interact for attitude change to occur, Stiff (1986; as cited in Choi & Salmon, 2003). However, it is still considered one of the most influential theories of persuasion for providing a unifying framework that reconciles past contradictory findings of the persuasion process (Cameron, 2009).

The Conceptual Framework

A conceptual framework gives the relationship between variables and theories used in the study (Creswell, 2009). The following is an illustration of the conceptual framework that was used for the study:
Figure 2.1: Conceptual Framework

Path diagram summary of combined ELM and TPB Model adapted from *Behaviour change: Does it live up to its name?* Wilson, Irvine, and Mill (2010).

The solid lines depict significant relationships, dotted lines non-significant relationships while arrows denote assumed causal path (Wilson, Irvine, & Mill, 2010).

The independent variable in this study is exposure to the campaign message whereas elaboration (behaviour change) is the dependent variable. Ability to process, involvement, source credibility and argument quality, perceived behavioural control, intention, and subjective norms are moderating variables while attitude is an intervening variable.

Ability to process, motivation/involvement, argument quality and source credibility were examined for their association with an individual’s knowledge of HIV. It was assumed that under certain conditions, these variables can enhance the attitude-behaviour relationships because they affect the attitude structure and activation of beliefs from this attitude structure. The study assumed that one’s sexual behaviour is determined by one’s intention to perform the behaviour, which is in turn
a function of one’s attitude towards sexual behaviour and one’s subjective norms. To this end, the perceived behavioral control construct was used to demonstrate the ease or difficulty a person experiences in deciding whether or not to adopt the behaviour promoted by the MWK campaign.

Summary

This chapter reviewed the history of mass media effects and literature on past studies conducted on the effect of mass media campaign on HIV risk behaviour. Although literature reviewed suggests that media campaigns aimed at reducing sexual risk behaviour have consistently yielded mixed results, the researcher was of the opinion that if well targeted and designed, mass media can generate positive effects on sexual risk behaviour. The next chapter discusses the research methodology that was applied in conducting the study.
CHAPTER THREE
RESEARCH METHODOLOGY

Introduction

Methodology is fundamental in research because as Flick (2006) explains, the methods used in a research become the point of reference for checking the suitability of ideas and issues for empirical investigation. This chapter describes the design of the study and the procedures and techniques that were used to collect and analyse the data. It also discusses ethical considerations and presentation of the final report.

Research Design

Research design is “the conceptual framework within which research is conducted” (Kombo & Tromp, 2006, p. 78). According to Kombo and Tromp, descriptive research has been found most appropriate for studying social phenomena due to its ability to describe a situation. This study sought to examine the effects of the MWK campaign on HIV sexual risk related behaviour, thus, the research was essentially descriptive and used a mixed method approach to facilitate description, analysis and interpretation of the effect of the MWK TV campaign message on an individual’s sexual behaviour.

Generally, there are two common approaches to conducting research; quantitative, and qualitative methods (Johnson & Onwuegbuzie, 2004; Merriam, 2001; Tashakkori & Teddlie, 2003). Kothari (2008) defines quantitative research as the process of designing a study in a manner that can produce measurable, systematic and standardized results. Conversely, a qualitative process focuses on the understanding of a social problem using narrative data (Merriam, 2001) rather than on generalizing the results to the target population (Singleton & Straits, 2005). In a mixed methods approach, a researcher combines methods of collecting or analysing
data from both research approaches in a single research study (Johnson & Onwuegbuzie, 2004; Tashakkori & Teddlie, 2003). They recommend the use of an integrated approach to obtain optimum results, particularly in sensitive studies.

To facilitate collection of mixed data, the study adopted a concurrent identical sample approach, (use of the same sample in the same study at the same time) as recommended by Johnson and Onwuegbuzie (2004). A quantitative approach was used to establish the number of respondents who share particular characteristics or hold similar views to produce measurements for statistical analysis of respondents’ attitudes and behaviour. On the other hand, a qualitative approach provided the flexibility of obtaining qualitative information in order to understand one’s behaviour towards the attitude object and the importance of this behaviour to the person.

Population of the Study

A population, also referred to as the universe or target population is an entire group of persons, objects or events that have an observable common characteristic (Mugenda & Mugenda, 2003). Participants in this study comprised men and women in stable heterosexual relationships between the ages of 18 and 49 in Nairobi West Estate. Although UNAID’s primary indicator for concurrency is 15 to 49 years (PSI, 2010), the study used a lower age limit of 18 based on the majority age in Kenya.

Accessible Population

According to Mugenda and Mugenda (2003), the accessible population is a narrowly defined population of the target population from which the research sample is drawn. Mugenda and Mugenda say it is essential to define the accessible population in order to reduce research costs. The accessible population for this study was residents of Nairobi West Estate.
Unit of Analysis

The unit of analysis refers to the level of aggregation of the data collected during data analysis (Mugenda & Mugenda, 2003). The unit of analysis for this study was an individual human being.

Sampling Design

Sampling refers to the procedures used to obtain a sample (Kothari, 2008). There are two basic approaches to sampling: probability and non-probability sampling (Kombo & Tromp, 2006). In probability sampling every unit in the universe has a chance of being selected in the sample and the results accurately generalized to a population. However, in non-probability samples, respondents are selected for practical reasons such as possession of characteristics relevant to the research question (Patton, 2002) or budgetary constraints (Kombo & Tromp, 2006). Since the nature of this study touched on the sensitive topic of an individual’s sexuality, it was assumed that respondents could be reluctant to reveal socially ‘unacceptable’ opinions on sexual behaviour. As a result, the study adopted a non-probability design and purposive and convenience sampling methods.

In purposive sampling, a researcher intentionally selects participants who have experience with the phenomenon under study. These criteria depend on certain factors such as age, race, gender, education and homogeneity whereas in a convenience sample, the criteria used are convenience, availability and willingness to participate in the study (Mugenda & Mugenda, 2003). Despite the inherent bias and unrepresentativeness of purposive and convenience samples (Mugenda & Mugenda, 2003), their use has been recommended as a means of gaining information particularly in studies that involve ethics (Sommer & Sommer, 1997) which was the case in this study. Therefore, the sample was purposively chosen to ensure that
participants had experience with the phenomenon under study and the ability to voluntarily provide the data required for the study.

The study further purposively targeted men and women in stable heterosexual relationships between the ages of 18 and 49 based on the majority age in Kenya and Nairobi West for its homogeneity as a middle-class residential area based on the cost of maintaining a ‘mpango wa kando’ presented in the television spot which alludes to a middle class Kenyan. Since the research was self-funded with limited time and resources, purposive and convenience sampling techniques were cost effective and facilitated convenient access.

Sample Size

A sample size is usually derived from a sample frame which is a list of elements in the population (Cooper & Schindler, 2003). According to Ritchie and Lewis (2003) purposive sample sizes are not necessarily fixed prior to data collection and depend on the resources and time available and the objectives of the study. Nevertheless, the study borrowed from guidelines of sample sizes for phenomenological studies of five to 25 participants as recommended by Creswell (1998). To minimize sampling error and to improve precision, the study targeted 30 participants and made an allowance for non-responses at an expected 70% response rate, that is, $30 / 0.7 = 42.9$. Consequently, the study surveyed 43 respondents. To minimize sampling bias, the study targeted 50; 50 gender representation.

Data Collection Instrument

According to Cooper and Schindler (2003), a good research instrument must be accurate, simple to use, efficient and capable of answering the research questions. Descriptive surveys typically use questionnaires or interviews to collect information (Singleton & Straits, 2005) therefore, this study used a self-administered anonymous
questionnaire. Although the use of focus groups and in-depth interviews has been recommended to supplement surveys on topics that require in-depth exploration (Merriam, 2001), Singleton and Straits (2005) recommend the use of anonymous questionnaires in sensitive topics such as the one addressed in this study because they provide more anonymity than face-to-face interviews. Whilst the researcher acknowledges that face-to-face interviews facilitate deeper insight of the research problem, it was not possible to do so because it was presumed that some respondents could be hesitant to discuss sex and or reveal socially ‘unacceptable’ sexual behaviour to a stranger owing to sexual taboos.

The questionnaire response format comprised of closed-ended, open-ended and Likert-scale questions. The questions were designed to generate information on the influence of the observed variables on the adoption of the promoted behaviour. Closed-ended questions provide for only a limited list of responses to choose from, therefore, open-ended questions were used to obtain answers on qualitative aspects in respondents’ own words and to examine the salience of opinions. Likert scale questions facilitated measurement of respondents’ attitudes, beliefs and opinions toward MCP and distinguishing between positive, neutral and negative attitudes, beliefs and opinions.

To ensure clarity, questions were grouped into segments and a funnel technique used from general to specific questions as recommended by Kahn and Cannell (1957; as cited in Singleton & Straits, 2005). It was assumed that this technique would hold respondents’ interest in the study and warm them up to difficult questions. Filter and contingency questions were also used to maintain interest and to save respondents’ time in completing the questionnaire. According to Singleton and Straits (2005), contingency questions are intended only for respondents to whom the
question is relevant, while responses to filter questions determine who should answer subsequent contingency questions.

Although purposive sampling does not seek to generalize results to a larger population, external validity is still important (Creswell, 2005). The study used self-report measures of which a major concern has been expressed in relation to truthfulness, especially as little is known about validity of self-reports on sexual behaviour (Råssjö, Mirembe, & Darj, 2011). Therefore, to check response validity, the researcher used a structured questionnaire to ensure that all respondents answered the same questions to facilitate comparison of responses from different respondents. Open-ended questions were used to clarify responses on closed-ended and Likert scale questions in some cases and acquiescence response set questions measuring similar concepts but roughly opposite in meaning introduced in different sections of the questionnaire.

Pre-testing of the Questionnaire

Prior to data collection a pre-test is recommended on at least 10% of the study sample to determine the effectiveness of the data collection tool (Mugenda & Mugenda, 2003). The questionnaire was tested on five individuals in Nairobi South “C” Estate who were identified through residents of the Estate known to the researcher but did not constitute the final sample. The pre-test was conducted by the researcher who briefed respondents on the purpose of the pre-test and invited them to complete the questionnaire and provide feedback on how the questionnaire could be improved. The questionnaire was tested for relevance of questions, proper use of response choices, clarity of instructions, measurability of variables and appropriateness of the length. Respondents’ feedback was factored into the final questionnaire prior to data collection.
Training of Research Assistants

The purpose of the training is to ensure that the survey is conducted in a manner that can generate the required information in a timely, efficient and accurate manner (Chandran, 2004). The research team comprised the researcher as the team leader, a research team supervisor who holds a Master’s Degree in Business Administration and two research assistants who are holders of undergraduate business degrees with experience in social research. The researcher structured a two-day intensive training which covered the objectives of the study, research questions, data collection and analysis procedures, ethics and administrative matters.

Data Collection

Data was collected from 23rd to 27th May, 2013. To facilitate access to respondents, the research assistants produced letters of approval for research from Daystar University and the National Council for Science and Technology (NCST). To ensure that anonymity and confidentiality which were key aspects of the study were upheld, questionnaires were distributed in sealable envelopes with instructions to respondents to return the completed questionnaire sealed in the envelope provided. Most of the data was collected during the weekend and most respondents preferred to complete the questionnaire while the research assistants waited but still returned the questionnaire sealed in the envelope provided.

Data Analysis

Data analysis is the systematic organization of raw data in a manner that facilitates analysis (Mugenda & Mugenda, 2003), while data coding is a systematic way of condensing extensive data into smaller analysable units by creating categories and concepts derived from data (Lockyer, 2004). This involves allocating a number to each of the possible responses provided to a closed question, or allocating a code to
the responses of an open question (Kothari, 2008) which facilitates fast and efficient data processing and calculation of descriptive statistics. Closed-ended questions were pre-coded on the questionnaire for ease of data entry with codes indicated on the right hand side of the question to avoid distraction from the question.

Nominal, ordinal and interval scales levels of measurement were applied. According to Mutahi (2000) in nominal scales, numbers or symbols are simply assigned as labels to represent qualities or categories of the variables for ease of analysis but do not provide quantitative information. Examples of nominal scales in this study were age, gender and marital status. In addition to all elements of a nominal scale, ordinal scales incorporate qualitative differences where the assigned number represents qualitative differences such as levels of education. Mutahi further says that interval scales represent measurement where equal intervals are placed between different categories and numbers assigned correspond to differences in degree or ranking of characteristics such as age intervals.

In this study and as recommended by Singleton and Straits (2005), categories were mutually exclusive and exhaustive to avoid overlaps or gaps in information collected. A nominal scale was used for closed-ended questions. For example, sex was categorized into male and female with 1 representing males and 2 for females. Age was categorized into ranges from 20-24 up to 45 to 49 and a number assigned to each age group. To ensure exhaustion, the option of ‘other’ was provided. The number and percentage of respondents endorsing each response option was reported. Likert scale questions were used to measure attitudes, self-report behaviours, preferences and values and to indicate the level of agreement or disagreement on an issue by marking the box that represents the respondents’ degree of agreement or disagreement. Various opinion statements on an issue were collected, edited and
classified into a group of responses and statements rated on a five-point scale.Whatever set of words the respondents endorsed produce ordinal level scales. After
data collection, categories of possible responses were created for open-ended
questions and placed into given categories of variables based on common
characteristics. Numerals were assigned to responses to ensure that all categories are
exhaustive and mutually exclusive. The data was subsequently analyzed using the
statistical package of social sciences (SPSS) and findings of the study presented in the
form of a narrative, figures and tables.

Ethical Considerations

Robson (2002) explains that it is unethical to coerce respondents to participate
in a survey. Therefore, prior to distributing the questionnaire, the research assistants
explained the purpose of the study and sought verbal consent from respondents. Only
those who volunteered were sampled. To protect respondents’ anonymity, clear
instructions were given on the questionnaire for respondents to exclude names or any
other identity markers on the questionnaire. Questionnaires were distributed with an
unmarked sealable envelope in which respondents were requested to seal the
completed questionnaire for collection by the research assistants. Approval was
granted by both Daystar University and the NCST to conduct the research.

Summary

This chapter discussed the methodology that was used in this study. It
explained the area of study, research design, population, sampling design, sample
size, procedure of data collection, instrument of data collection and data analysis and
the rationale behind the use of these methods in order to provide a basis of evaluation
of the results. It further discussed ethical considerations for the research. The next
chapter presents the analysis of findings.
CHAPTER FOUR
DATA PRESENTATION, ANALYSIS AND INTERPRETATION

Introduction

This chapter analyses, presents and interprets findings of the study. It begins with a descriptive analysis of respondents’ demographics followed by an analysis of their knowledge, attitudes, beliefs and behaviour related to HIV and AIDS. Next, it analyses the effects of the MWK campaign and concludes with a summary of key findings. A total of 43 questionnaires were distributed and 38 were completed and returned. Table 4.1 shows the response rate at 88.4%. This infers that the study realized a high response rate, an outcome which may be attributed to the research procedures which guaranteed respondents’ anonymity and confidentiality.

Table 4.1: Response Rate

<table>
<thead>
<tr>
<th>Response rate</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responded</td>
<td>38</td>
<td>88.4</td>
</tr>
<tr>
<td>Did not respond</td>
<td>5</td>
<td>11.6</td>
</tr>
<tr>
<td>Total</td>
<td>43</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Demographics and General Information

Data analysed in this section include respondents’ age, gender, marital status, level of education, type of relationship, state of union and number of children.

Age of Respondents

The distribution of respondents by age is shown in table 4.2. The table shows that the age groups of 25-29 and 35-39 years were most represented in the study at 28.9% and 26.3% respectively. It also shows that 13.2% of the respondents were in the age group of 18-24 whereas the age groups of 30-34, 40-44 and 45-49 accounted for 10.5% of the respondents each. Generally, the majority of respondents (57.8%) were above the age of 30. Therefore, the age groups in which past demographic
health surveys have shown the highest rate of HIV infection, rising from 25-29 in 2003 to 30-34 in 2007 and 40-44 in 2008/09 (KNBS & ICF Macro, 2010) were represented in the study.

Table 4.2: Distribution by Age

<table>
<thead>
<tr>
<th>Age group (in years)</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>5</td>
<td>13.2</td>
</tr>
<tr>
<td>25-29</td>
<td>11</td>
<td>28.9</td>
</tr>
<tr>
<td>30-34</td>
<td>4</td>
<td>10.5</td>
</tr>
<tr>
<td>35-39</td>
<td>10</td>
<td>26.3</td>
</tr>
<tr>
<td>40-44</td>
<td>4</td>
<td>10.5</td>
</tr>
<tr>
<td>45-49</td>
<td>4</td>
<td>10.5</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Gender of Respondents

Table 4.3 shows the distribution of respondents by gender. The table shows that there was equal gender representation at 50% each for females and males. Therefore, there was equal gender representation in terms of participation, views and attitude towards the MWK TV campaign.

Table 4.3: Distribution by Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>19</td>
<td>50.0</td>
</tr>
<tr>
<td>Female</td>
<td>19</td>
<td>50.0</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Marital Status

Respondents were asked to state their marital status. Table 4.4 shows that 44.7% of the respondents were single whereas 42.1% were married. The widowed and those in cohabiting relationships accounted for 5.3% each, whereas 2.6% were either divorced or separated. Therefore, there was relatively equal representation between the singles and married/cohabiting groups. This implies that couples in married or cohabiting heterosexual relationships in which the 2008/09 KDHS showed
the highest rate (44%) of HIV infection (KNBS & ICF Macro, 2010) were adequately targeted. The singles, widowed/separated/divorced groups were used for comparative analysis in terms of behavior change.

Table 4.4: Distribution by Marital Status

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>16</td>
<td>42.1</td>
</tr>
<tr>
<td>Single</td>
<td>17</td>
<td>44.7</td>
</tr>
<tr>
<td>Cohabiting</td>
<td>2</td>
<td>5.3</td>
</tr>
<tr>
<td>Widow/Widower</td>
<td>2</td>
<td>5.3</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>38</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Level of Education

Table 4.5 shows respondents’ highest level of education. Diploma and undergraduate degree holders accounted for 28.9% of the respondents each, followed by certificate holders at 15.8% and those with high school and primary education at 10.5% each respectively. Some 5.3% held postgraduate degrees. Thus, the majority (79%) of the respondents had attained post-secondary education out of which 34.2% were university graduates. This infers that most of the respondents were highly literate so, their probability to understand and interpret the campaign message based on elaboration was high.

Table 4.5: Distribution by Level of Education

<table>
<thead>
<tr>
<th>Level of education</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>4</td>
<td>10.5</td>
</tr>
<tr>
<td>High school</td>
<td>4</td>
<td>10.5</td>
</tr>
<tr>
<td>Certificate</td>
<td>6</td>
<td>15.8</td>
</tr>
<tr>
<td>Diploma</td>
<td>11</td>
<td>28.9</td>
</tr>
<tr>
<td>Degree</td>
<td>11</td>
<td>28.9</td>
</tr>
<tr>
<td>Post-graduate</td>
<td>2</td>
<td>5.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>38</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
Type of Relationship

Respondents were asked to describe the type of relationship that they were in. The classification of respondents by type of relationship is shown in table 4.6. The majority (76.3%) of the respondents were in stable partnerships while 23.7% described their relationship as a non-regular partnership. This infers that the majority of the respondents were sexually active.

<table>
<thead>
<tr>
<th>Type of relationship</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stable partnership</td>
<td>29</td>
<td>76.3</td>
</tr>
<tr>
<td>Non-regular partnership</td>
<td>9</td>
<td>23.7</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Duration of Relationship

Respondents in stable relationships were asked to state the duration of their relationship in years. Twenty-nine (29) participants responded to this question. Table 4.7 shows that the majority (37.9%) had been in a partnership for three to nine years while 24.1% recorded 10-19 years. A further 6.9% reported over 20 years of stability and 31% two years or less. Thus, most of the respondents had been in a stable partnership for a relatively long time with nearly two-thirds recording more than a decade. Hence, there was a probability for this group not to use a condom owing to the trust developed in their relationships over the years.

<table>
<thead>
<tr>
<th>Duration of relationship</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 2 years</td>
<td>9</td>
<td>31.0</td>
</tr>
<tr>
<td>3 - 9 years</td>
<td>11</td>
<td>37.9</td>
</tr>
<tr>
<td>10 - 19 years</td>
<td>7</td>
<td>24.1</td>
</tr>
<tr>
<td>20+ years</td>
<td>2</td>
<td>6.9</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Presence of Children

The study sought to establish whether respondents had any children. Table 4.8 shows that the majority (57.9%) did. The presence of children suggests a probability that couples who wish to have children will ignore the use of condom which besides being protection against HIV and AIDS and other diseases is also a barrier to conception. As a result, if one partner in the relationship is unfaithful, such couples would be exposed to the risk of HIV infection.

Table 4.8: Distribution by Presence of Children

<table>
<thead>
<tr>
<th>Have children?</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>22</td>
<td>57.9</td>
</tr>
<tr>
<td>No</td>
<td>16</td>
<td>42.1</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Number of Children

The study further sought to establish the number of children the respondents had. The distribution is shown in figure 4.1. The average number of children was two with distribution varying from this average by about one child ($M=2.08; \ SD=1.211$). The maximum number of children respondents had was five whilst the minimum was one. Therefore, the majority of the respondents had two children. Since almost 50% of the respondents were married, the presence of children was expected as procreation is one of the reasons for which marriage is ordained (Gen. 1; 28).
In this section, respondents’ knowledge, attitudes, beliefs and sexual behavior were analysed and interpreted.

Knowledge of HIV and AIDS

Table 4.9 shows that 52.6% and 42.1% of the respondents rated their knowledge of HIV and AIDS as very good and good respectively. Five percent (5.3%) rated their knowledge as fair, whilst none rated their knowledge as poor. This corroborates the 2008/09 KDHS (KNBS & ICF Macro, 2010) and NACC (2010) which reported that knowledge of HIV and its prevention was high.

Table 4.9: Rating of HIV and AIDS Knowledge

<table>
<thead>
<tr>
<th>Rating</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good</td>
<td>20</td>
<td>52.6</td>
</tr>
<tr>
<td>Good</td>
<td>16</td>
<td>42.1</td>
</tr>
<tr>
<td>Fair</td>
<td>2</td>
<td>5.3</td>
</tr>
<tr>
<td>Poor</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>100.0</td>
</tr>
</tbody>
</table>
High Risk Gender

The study sought to establish respondents’ perceptions of the gender at the highest risk of HIV infection. Table 4.10 shows that the majority of respondents (47.4%) perceived females as being at the highest risk of HIV infection compared to males at 28.9%. However, 23.7% of the respondents were not sure. The common theme that emerged from most of the respondents was that females were largely driven to sex for transactional (economic) purposes. This corroborated past studies which showed that women were more likely than previously thought to introduce HIV into stable partnerships (Lurie et al. 2003; Mishra, Bignami-Van, Hong, & Vaessen, 2007); a finding which is consistent with past studies in South Africa which showed that women knowingly engaged in sexual relationships with men already in other relationships for lifestyle rewards (Leclerc-Madlala, 2003; Silberschmidt & Rasch, 2001).

Table 4.10: High Risk Gender

<table>
<thead>
<tr>
<th>High risk gender</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>11</td>
<td>28.9</td>
</tr>
<tr>
<td>Female</td>
<td>18</td>
<td>47.4</td>
</tr>
<tr>
<td>Not sure</td>
<td>9</td>
<td>23.7</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Perception of Sexual Orientation at High Risk of HIV

Respondents were asked to identify the sexual orientation which in their opinion was at the highest risk of HIV infection. Table 4.11 shows that 47.4% of the respondents were not sure of the sexual orientation at the highest risk of HIV exposure. Twenty one (21.1%) felt that bissexuals were at the highest risk whereas homosexuals and heterosexuals shared the same level of risk at 15.8%. Therefore, the majority of the respondents were unsure of the sexual orientation at the highest risk of
HIV infection. This suggests that sexually active respondents were ignorant of the possible risks they face with partners of different sexual orientations.

Table 4.11: High Risk Sexual Orientation

<table>
<thead>
<tr>
<th>High risk sexual orientation</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td>6</td>
<td>15.8</td>
</tr>
<tr>
<td>Homosexual</td>
<td>6</td>
<td>15.8</td>
</tr>
<tr>
<td>Bisexual</td>
<td>8</td>
<td>21.1</td>
</tr>
<tr>
<td>Not sure</td>
<td>18</td>
<td>47.4</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>100.0</td>
</tr>
</tbody>
</table>

High Risk Group by Marital Status

The distribution of respondents’ perceptions of the marital status at the highest risk of HIV infection is shown in table 4.12. The majority (34.2%) felt that divorced or separated persons were at the highest risk of HIV infection followed by the married and single groups at 28.9% each. However, 13.2% were not sure. The common theme used to explain this view was that divorced or separated persons were sexually active and required continued sexual satisfaction. This is inconsistent with findings of the 2008/09 KDHS which showed that heterosexual sex within regular partnerships accounted for the highest rate of new HIV infections (KNBS & ICF Macro, 2010). This implies that the majority of the respondents held wrong perceptions of the marital status at the highest risk of HIV infection. Thus, there was likelihood for them to ignore HIV risk mitigation such as use of condom as advocated for in the Epuka Ukimwi (meaning: escape HIV infection) advert.

Table 4.12: High Risk Marital Status

<table>
<thead>
<tr>
<th>High risk marital status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>11</td>
<td>28.9</td>
</tr>
<tr>
<td>Single</td>
<td>9</td>
<td>23.7</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>13</td>
<td>34.2</td>
</tr>
<tr>
<td>Not sure</td>
<td>5</td>
<td>13.2</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Own Susceptibility to HIV Infection

Respondents were asked to assess their own vulnerability to HIV infection. Table 4.13 shows that 47.4% of the respondents rated their risk exposure as low whilst 18.4% rated their risk levels as high. Some 15.8% felt that their risk levels were medium whereas another 15.8% perceived no risk exposure whilst 2.6% were not sure. Therefore, the majority of the respondents believed that their risk exposure to HIV infection was low. The most common theme that emerged from the respondents was that they were aware of HIV risks and were using protection. Nevertheless, that 34.2% rated their risk exposure as either high or medium implies that these respondents either practice MCP or are aware that their partners do.

Table 4.13: Own Susceptibility to HIV Infection

<table>
<thead>
<tr>
<th>Rating</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>7</td>
<td>18.4</td>
</tr>
<tr>
<td>Medium</td>
<td>6</td>
<td>15.8</td>
</tr>
<tr>
<td>Low risk</td>
<td>18</td>
<td>47.4</td>
</tr>
<tr>
<td>No Risk</td>
<td>6</td>
<td>15.8</td>
</tr>
<tr>
<td>Not sure</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Beliefs about Sex

The study sought to establish beliefs held by respondents about sex and sexual relationships. The distribution of respondents based on their views on various dimensions of sex and sexual relationships are presented in table 4.14. The table shows that the majority of the respondents, 50% and 18.4% strongly disagreed and disagreed respectively that pleasurable sex is found outside a steady relationship. Nonetheless, 7.9% of the respondents were neutral whereas 18.4% and 5.3% strongly agreed and agreed respectively that pleasurable sex is found outside a steady relationship. This is contrary to common stereotypes which suggest that individuals
who engage in sex outside steady relationships such as marriage do so because extra-marital sex was more pleasurable.

The study further sought to establish respondents’ opinion as to whether women play a supportive role in the promotion of MCP. Table 4.14 shows that 47.4% and 2.6% strongly disagreed and disagreed respectively that women play a supportive role. Conversely, 21.1% and 23.7% of the respondents strongly agreed and agreed respectively and 5.3% were neutral. Therefore, the majority of the respondents disagreed that women played a supportive role in the promotion of MCP. However, that this majority was marginal as nearly a similar percentage (44.8%) held a contrary opinion suggests that respondents were divided on the role of women in the promotion of MCP. Past studies on gender dynamics of MCP have shown that women do not perceive themselves as victims, but rather as ‘entrepreneurs’ who deliberately exploit partners to access financial/lifestyle rewards in exchange of sex (Hunter, 2002; Leclerc-Madlala, 2003). It is therefore safe to argue that to some extent, women play a role in the promotion of multiple sexual relationships.

The table also shows that 18.9% and 40.5% of the respondents strongly disagreed and disagreed respectively with the view that MCP is a normal practice in Kenya. However, 5.4% and 21.6% of the respondents strongly agreed and agreed respectively while 13.5% were neutral. Therefore, the majority of the respondents disagreed. This is inconsistent with literature reviewed which suggests that MCP persists within culturally-rooted structures (Selikow, 2004; UNESCO, 2002) such as polygamy which is a common practice in Kenya and most of Africa. A probable explanation for this is that respondents who engaged in extra-marital affairs did not consider this practice as MCP. This is in view of further findings which indicated that
the majority of respondents in such relationships were involved with one extra partner only.

Regarding exchange of wealth, 27% each strongly disagreed and disagreed respectively that the exchange of different forms of wealth is a normal expectation in MCP. Twenty four per cent (24.3%) of the respondents were neutral whereas 2.7% and 18.9% strongly agreed and agreed, respectively. This at face value appears to contradict the strand of literature which suggests that transactional sex blends sexual relations of mutual affection with overt economic exchange (Swidler & Watkins, 2006). However, respondents’ perceptions in this study may be explained by, and as argued by Swidler and Watkins, that such an exchange is rarely negotiated. Instead, it is taken as a social contract in which both parties act as expected to fulfill social expectations of the relationship. Thus, it is possible that respondents in this study conveniently disregarded the overt economic exchanges as a definitive feature of the extra-marital affairs that they engaged in.

The table also shows that 31.6% and 28.9% of the respondents strongly disagreed and disagreed respectively that men need more than one sexual partner at a time. Eighteen percent (18.4%) of the respondents were neutral while 10.5% each strongly agreed and agreed respectively. This is resonant with past studies which pointed to the conclusion that gender does not play a role in the practice of MCP (Hunter, 2002; Leclerc-Madlala, 2003). In terms of relationship stability, 47.4% and 5.3% of the respondents strongly disagreed and disagreed respectively that to retain her partner, a woman must submit to her partner’s sexual demands. Some 10.5% and 18.4% of the respondents strongly agreed and agreed respectively, whilst another 18.4% were neutral. Therefore, the majority of the respondents did not subscribe to the notion that a woman must submit to her partner’s sexual demands. This is
consistent with the views held by Hunter (2002) and Leclerc-Madlala (2003) that women are rarely victims of such relationships.

Table 4.14 also shows that 42.1% and 28.9% of the respondents strongly disagreed and disagreed respectively that sex outside marriage or a stable relationship is appropriate. The table further shows that 18.4% were neutral whereas 5.3% each strongly agreed and agreed, respectively. Thus, the majority of respondents disagreed that extra-marital sex was appropriate. Concerning pre-marital sex, 37.8% and 21.6% of the respondents strongly disagreed and disagreed respectively that sex before marriage was appropriate. Twenty seven per cent (27%) of the respondents were neutral whereas 5.4% and 8.1% strongly agreed and agreed respectively. Therefore, the majority of respondents held the view that pre-marital sex was inappropriate.

<table>
<thead>
<tr>
<th>Table 4.14: Beliefs about Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement Description</td>
</tr>
<tr>
<td>Pleasurable sex is found outside a steady relationship</td>
</tr>
<tr>
<td>Women play a supportive role in the promotion of multiple sexual partnerships</td>
</tr>
<tr>
<td>Engaging in multiple sexual partnerships is a normal practice in Kenya</td>
</tr>
<tr>
<td>Exchange of different forms of wealth is a normal expectation in multiple sexual relationships</td>
</tr>
<tr>
<td>Men need more than one sexual partner at a time</td>
</tr>
<tr>
<td>To retain her partner/spouse, a woman must give in to her partner’s sexual demand</td>
</tr>
<tr>
<td>Sex outside marriage or a stable relationship is appropriate</td>
</tr>
<tr>
<td>Sex before marriage is appropriate</td>
</tr>
</tbody>
</table>
Influence of Significant Others on Sexual Behaviour

The study sought to establish the influence of family and friends on respondents’ sexual behavior. Table 4.15 shows that 36.8% and 31.6% of the respondents strongly agreed and agreed respectively, that family’s opinion on their sexual behaviour was important to them; 7.9% of the respondents were neutral whereas 21.1% strongly disagreed and 2.6% disagreed. The table also shows that 34.2% of the respondents strongly agreed and 15.8% agreed that their friends’ opinion of their sexual behavior was important to them. However, 26.3% of the respondents were neutral whilst 13.2% and 10.5% strongly disagreed and disagreed respectively. Most respondents attributed this importance to the potential impact of the disease on their families if they contracted HIV. Therefore, family and peers potentially had an influence on the respondents’ sexual behaviour as earlier implied in a study by Epstien (2007).

<table>
<thead>
<tr>
<th>Statement Description</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My family’s opinion about my sexual behavior is important</td>
<td>21.1%</td>
<td>2.6%</td>
<td>7.9%</td>
<td>31.6%</td>
<td>36.8%</td>
</tr>
<tr>
<td>My friends’ opinion about my sexual behavior is important</td>
<td>13.2%</td>
<td>10.5%</td>
<td>26.3%</td>
<td>15.8%</td>
<td>34.2%</td>
</tr>
</tbody>
</table>

Attitudes Towards HIV

The study sought to establish respondents’ attitudes towards HIV and its prevention. Table 4.16 shows that 21.1% and 36.8% strongly agreed and agreed, respectively, that couples should always use condoms even with their steady partners. However, 10.5% of the respondents were neutral whereas 18.4% and 13.2% strongly disagreed and disagreed respectively. Therefore, the majority of the respondents had a
positive attitude towards condom use. In terms of HIV spread, 43.2% of the respondents strongly agreed and 29.7% agreed that multiple sexual partnerships result in the rapid spread of HIV. However, 18.9% of the respondents were neutral whereas 8.1% strongly disagreed. Therefore, the majority of the respondents believed that MCP contributed to the rapid spread of HIV. This suggests that MWK media campaigns possibly had an effect on respondents’ attitude which in part addresses the key question that has often prevailed regarding the efficacy of health campaigns in impacting HIV and AIDS knowledge, attitudes or behaviours (Bertrand et al. 2006).

Table 4.16 also shows that 36.8% and 39.5% of the respondents strongly agreed and agreed respectively that the practice of MCP has financial and emotional implications. The table shows that 18.4% of the respondents were neutral while 2.6% strongly disagreed and another 2.6% disagreed. Thus, the majority of respondents agreed that MCP has financial and emotional implications. This is consistent with the concept of transactional sex which blends sexual relations of mutual affection with overt economic exchange (Swidler & Watkin, 2006) hence, accruing both emotional and economic consequences for the partners.

In terms of fidelity, the majority of respondents scoring 62.2% and 29.7% strongly agreed and agreed respectively that fidelity to one’s partner reduces the risk of HIV infection. Conversely, 5.4% and 2.7% of the respondents strongly disagreed and disagreed, respectively. Thus, most of the respondents held the view that fidelity to one’s partner reduces the risk of HIV infection which resonates with one of the elements of the ABC of HIV and AIDS prevention “being faithful.” Regarding abstinence, 59.2% and 16.2% of the respondents strongly agreed and agreed respectively that abstinence is the most effective way of avoiding HIV infection. However, 5.4% of the respondents were neutral, 10.8% strongly disagreed and 8.1%
disagreed. Hence, most of the respondents agreed that abstinence is the most effective way of avoiding HIV infection. This corroborates the 2008/09 KDHS which showed that over 90% of the respondents across genders knew that abstinence reduces the chances of HIV infection (KNBS & ICF Macro, 2010).

**Table 4.16: Attitudes towards HIV**

<table>
<thead>
<tr>
<th>Statement Description</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couples should always use condoms even with their regular/steady partners</td>
<td>18.4%</td>
<td>13.2%</td>
<td>10.5%</td>
<td>36.8%</td>
<td>21.1%</td>
</tr>
<tr>
<td>Multiple sexual partnerships result in rapid spread of HIV infection</td>
<td>8.1%</td>
<td>0.0%</td>
<td>18.9%</td>
<td>29.7%</td>
<td>43.2%</td>
</tr>
<tr>
<td>Multiple sexual partnerships have financial and emotional implications</td>
<td>2.6%</td>
<td>2.6%</td>
<td>18.4%</td>
<td>39.5%</td>
<td>36.8%</td>
</tr>
<tr>
<td>Being faithful to one’s partner reduces the risk of HIV infection</td>
<td>5.4%</td>
<td>2.7%</td>
<td>0.0%</td>
<td>29.7%</td>
<td>62.2%</td>
</tr>
<tr>
<td>Abstinence from sexual contact is the most effective way of avoiding HIV infection</td>
<td>10.8%</td>
<td>8.4%</td>
<td>5.4%</td>
<td>16.2%</td>
<td>59.2%</td>
</tr>
</tbody>
</table>

**Condom Use**

The study sought to establish the extent of condom use among respondents. Table 4.17 shows that 25.7% of the respondents consistently used a condom, 17.1% used a condom most of the time, 25.7% used a condom sometimes, 8.6% rarely used a condom, whilst 22.9% never used one. This infers that the majority of respondents did not consistently use a condom. This could be attributed to the fact that nearly half of the respondents were married or in stable relationships and had developed trust in their relationship over time.
In terms of voice, 40% of the respondents always had a say on the use of a condom in their relationships and 25.7% had a say most of the times. Fourteen percent (14.3%) sometimes had a say, 8.6% rarely had a say whilst 11.4% never had a say on condom use in their relationships. Therefore, the majority of the respondents always had a say on condom use in their relationships. The table however shows that 45.7% of the respondents reported that their partners never had the final say on condom use, while 8.6% said their partners rarely did. Nevertheless, 25.7% said their partners sometimes had a say, 11.4% said their partners had a say most of the times, whilst 8.6% of the respondents said their partners always had the final say on condom use in their relationships. Therefore, the majority of the respondents indicated that their partners rarely or never had the final say on condom use in their relationships. Both findings are consistent with the perceived behavioural control construct which underpins behaviour studies (Ajzen, 2006) using TPB to account for behaviours that are beyond an individual’s control. In this case, respondents had relative control over the decision to use a condom in their relationship.

Table 4.17 further shows that 22.9% of the respondents never used a condom with their regular partners; 17.1% rarely did so and 31.4% sometimes did. Respondents who used a condom with their regular partners most of the time shared a similar percentage (14.3%) with those who always did. Therefore, the majority of the respondents did not always use a condom with their regular partners. This infers that respondents were vulnerable to HIV infection in the event a partner is HIV positive. The table also shows that 46.9% of the respondents always used a condom with their extra partner and 6.3% of the respondents used a condom with the extra partner most of the times. However, 40.6% of the respondents never used a condom with their extra partner whereas 3.1% each rarely did or sometimes did so respectively.
Therefore, the majority of the respondents always used a condom with their extra partner most of the time.

The table further shows that 34.3% of the respondents said that they discussed condom use with their partner most of the time and 25.7% said they always did so. Twenty per cent (20%) of the respondents sometimes discussed condom use with their partner, 5.7% rarely did whilst 14.3% never discussed condom use in their relationships. Therefore, the majority of the respondents discussed condom use with their partners most of the time if not always. Both findings on condom use and discussion are resonant with a tracking results continuously (TRaC) survey of PSIs condom programme over a 10 year period. The survey reported that the programme was effective in improving access and promoting consistent condom use among males with non-spousal or non-cohabiting partners and promoting partner discussions on condom use and sexual risk behaviour (PSI, 2011). Respondents mostly cited trust in the relationship as the reason for rarely or never using a condom.

The above findings indicate that whereas the majority of the respondents of this study had relative control over the decision to use a condom in their relationships, they did not always use a condom during sex. This supports the TRA proposition of which the TPB is an extension of, that adoption of condom use to prevent HIV infection is influenced by a tendency for the individual to feel personally at risk of contracting HIV (Ajzen & Fishbein, 1980). The findings are also consistent with the ELM proposition of involvement (outcome and value relevant), hence, it is possible that respondents who did not use condoms did not feel personally at risk of contracting HIV. The findings further lend credence to Fisher and Misovich (1990) that HIV prevention messages that promote condom use are ineffective when social or peer norms do not reinforce condom use.
Table 4.17: Condom Use

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Most of the times</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>I use a condom during sex</td>
<td>22.9%</td>
<td>8.6%</td>
<td>25.7%</td>
<td>17.1%</td>
<td>25.7%</td>
</tr>
<tr>
<td>I have a say in the use of a condom in my relationships</td>
<td>11.4%</td>
<td>8.6%</td>
<td>14.3%</td>
<td>25.7%</td>
<td>40.0%</td>
</tr>
<tr>
<td>My partner(s) has the final say on the use of condom in my relationship(s)</td>
<td>45.7%</td>
<td>8.6%</td>
<td>25.7%</td>
<td>11.4%</td>
<td>8.6%</td>
</tr>
<tr>
<td>I use a condom with my regular partner</td>
<td>22.9%</td>
<td>17.1%</td>
<td>31.4%</td>
<td>14.3%</td>
<td>14.3%</td>
</tr>
<tr>
<td>My partner and I discuss condom use in our relationship</td>
<td>14.3%</td>
<td>5.7%</td>
<td>20.0%</td>
<td>34.3%</td>
<td>25.7%</td>
</tr>
<tr>
<td>I use a condom with my extra partner</td>
<td>40.6%</td>
<td>3.1%</td>
<td>3.1%</td>
<td>6.3%</td>
<td>46.9%</td>
</tr>
</tbody>
</table>

The Practice of MCP

The study sought to establish whether respondents had ever been involved in a sexual relationship with someone other than their spouse or regular partner. Fifty percent (50%) of the respondents said yes and 50% said no. This suggests that the proportion of respondents who had ever been involved in MCP was as high as that of those who had not.

Table 4.18: Practice of MCP

<table>
<thead>
<tr>
<th>Whether respondent has ever been involved in a sexual relationship other than spouse/regular partner</th>
<th>Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
</tr>
<tr>
<td>Yes</td>
<td>19</td>
</tr>
<tr>
<td>No</td>
<td>19</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
</tr>
</tbody>
</table>

Gender and the Practice of MCP

The study further sought to establish whether the practice of MCP varied by gender. The findings are shown in Table 4.19 below. The table shows that male respondents who engaged in sexual relationships with someone other than spouse/regular partner was higher at 52.6% compared to that of their female
counterparts at 47.4%. This implies that the majority of the respondents who practiced MCP were males. This corroborates a previous observation by Selikow (2004) that in South African townships, male sexuality was defined by the number of sexual partners a man had which is motivated by the need to gain respect among peers which by default increases their risk exposure to HIV infection (UNESCO, 2002). This infers that male respondents were more inclined to practice MCP than their female counterparts. However, the proportions suggest that the difference in terms of gender was not very significant.

Table 4.19: MCP and Gender Cross-Tabulation

<table>
<thead>
<tr>
<th>Whether Respondent has ever been involved in a sexual relationship with someone other than spouse/regular partner</th>
<th>Distribution of Respondents by Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>Yes</td>
<td>Frequency</td>
</tr>
<tr>
<td></td>
<td>% frequency</td>
</tr>
<tr>
<td>No</td>
<td>Frequency</td>
</tr>
<tr>
<td></td>
<td>% frequency</td>
</tr>
<tr>
<td>Total</td>
<td>Frequency</td>
</tr>
<tr>
<td></td>
<td>% frequency</td>
</tr>
</tbody>
</table>

Marital Status and the Practice of MCP

Respondents’ marital status was also cross-tabulated with their practice of MCP in order to determine whether a relationship exists between marital status and MCP. Table 4.20 shows that the proportions of respondents who had ever engaged in MCP did not vary significantly across the different marital statuses as approximately 50% of the respondents from each marital status had at least practiced MCP. This suggests that the risk of exposure to HIV infection was equal across the different marital statuses.
Table 4.20: MCP and Marital Status Cross-Tabulation

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Frequency</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>Frequency</td>
<td>8</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>% frequency</td>
<td>50.0%</td>
<td>50.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Single</td>
<td>Frequency</td>
<td>8</td>
<td>9</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>% frequency</td>
<td>47.1%</td>
<td>52.9%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Cohabiting</td>
<td>Frequency</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>% frequency</td>
<td>50.0%</td>
<td>50.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Widow/Widower</td>
<td>Frequency</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>% frequency</td>
<td>50.0%</td>
<td>50.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>Frequency</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>% frequency</td>
<td>100.0%</td>
<td>0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total</td>
<td>Frequency</td>
<td>19</td>
<td>19</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>% frequency</td>
<td>50.0%</td>
<td>50.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Number of Multiple Sexual Partners

The study sought to establish from the respondents who practiced MCP, the number of such relationships they had been involved in the last 12 months. Nineteen (19) participants responded to this question. Table 4.21 shows that among those who responded, 42.1% had one extra partner, 6.3% had two whilst 10.5% had 3 extra partners. However, 42.1% of those who had multiple sexual partners did not respond. Therefore, the majority of the respondents who were involved in MCP maintained one extra partner. This is consistent with the network hypothesis which argues for the association between MCP and HIV infection (Garnett & Rottingen, 2001). Just as the discourse suggests, should the secondary partner be linked into other concurrent networks, they too may infect those in their other networks if they are HIV positive (Epstien, 2007; Thorton, 2008). The finding therefore contributes to the empirical evidence that support the link, contrary to the assertions by critics such as Lurie and Rosenthal (2010) and Sawers and Stillwaggon (2010).
Table 4.21: Number of Multiple Sexual Partners

<table>
<thead>
<tr>
<th>Number of extra partners</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>8</td>
<td>42.1</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>6.3</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>10.5</td>
</tr>
<tr>
<td>No response</td>
<td>8</td>
<td>42.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Age of Extra Partner(s)

The study sought to establish whether the extra partner(s) was younger, older or of the same age group. Nineteen (19) respondents responded to this question. Table 4.22 shows that among those who responded, 42.1% were involved with younger partners, 26.3% were involved with older partners whilst 21.1% were involved with partners of the same age group. Therefore, the majority of the respondents were involved with a younger partner.

Table 4.22: Age of Extra Partner(s)

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger</td>
<td>8</td>
<td>42.1</td>
</tr>
<tr>
<td>Older</td>
<td>5</td>
<td>26.3</td>
</tr>
<tr>
<td>Same age group</td>
<td>4</td>
<td>21.1</td>
</tr>
<tr>
<td>No response</td>
<td>2</td>
<td>10.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Gender of MCP Practitioner and Age of Extra Partner(s)

The study sought to establish whether age preference for extra partners differed in terms of gender. Seventeen (17) participants responded to the question. Table 4.23 shows that among those who responded, 75% of the male respondents were involved with younger partners compared to females at 25%. Conversely, 60% of the female respondents were involved with extra partners who were older compared to their male counterparts at 40%. However, there was equal distribution of respondents across genders who were involved with extra partners of the same age.
group. Therefore, there was a difference in preference in relation to gender with the males chasing younger counterparts and females chasing older counterparts. This suggests that the “Cougar” phenomenon was not prevalent among respondents of this study.

<table>
<thead>
<tr>
<th>Table 4.23: Age of Extra Partner(s) and Gender Cross-tabulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is (was) the extra partner(s) younger, older or same age group</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Younger</td>
</tr>
<tr>
<td>% frequency</td>
</tr>
<tr>
<td>Older</td>
</tr>
<tr>
<td>% frequency</td>
</tr>
<tr>
<td>Same age-group</td>
</tr>
<tr>
<td>% frequency</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>% frequency</td>
</tr>
</tbody>
</table>

Marital Status of Extra Partner(s)

Respondents were asked to reveal the marital status of their extra partner(s). Only 19 participants responded to this question. Table 4.24 shows that among those who responded, 56.9% were involved with single partners, 26.3% had married partners, while 6.3% had partners who were cohabiting. None of the respondents had a widowed, divorced or separated partner. Some 10.5% did not respond. Therefore, the majority of the respondents involved in MCP preferred partners who were single.

<table>
<thead>
<tr>
<th>Table 4.24: Marital Status of Extra Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
</tr>
<tr>
<td>Frequency</td>
</tr>
<tr>
<td>Married</td>
</tr>
<tr>
<td>Single</td>
</tr>
<tr>
<td>Cohabiting</td>
</tr>
<tr>
<td>Divorced/separated</td>
</tr>
<tr>
<td>Widowed</td>
</tr>
<tr>
<td>No response</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>
Current Status of Relationship with Extra Partner

The study sought to establish whether the relationship(s) respondents had with an extra partner(s) was ongoing or had stopped. Nineteen participants (19) responded to this question. Table 4.25 shows that 57.9% of respondents who had extra partners were ongoing at the time of the study whereas 31.6% had stopped. Some 10.5% did not reveal the status of their relationship. Therefore, the majority of the respondents who had ever practiced MCP had on-going relationships with their extra partner(s). The most common reason given by respondents for the continued practice of MCP was that the relationship satisfied their sexual and financial needs. This corroborates a previous study by Epstien (2007) which established that among motivations cited for engaging in MCP were money and/material gains and sexual satisfaction. Respondents who had stopped explained that the affair had been a “one-night stand,” meaning a one-off sexual relationship with no intention of continuing.

Table 4.25: Current Status of Relationship with Extra Partner

<table>
<thead>
<tr>
<th>Current status</th>
<th>Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
</tr>
<tr>
<td>Ongoing</td>
<td>11</td>
</tr>
<tr>
<td>Stopped</td>
<td>6</td>
</tr>
<tr>
<td>No response</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
</tr>
</tbody>
</table>

Condom Use with Extra Partner

Respondents were asked to state whether they used a condom with the extra partner(s). Only 19 participants responded to this question. Table 4.26 shows that among those who did, the majority (84.2%) said yes while 15.8% said no. Therefore, the majority of the respondents used a condom with the extra partner(s). This could be linked to earlier TV campaign initiatives such as Nakufeel, Je una yako? and Love Bila Regrets which possibly reinforced condom use amongst young adults in this
study. The WMK campaign potentially reinforced this practice. Respondents who did not use a condom cited trust in their partners, whilst one cited allergy to latex.

Table 4.26: Condom Use with Extra Partner

<table>
<thead>
<tr>
<th>I used condom</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>16</td>
<td>84.2</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>15.8</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Condom Use with Regular Partner

The study also sought to determine whether respondents used a condom with their regular partners. Only 19 participants responded to this question. Table 4.27 shows that among those who did, 57.9% used a condom with their regular partners whereas 42.1% did not. Therefore, the majority of the respondents used a condom with their regular partner. This suggests that the MWK campaign possibly had a positive impact on the practice of condom use as the campaign targeted sexually active men and women in trusted relationships. All respondents who did not use a condom with their regular partner did so because they trusted their regular partner.

Table 4.27: Condom Use with Regular Partner

<table>
<thead>
<tr>
<th>I used condom</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>11</td>
<td>57.9</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>42.1</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The Practice of MCP Among Acquaintances

Respondents were asked to indicate whether they knew someone who had ever practiced MCP. Nineteen (19) participants responded to this question. Table 4.28 shows that among those who did, 63.2% said yes and 36.8% said no. Therefore, the majority of respondents knew someone who had been involved with an extra partner. This is consistent with the 2008/09 KDHS which reported that HIV infections showed
a tendency to rise with wealth (KNBS & ICF Macro, 2010); a trend which characterizes the middle income cohort in which this study was representative.

Table 4.28: The Practice of MCP among Acquaintances

<table>
<thead>
<tr>
<th>Do you know anyone who has been involved with an extra partner</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>12</td>
<td>63.2</td>
</tr>
<tr>
<td>No</td>
<td>7</td>
<td>36.8</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Relationship with Acquaintance Engaged in MCP

The study sought to establish the relationship between the respondent and the acquaintance in MCP. Twelve (12) participants responded to this question. Table 4.29 shows that among those who responded, 63.2% identified the person as a friend, while 36.8% identified the person as a relative. None of the respondents identified their spouse or regular partner as the ‘other person.’ This implies that the respondents may have been ignorant of the possibility of their partner(s) involvement in an MCP, which could have erroneously led them to believe that they were at low risk of HIV infection as reported by NASCOP (2009).

Table 4.29: Relationship with Acquaintances Engaged in MCP

<table>
<thead>
<tr>
<th>Do you know anyone who has been involved with an extra partner</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friend</td>
<td>11</td>
<td>63.2</td>
</tr>
<tr>
<td>Relative</td>
<td>1</td>
<td>36.8</td>
</tr>
<tr>
<td>Spouse/regular partner</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Exposure to HIV and AIDS Media Campaigns

This section examined the respondents’ level of exposure to HIV and AIDS campaigns through various media channels, frequency of exposure, place of exposure, exposure to the MWK campaign, reaction to the MWK campaign, perceptions and attitude toward the campaign and its impact on behaviour change.
Media Sources of HIV and AIDS Information

The study sought to establish whether respondents had heard or read adverts from various media that address the role of MCP in the spread of HIV in the past three years. Various media identified by respondents have been ranked in terms of distribution of respondents who have heard or read about HIV media campaigns. The findings are shown in figure 4.2. The figure shows that TV, scoring 97.9% was ranked first followed by radio (81.6%), word of mouth at (57.9%) billboards (51.4%) and lastly, newspapers and magazines at 48.6%. The high level of exposure through TV may be related to the fact that the study was conducted in an urban setting and among the middle income group which is generally characterized by ownership of electronic appliances such as TVs.

![Figure 4.2: Media Sources of HIV and AIDS Information](image)

Recall of HIV and AIDS TV Adverts

Respondents who had watched adverts on TV were asked to describe them. Figure 4.3 below shows that the majority (54%) of respondents could not remember the message. This may be attributed to the fact that the study was conducted after the conclusion of phases one and two of the campaign. However, 30% of the respondents recalled the Jimmy Gathu and his calculator advert in reference to the *Fanya Hesabu* Daystar University Repository Copy
advert which they commonly described as a man living in a lodging with an extra partner but on watching the MWK advert, realizes the impact of MCP on his family and finances and subsequently ends the relationship. Sixteen (16%) recalled a *Mama Mboga* (meaning: female vegetable vendor) and condom advert in reference to *Weka Condom Mpangoni* (meaning: ensure a condom is part of the plan) advert, a sequel to the *Fanya Hesabu* advert. Respondents described this advert as women complaining of their husbands’ alcoholism and inability to satisfy their sexual needs, an advert which respondents allude encourages the *Mama Mboga* to practice MCP albeit using a condom as a solution to her partner’s inability to satisfy her sexually.

![Figure 4.3: Recall of HIV and AIDS TV Adverts by Respondents](image)

Television Station on Which Advert Was Watched

Respondents were asked to indicate the TV station on which they had watched the advert(s). Figure 4.4 shows that the majority (63.2%) of the respondents had watched it on Citizen TV followed by KTN at 15.8%, NTV at 7.9% whereas KBC and K24 scored 2.6% each. Therefore, the majority of the respondents had watched the advert on Citizen TV. Given that Citizen TV is ranked first in terms of market
share in the FTA TV market (Deloitte, 2012) suggests that the majority of Kenyans with access to FTA TV had watched the advert on Citizen TV.

\[\text{Figure 4.4: TV Station on Which Advert was Watched}\]

Frequency of Exposure to the TV Adverts

The study sought to establish respondents’ frequency of exposure to the adverts. Twenty four (24) participants responded to this question. Among those who did, the majority scoring 45.8% had watched it once a week, followed by those who had watched it daily at 29% and lastly those who watched it twice a week at 25%. Therefore, the majority of the respondents were exposed to the TV advert once a week. This is consistent with a report by KNBS (2010) which alluded to the fact that the average viewer watches up to three stations a week.

\[\text{Table 4.30: Frequency of Exposure to TV Adverts}\]

<table>
<thead>
<tr>
<th>How often did you watch the advert on TV?</th>
<th>Frequency</th>
<th>Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everyday</td>
<td>7</td>
<td>29.2</td>
</tr>
<tr>
<td>Once weekly</td>
<td>11</td>
<td>45.8</td>
</tr>
<tr>
<td>Twice weekly</td>
<td>6</td>
<td>25.0</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Place at Which Advert was Watched

Respondents were asked to indicate where they had watched the adverts. Table 4.31 shows that among the 28 participants who responded to this question, the majority, scoring 85.7% had watched them at home, 10.7% in a pub or restaurant and 3.6% on the internet. That the majority of respondents had watched the advert at home infers that they had the ability to elaborate on the message without distraction.

Table 4.31: Place at Which Advert was Watched

<table>
<thead>
<tr>
<th>Where did you watch the TV advert(s)?</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>At home</td>
<td>24</td>
<td>63.2</td>
</tr>
<tr>
<td>Restaurant/pub</td>
<td>3</td>
<td>7.9</td>
</tr>
<tr>
<td>Internet</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Awareness of the MWK Campaign

The study sought to establish whether respondents had ever heard of the MWK campaign. Table 4.32 shows that the majority of respondents scoring 92.1% said yes and 7.9% said no. Therefore, the majority of the respondents had heard of the MWK campaign. This suggests that the campaign was effective in reaching the audience, which was a key objective of this initiative.

Table 4.32: Awareness of the MWK Campaign

<table>
<thead>
<tr>
<th>Have you ever heard of the MWK campaign?</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>35</td>
<td>92.1</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>7.9</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Reaction to the MWK Campaign

Respondents were asked to explain their reaction to the MWK campaign. Figure 4.5 shows that 69.4% of the respondents felt that the campaign created awareness of the need for fidelity. However, 30.6% of the respondents felt that the
campaign did not address the problem of HIV and AIDS. Therefore, the majority of respondents reacted positively to the MWK campaign.

![Figure 4.5: Reaction to the MWK Campaign](image.png)

**Perception of Key Message of MWK Campaign**

The study sought respondents’ opinions as to what the key message(s) of the MWK campaign were. Figure 4.6 shows that 58.3% of the respondents felt that the key message of the MWK campaign was to stop infidelity. However, 41.7% of the respondents associated the campaign with the promotion of condom use with an extra partner. Both outcomes formed key objectives of the MWK campaign, suggesting that the campaign was effective in passing the intended message to the TV audience.

![Figure 4.6: Perceptions of Key Message of the MWK Campaign](image.png)
Perception of Intended Target Audience

Respondents were asked to state whom they felt was the target audience for the campaign. Figure 4.7 shows that 48.1% of the respondents were of the opinion that the campaign targeted married people whereas 37% said it targeted anyone in a relationship. However, 7.4% of the respondents felt that the campaign targeted men. Further, 3.7% stated that the campaign targeted MCP practitioners and another 3.7% said the campaign targeted the youth. Therefore, the majority of the respondents felt that the MWK campaign targeted married people and people in relationships. This finding suggests that the campaign was effective in reaching its intended audience which was men and women in marital or co-habiting relationships in order to promote mutual fidelity and condom use in trusted relationships.

![Figure 4.7: Perception of Intended Target Audience](image)

Respondents’ Evaluation of the MWK Campaign Message

The study sought to establish respondents’ perceptions of the MWK TV campaign message. Table 4.33 shows that the majority (47.2%) of the respondents were neutral with regard to whether the arguments presented in the message were reputable. Twenty five per cent (25%) of the respondents agreed and 19.4% strongly agreed. However, 5.6% and 2.8% of the respondents disagreed and strongly
disagreed, respectively. Concerning message source, 30.6% and 2.8% of the respondents disagreed and strongly disagreed, respectively, that the message comes from an expert source. However, 30.6% of the respondents were neutral whereas 25% of the respondents agreed and 11.1% strongly agreed.

The table shows that 38.9% and 19.4% of the respondents agreed and strongly agreed, respectively, that the message source was friendly. However, 36.1% of the respondents were neutral whereas 5.6% of the respondents disagreed. The table also shows that 41.7% of the respondents were neutral as to whether the message source was a role model. Twenty five per cent (25%) of the respondents agreed and 13.9% strongly agreed that the message source was a role model whereas 16.7% and 2.8% of the respondents disagreed and strongly disagreed, respectively. The table shows that 25% of the respondents strongly agreed and 16.7% also agreed that the message source was aggressive. However, 36.1% of the respondents were neutral whereas 22.2% disagreed. Most of the respondents who agreed or strongly agreed explained that the message was informative and relevant.

Table 4.33: Respondents’ Evaluation of the MWK Campaign Message

<table>
<thead>
<tr>
<th>Description</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The arguments presented in the message are reputable</td>
<td>2.8%</td>
<td>5.6%</td>
<td>47.2%</td>
<td>25.0%</td>
<td>19.4%</td>
</tr>
<tr>
<td>The message comes from an expert source</td>
<td>2.8%</td>
<td>30.6%</td>
<td>30.6%</td>
<td>25.0%</td>
<td>11.1%</td>
</tr>
<tr>
<td>The message source is friendly</td>
<td>0.0%</td>
<td>5.6%</td>
<td>36.1%</td>
<td>38.9%</td>
<td>19.4%</td>
</tr>
<tr>
<td>The message source is a role model</td>
<td>2.8%</td>
<td>16.7%</td>
<td>41.7%</td>
<td>25.0%</td>
<td>13.9%</td>
</tr>
<tr>
<td>The message source is aggressive</td>
<td>0.0%</td>
<td>22.2%</td>
<td>36.1%</td>
<td>16.7%</td>
<td>25.0%</td>
</tr>
</tbody>
</table>
Rating of Various Aspects of the MWK Campaign

Respondents were asked to rate various aspects of the MWK TV campaign. Table 4.34 shows that the majority of respondents scoring 58.3% felt that clarity of the message was high while 27.8% opined that message clarity was very high. However, 13.9% of the respondents evaluated message clarity as medium. Therefore, the majority of the respondents felt that there was high clarity of the message. Similarly, 58.3% of the respondents rated the emotional appeal of the message high while 22.2% rated this aspect of the campaign as very high. This infers that the adverts carried high emotional appeal. Likewise, 44.4% rated clarity of target audience as very high while 38.9% rated clarity of audience as high. Fifty per cent (50%) of the respondents rated the provision of information on the risk of HIV emanating from extra-marital affairs as high and 27.8% rated this aspect of the message very high. However, 19.4% rated it as medium and some 2.9% of the respondents rated this aspect of the advertisement as very low.

In terms of addressing beliefs and attitudes that influence sexual practice in Kenya, 41.7% of the respondents rated the campaign as very high and 27.8% rated it as high. However, 19.4% of the respondents rated this aspect of the campaign as medium whereas 5.6% each rated this aspect as low and very low respectively. With regard to debunking the myth that married people were not at risk of HIV infection, 40% of the respondents rated this aspect as very high whereas 31.4% rated this aspect of the campaign as high. Nonetheless, 14.3% rated this aspect of the campaign as moderate whereas 8.6% and 5.7% rated it as very low and low respectively.

The table also shows that 40% and 37.1% of the respondents rated the effect of the campaign on increased interpersonal discussions on the risks of extra marital and extra partner affairs and HIV infection as very high and high respectively. Some
11.4% rated this aspect as medium while 5.7% each of the respondents rated this aspect as very low and low respectively. In terms of communicating benefits accruing from not engaging in MCP, 40% each of respondents rated this aspect as very high and high respectively. However, 14.3% rated this aspect of the campaign as medium whereas 2.9% each rated it as very low and low respectively. The table also shows that 58.8% of the respondents rated the campaign very highly in terms of sensitizing people on the financial and emotional costs accruing from the practice of MCP, whereas 32.4% and 8.8% of the respondents rated this aspect of the campaign as high and medium respectively.

Table 4.34: Rating of Various Aspects of the MWK Campaign

<table>
<thead>
<tr>
<th></th>
<th>Very low</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
<th>Very high</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarity of the message</td>
<td>0.0%</td>
<td>0.0%</td>
<td>13.9%</td>
<td>58.3%</td>
<td>27.8%</td>
</tr>
<tr>
<td>Emotional appeal of the message</td>
<td>0.0%</td>
<td>0.0%</td>
<td>19.4%</td>
<td>58.3%</td>
<td>22.2%</td>
</tr>
<tr>
<td>Clarity of target audience</td>
<td>0.0%</td>
<td>0.0%</td>
<td>16.7%</td>
<td>38.9%</td>
<td>44.4%</td>
</tr>
<tr>
<td>Providing information on the risk of HIV arising from extra-marital affairs/extra sexual partners</td>
<td>2.8%</td>
<td>0.0%</td>
<td>19.4%</td>
<td>50.0%</td>
<td>27.8%</td>
</tr>
<tr>
<td>Addressing beliefs and attitudes that influence sexual practice in Kenya</td>
<td>5.6%</td>
<td>5.6%</td>
<td>19.4%</td>
<td>27.8%</td>
<td>41.7%</td>
</tr>
<tr>
<td>Addressing the perception that couples in marital/stable relationships are not at risk of HIV</td>
<td>8.6%</td>
<td>5.7%</td>
<td>14.3%</td>
<td>31.4%</td>
<td>40.0%</td>
</tr>
<tr>
<td>Increased interpersonal discussion on the risks of extra marital/extra partner affairs and HIV infection</td>
<td>5.7%</td>
<td>5.7%</td>
<td>11.4%</td>
<td>37.1%</td>
<td>40.0%</td>
</tr>
<tr>
<td>The benefits of not engaging extra-marital partnerships</td>
<td>2.9%</td>
<td>2.9%</td>
<td>14.3%</td>
<td>40.0%</td>
<td>40.0%</td>
</tr>
<tr>
<td>The financial and emotional costs of engaging in extra-marital sexual affairs to individuals</td>
<td>0.0%</td>
<td>0.0%</td>
<td>8.8%</td>
<td>32.4%</td>
<td>58.8%</td>
</tr>
</tbody>
</table>
The Effect of the MWK Campaign on Sexual Behaviour Change

The study sought to establish the influence of the MWK TV campaign on various dimensions of respondents’ sexual behavior. Fifty per cent (50%) and 26.5% of the respondents strongly agreed and agreed respectively with the statement that they were now more likely to use a condom with their regular partner than before. However, 14.7% of the respondents were neutral, whereas 5.9% and 2.9% of the respondents strongly disagreed and disagreed respectively. Therefore, the majority of the respondents were now more likely to use a condom with their regular partner than before. This implies that the campaign was effective in influencing respondents’ intentions to use a condom during sexual intercourse.

Table 4.35 also shows that 42.4% and 39.4% of the respondents strongly agreed and agreed respectively that they were now more likely to discuss sexual matters with their partner than before. However, 12.1% of the respondents were neutral whereas those who strongly disagreed and disagreed scored 3% each. Therefore, the majority of the respondents were now more likely to discuss sexual matters with their partner than before. This suggests that the campaign was effective in influencing respondents to discuss sexual matters with their partners.

The table however shows that a total of 37.5% of the respondents agreed that the campaign made no difference in their sexual behaviour. However, 34.4% were neutral; 25% disagreed and 3.1% strongly disagreed. Therefore, the majority of the respondents agreed that the TV campaign made no difference in their sexual behaviour. This suggests that the effect of the MWK campaign on behaviour change was not significant. In addition, the table shows that 22.6% of the respondents agreed and 19.4% strongly agreed that they were now less likely to change their sexual behaviour. Twenty nine per cent (29%) of the respondents were neutral; 16.1%
disagreed and 12.9% strongly disagreed. Therefore, the majority of the respondents were now less likely to change their sexual behaviour. This finding also suggests that the campaign was effective in influencing behavioural intentions.

Additional findings shown in the table indicate that 40.6% and 40.6% of the respondents strongly agreed and agreed, respectively, that they were now more likely to change their sexual behaviour. However, 12.5% of the respondents were neutral while 6.3% strongly disagreed. Fifty per cent (50%) of the respondents strongly agreed that they were now more likely to discuss sexual matters with their peers. Another 28.1% of the respondents agreed whereas 15.6% of the respondents were neutral and 6.3% of the respondents disagreed. Therefore, the majority of the respondents were now more likely to discuss sexual matters with their peers.

<table>
<thead>
<tr>
<th>Dimensions of sexual behavior</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am now more likely to use a condom with my regular partner than before</td>
<td>5.9%</td>
<td>2.9%</td>
<td>14.7%</td>
<td>26.5%</td>
<td>50.0%</td>
</tr>
<tr>
<td>I am now more likely to discuss my sexual matters with my partner than before</td>
<td>3.0%</td>
<td>3.0%</td>
<td>12.1%</td>
<td>39.4%</td>
<td>42.4%</td>
</tr>
<tr>
<td>It had made no difference in my sexual behaviour</td>
<td>3.1%</td>
<td>25.0%</td>
<td>34.4%</td>
<td>15.6%</td>
<td>21.9%</td>
</tr>
<tr>
<td>I am now less likely to change my sexual behaviour</td>
<td>12.9%</td>
<td>16.1%</td>
<td>29.0%</td>
<td>22.6%</td>
<td>19.4%</td>
</tr>
<tr>
<td>I am now more likely to change my sexual behaviour</td>
<td>6.3%</td>
<td>0.0%</td>
<td>12.5%</td>
<td>40.6%</td>
<td>40.6%</td>
</tr>
<tr>
<td>I am now more likely to discuss sexual matters with my peers</td>
<td>0.0%</td>
<td>6.3%</td>
<td>15.6%</td>
<td>28.1%</td>
<td>50.0%</td>
</tr>
</tbody>
</table>
Suggestions for Making the MWK More Effective

Respondents were asked to offer suggestions on what would make the MWK campaign more effective. The majority of the respondents scoring 71.4% suggested more education through door-to-door campaigns, seminars and road-shows. Another 14.3% recommended the use of alternative channels of communication to target rural audiences and other population groups (14.3%).

![Figure 4.8: Suggestions for Making the MWK Campaign More Effective](image)

Summary of Key Findings

In terms of level of exposure to the MWK campaign, the majority of the respondents scoring 92.1% were aware of MWK TV campaign, however, the majority scoring 54% could not recall the campaign message; 30% of the respondents recalled the *Fanya Hesabu* advert and 16% recalled the third in the sequel of the MWK campaigns, *Weka Condom M pangoni* advert which however is not examined in this study. The majority of the respondents (63.2%) had watched it on Citizen TV and 15.8% on KTN. Among the respondents who had watched the advert, 45.8% recalled having watched it once weekly, while 29.2% recalled having watched it every day.
Regarding respondents’ understanding of the campaign message, 69.4% of the respondents felt that the campaign created awareness of the need for fidelity. However, 30.6% of the respondents felt that it does not address the problem of HIV and AIDS. Additionally, 58.3% of the respondents felt that the key message of the WMK campaign was to promote fidelity, while, 41.7% associated it with creating awareness on the importance of condom use with an extra partner. Further, the majority (48.1%) of the respondents were of the opinion that the campaign targeted married people whereas 37% said it targeted anyone in a relationship. Concerning message clarity, 27.8% of the respondents rated this aspect of the campaign as very high whilst 58.3% rated it as high. The findings also showed that 22.2% of the respondents rated emotional appeal of the message as very high, whilst 58.3% rated it as high. Additionally, 44.4% of the respondents rated clarity of target audience as very high, whilst 38.9% rated this aspect of the campaign as high.

In terms of addressing beliefs and attitudes that influence sexual practice in Kenya, 41.7% of the respondents rated the MWK campaign as very high whereas 27.8% rated it as high. Forty per cent (40%) and 31.4% of the respondents rated the role of the campaign in addressing the notion that couples in marital and stable relationships are not at risk of HIV as very high and high respectively. Another 40% of the respondents highly rated the effect of the campaign on increased interpersonal discussion on the risks of MCP and HIV infection as very high whilst 37.1% rated it as high. Lastly, 58.8% of the respondents rated the effect of the TV campaign on sensitizing people on the financial and emotional costs of practicing MCP as very high whereas 32.4% rated it as high.

Concerning the response to the MWK campaign message, 50% of the respondents strongly agreed that they were now more likely to use a condom with
their regular partner than before and 26.5% also agreed; 42.4% and 39.4% of the respondents strongly agreed and agreed respectively that they were now more likely to discuss sexual matters with their partner than before. A total of 37.5% of the respondents agreed that the campaign message made no difference in their sexual behavior; and 40.6% each of the respondents strongly agreed and agreed respectively, that they were now more likely to change their sexual behaviour. However, 50% respondents had at least engaged in MCP. The percentage of males who had ever engaged in MCP was higher at 52.6% compared to their female counterparts at 47.4%. However, the proportion of respondents who had ever practiced MCP did not vary significantly across the various marital statuses as about 50% of the respondents from each marital status had at least engaged in MCP. The findings show that 42.1% of the respondents had one extra partner, 10.5% had three extra partners while 6.3% had two. Also, 56.9% were involved with single partners, while 26.3% had extra partners who were married. The study further showed that 57.9% of the respondents were in an on-going MCP at the time of the study whereas 31.6% had stopped. Eighty four (84.2%) of the respondents used a condom with the extra partner, 57.9% used a condom with their regular partner and 42.1% of the respondents did not.

In terms of potential barriers that may account for lack of adoption of behaviour promoted by the MWK campaign, 63.2% of the respondents perceived themselves as exposed to low or nonexistent risk of HIV infection, whereas the majority (47.4%) felt that females were at the highest risk of infection. A similar majority (47.4%) were ignorant of the sexual orientation at the highest risk of HIV infection, whereas the majority (34.2%) felt that those who were divorced or separated were at the highest risk. The majority (76.3%) of the respondents were in stable partnerships, most of which had lasted for between three and nine years.
Summary

This chapter presented the analysis, results and interpretation of the data collected. The results were compiled and presented for various sub-groups within the population, based on demographic characteristics such as age, gender, marital status, education level and sexual orientation. Relevant findings from the data collected were reported in the form of tables, figures and narrative and descriptions of tables and charts were provided for ease of reference. The next chapter discusses these findings, including limitations and recommendations for future research and practice.
CHAPTER FIVE
DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This study sought to examine the effect of the MWK TV campaign on the sexual behaviour of couples in heterosexual relationships between the ages of 18 and 49 in Nairobi West Estate. The previous chapter presented an analysis of the research findings. In this chapter, the findings are discussed, conclusions are drawn and recommendations made in relation to the theoretical understanding set out in the literature review. The discussions and conclusions follow according to the specific research questions and conclude with recommendations for practice and further research.

Discussion of Key Findings

To achieve the purpose of the study, four research questions were generated at the outset. The first question sought to establish the level of exposure of the MWK campaign message among respondents off the study. The question arose from (a) the proposition by Romer et al. (2009) that the central premise behind the success of a media campaign lies in the exposure of the target audience to the campaign message and (b) Noelle-Neuman’s (1973; as cited in Severin & Tankard, 2001) proposition that cumulative exposure to mass media campaigns can produce powerful effects. Phases one and two of the campaign were aired for three years between 2009 and 2012. Given that 92.1% of the respondents were aware of the TV campaign suggests that the level of exposure to the campaign was very high. It further implies that TV as a medium was effective in reaching the target audience as the majority of the respondents scoring 97.9% ranked TV as the number one medium for disseminating HIV and AIDS information. This finding corroborates Omoera, Awosola, Okhaku,
and Adesina (2010) who held that TV as a medium has powerful influence on individuals due to its audio-visual characteristics.

Nevertheless, 54% of the respondents could not recall the campaign message. This could be explained by the fact that this research was conducted after nearly six months of phases one and two of the campaign had elapsed thus, it is possible that their recall ability could have been dissipated. However, 30% of the respondents recalled the celebrity (Jimmy Gathu) and his calculator in reference to the *Fanya Hesabu* advert and 16% recalled a *Mama Mboga* advert in reference to the sequel to the *Fanya Hesabu* advert, *Weka Condom Mpangoni* which however was not examined in this study. This suggests that the different phases of the campaign had varying effects on respondents’ memory, especially given that phases one and two of the campaign had ended several months earlier. Respondents who recalled the adverts correctly identified the celebrity used as the face of the campaigns by name and their description of the adverts matched with relative precision the adverts as aired on TV.

The above finding supports Klapper (1960; as cited in Melkote & Steeves, 2001) that through processes of selective perception and selection retention people retain information that is in tune with their attitudes and beliefs. It further lends credence to the ELM proposition that different people can respond differently to the same message based on their level of motivation and ability. It is possible that respondents who recalled the message either had a high level of involvement hence processed the message through the central route or processed the message peripherally by association with the celebrity, both which resulted in longer-term recall. Conversely, those who could not recall the message either did not have the ability to process the message centrally or may have found it of low relevance and processed it peripherally, hence the poor recall.
Among respondents who had watched the advert, 29.2% recalled having watched it daily, 25% bi-weekly whereas 45.8% had watched it once weekly. Sixty three per cent (63.2%) had watched it on Citizen TV and 15.8% on KTN. This infers that the campaign paid attention to the frequency of use of media as recommended by Mhyre and Flora (2000) which in turn translated to high levels of exposure to the campaign. It is however notable that the campaign could have effectively realized approximately 80% of its objectives in the urban market from just two stations. Consequently, resources invested in advertising on the remaining stations could have been channeled to other HIV communication programmes.

The second research question sought to establish the understanding of the campaign message among respondents of the study. The question arose from an observation made by Airhihenbuwa and Obregon (2000) that campaigns often employ downstream approaches devoid of understanding how audiences attach meaning to messages. As discussed in the background of the study, phase one, *Epuka Ukimwi* (meaning: escape HIV), sought to dispel the notion that marriage was a ‘safe haven’ from HIV (PSI, 2009). The advert highlighted the sexual risks individuals expose themselves to by engaging in MCP and the importance of condom use even in stable partnerships. Phase two, *Fanya Hesabu* (meaning: count the cost) advanced the phase one message using rational and emotional appeals to encourage the audience to evaluate the financial and social costs of MCP versus the benefits of partner reduction (USAID, 2010).

The findings showed that 69.4% of the respondents felt that the campaign created awareness on the need for fidelity. This is consistent with the objective of the campaign which according to PSI (2009) targeted men and women in marital or cohabiting relationships to promote mutual fidelity and condom use in trusted
relationships. The study also showed that 58.3% of the respondents felt that the key message of the campaign was to stop infidelity. This reinforces the earlier finding on respondents’ perceptions in terms of creating awareness on the need for fidelity among couples.

Some 41.7% of the respondents associated the campaign with the promotion of condom use with an extra partner(s). This finding could have two-fold implications. On a positive note, the campaign could be considered effective in terms of promoting condom use, an outcome which past studies have associated with concerted media campaigns. Earlier initiatives in Kenya included Chanukeni Pamoja, Nakufeel and Love bila Regrets which sought to reinforce condom use amongst young adults. Data from the 2008/09 KDHS and the 2007 KAIS Report (cited in NACC, 2010) indicated significant behavioural change such as increased condom use, delayed sexual debut and reduction in sexual partners which were largely attributed to mass media public health campaigns. On a negative note and subject to an individual’s level of motivation and ability, it presents a window for counter-arguments among critical thinkers to justify their continued practice of MCP providing one uses a condom.

The study further showed that the majority (48.1%) were of the opinion that the campaign targeted married couples, whilst 37% said it targeted anyone in a relationship. This was consistent with the objective of the campaign which according to PSI (2009) was intended for married couples, or couples in stable, trusted relationships. Concerning clarity of the message, 27.8% of the respondents felt clarity was very high while another 58.3% felt it was high. The high level of clarity of the message can be attributed to the fact that the campaign utilised research and theory in the design of the campaign as recommended by Noar (2006) and Bertrand et al.
(2006). It also used segmented messages for male and female audiences and a combination of rational and emotional appeals delivered by a well-known local celebrity. Twenty two percent (22.2%) and 58.3% of the respondents rated the emotional appeal of the advert as very high and high respectively. This aspect was particularly emphasized in phase two (Fanya Hesabu) of the campaign which combined rational and emotional appeals to encourage the audience to evaluate the cumulative (financial and social) cost of MCP versus the benefits of partner reduction (USAID, 2010).

The third research question sought to establish the respondents’ response to the MWK campaign message. This question arose from an observation made by Atkin (2001) that media campaigns have failed to bring about significant behaviour change. The study showed that 50% and 26.5% of the respondents strongly agreed and agreed respectively that they were now more likely to use a condom with their regular partners than before. This is consistent with the TPB which focuses on attitudinal beliefs and the ability to undertake a behaviour which is deemed an important determinant of intention (Ajzen, 2006). The same argument may also be reflected in further findings where 42.4% and 39.4% of the respondents strongly agreed and agreed respectively that they were now more likely to discuss sexual matters with their partner than before. This is consistent with findings of a research conducted in Tanzania on the radio programme Twende na Wakati which established that the radio campaign increased listener’s willingness to discuss HIV related issues (Vaughan et al. 2000).

The findings also showed that 40.6% and 40.6% of the respondents strongly agreed and agreed, respectively, that they were now more likely to change their sexual behavior. This is also consistent with findings by Vaughan et al. (2000) which
showed that two years into the *Twende na Wakati* campaign, people were more inclined to believe that unprotected sex could result in HIV infection, discussed more about AIDS, reduced their number of sexual partners and increased condom adoption. However, unlike the actual positive behavior change realized by the *Twende na Wakati* study, this research showed that 50% of the respondents had been involved in a sexual relationship with someone other than their spouse or regular partner; 42.1% of the respondents had one extra partner, 10.5% and 6.3% had three and two extra partners respectively. Furthermore, 57.9% of the respondents who had extra partners had on-going relationships during the study, however, 31.6% had stopped. The percentage of male respondents who had ever practiced MCP was higher at 52.6% compared to their female counterparts at 47.4%.

The above findings infer that the MWK campaign was more effective in terms of creating awareness and influencing behavioral intention, but not actual behaviour change. Therefore, factors beyond an individual’s control such as the influence of family and friends could have prevented respondents from adopting the promoted behaviour. The findings also support Bertrand et al. (2006) who observed that mass media campaigns were more effective in terms of increasing HIV knowledge and awareness than actual behaviour change.

The fourth question was: What potential barriers account for lack of desired response to the behaviour promoted by the MWK campaign message among men and women in heterosexual relationships between the ages of 18 and 49 in Nairobi West Estate? The question arose from Klapper’s 1960’s conclusion that independently, mass media could not produce audience effects, but instead function through a “nexus of mediating factors and influences” (Severin & Tankard, 2001, p. 263).
Although the majority of the respondents exhibited a high knowledge of HIV sexual risk behaviour (94.7%), and had relative control over the decision to use a condom (65.7%), 37.5% of the respondents said that the campaign had no impact on their sexual behaviour. This could be attributed to the fact that 63.2% of the respondents perceived their own risk exposure to HIV infection as either low or non-existent. Further, that the majority of respondents were in stable relationships, most of which had lasted for three to nine years, suggests that the notion that heterosexual cohabiting couples were at low risk of HIV infection (NASCOP, 2009) was still pervasive among respondents of the study. This by extension lends credence to the view held by Airhihenbuwa and Obregon (2000) who observed that campaigns were often devoid of understanding of how audiences attach meaning to messages.

Regarding the gender at highest risk of infection, the majority of respondents scoring 47.4% felt that women were at the highest risk of infection. The most common theme that emerged was that women were largely driven to sex for transactional (economic) purposes. This is consistent with past empirical studies which showed that women were more likely than previously thought to introduce HIV into stable partnerships (Lurie et al. 2003; Mishra, Bignami-Van, Hong, and Vaessen, 2007); a finding further linked to other studies in South Africa which showed that women engaged in sexual relationships with men in other relationships for lifestyle rewards (Leclerc-Madlala, 2003; Silberschmidt and Rasch, 2001).

The study further showed that the majority (47.4%) of respondents were ignorant of the sexual orientation with the highest risk whereas the majority (34.2%) of the respondents felt that those who were divorced or separated were at the highest risk of HIV infection. This is inconsistent with findings of the 2008/09 KDHS which reported that heterosexual sex within a union or regular partnerships accounted for...
44% of new HIV infections in Kenya (KNBS & ICF Macro, 2010). This implies that the majority of the respondents held wrong perceptions of the marital status at the highest risk of HIV infection. As such, there was a high potential for them to disregard risk management measures such as condom use as advocated for in Phase one, *Epuka Ukimwi* (meaning: Escape HIV), a concerted media campaign which sought to dispel the notion that marriage is a ‘safe haven’ from the risk of HIV (PSI, 2009). This is reinforced by the fact that the majority (76.3%) of respondents were in stable partnerships, most of which had lasted for between three to nine years and therefore, developed trust in one another.

Overall, the findings support ELM and TPB prepositions of outcome relevance and value expectancy which are crucial to the adoption of a given behaviour (Ajzen, 2006; Petty, Brinol & Priester, 2009). The influence of family (68%) and friends (50%) on respondents’ sexual behaviour infers that the outcome and value relevant involvement attached to an individual’s sexual behaviour may have played a role in the respondents’ decision on whether or not to adopt the behaviour promoted by the MWK campaign. This finding is consistent with Huang (2004) who attributes the poor success record of health campaigns to the fact that the campaigns discourage people from doing things they like to do, some which are behaviours that are reinforced through social structures. Therefore, conformity to social norms and value expectancy are potential barriers to the adoption of the promoted behaviour. The above suggests that the effectiveness of media campaigns requires better strategies than mere exposure and media awareness.

**Conclusion**

Although the level of exposure to the MWK campaign among respondents was very high, the recall rate of the message was relatively lower and appeared
contingent on the celebrity who pitched the campaign. Thus, as proposed by the ELM, heuristics may have played a role in the recall process.

There was a mixed understanding of the campaign message among respondents. Some understood that the campaign created awareness on the need for fidelity and identified the key message as promotion of fidelity. Conversely, some associated the campaign with the promotion of condom use with an extra partner(s) which is supported by findings that most (84.2%) of the respondents used a condom with the extra partner(s) than with the regular partner (57.9%). There was also a mixed understanding on the target audience as some respondents perceived the target audience as married couples whilst others felt it targeted anyone in a relationship.

Concerning response to the campaign message, the campaign was more positive with regard to behavioral intentions than actual behavior. There was a higher likelihood of respondents to use a condom; discuss sexual matters with their partner, and change sexual behavior. However, in terms of actual behaviour, over 50% of the respondents still had an extra partner(s), some up to three. The practice of condom use was more prevalent with the extra partner(s) than the regular partner which infers that the notion that marriage is a safe haven from the risk of HIV was still prevalent among respondents of this study.

Regarding potential barriers to adoption of the promoted behaviour, erroneous perceptions of low or non-existent the risk to HIV infection were still pervasive. This could be attributed to the trust accorded to the partner in question due to having been in a stable relationship for a long duration, a notion the campaign sought to dispel. There was also a high level of ignorance concerning groups at highest risk of HIV infection in terms of marital status and sexual orientation. This suggests, and as proffered by Epstien (2007) and Thorton, (2008) that secondary partners linked into
other concurrent networks can infect those in their other networks and by extension, escalate the rate of HIV infection in the Country. Finally, the influence of significant others on one’s sexual behaviour may could also be a factor as people seek to confirm to societal expectations on one’s sexual behaviour.

Notwithstanding, that the campaign title *Mpango wa Kando* has been widely adopted as the ‘brand name’ for an extra partner or side sexual relationships by Kenyan publics suggests that the campaign has been successful in creating awareness. Furthermore, that the percentage (30.6%) of respondents who had stopped the practice of MCP owing to the campaign was comparatively higher than the success recorded by most health campaigns (5% to 10%) suggests that the campaign was fairly effective.

### Recommendations

#### Recommendations for Practice

Based on findings of this research, the study made the following recommendations for practice:-

1. Research on base criterion used by individuals for decision-making on sexual behaviour in order to develop messages of personal relevance to individuals

2. Complement rational appeals with fear apples for greater effect as proposed by Green and Witte (2006) who posit that resistance to fear appeals is based on ideological rather than empirical evidence.

3. Campaigns should be more strategic and targeted. The target audience could effectively have been reached via two TV stations, thus, funds used in advertising on the other stations could have been channeled to other HIV educational programmes.
Recommendations for Further Research

The study recommends further research in the following areas:-

1. Types of HIV and AIDS behaviour change messages and their relevance for targeting with media campaigns.

2. In-depth inquiry into the MWK campaign using focus groups and interviews to establish reasons behind erroneous perceptions held by respondents on groups at the highest risk of HIV infection and the continued practice of MCP despite a high level of exposure to the campaign.
REFERENCES


USAID. (2010). *Communications pretest of phase II of Mpango wa Kando Campaign presented to PEPFAR technical working group*. Nairobi: USAID.


APPENDICES

Appendix A - Questionnaire

Dear Respondent,

I am a postgraduate student at Daystar University carrying out a survey on the effect of mass media campaigns on sexual behaviour change in relation to HIV and AIDS. The survey is strictly for academic purposes and all information provided will remain confidential and will only be used for this study. You do not have to answer any question you do not want to, but I would appreciate honest responses to facilitate an accurate study. THANK YOU.

INSTRUCTIONS

Please do not write your name or indicate any form of identification on this questionnaire. If for any reason you are not able to participate in this survey, please return the questionnaire unanswered.

SECTION A: DEMOGRAPHICS AND GENERAL INFORMATION – TO BE ANSWERED BY ALL RESPONDENTS

1. Age group : (1) □ 15-19 (2) □ 20-24 (3) □ 25-29 (4) □ 30-34 (5) □ 35-39 (6) □ 40-44 (7) □ 45-49

2. Gender : (1) □ Male (2) □ Female


4. Level of Education (1) □ Primary school (2) □ High School (3) □ First Degree (4) □ Post-graduate

5. Type of Relationship (1) □ Stable partnership (2) □ Non-regular partnership

6. If you are in a stable relationship/union, please state the duration

   (1) □ 0-2 years (2) □ 3-9 years (3) □ 10-19 years (4) □ 20+ years

7. Do you have children? (1) □ Yes (2) □ No

8. If yes, please state the number of children ________________________________
SECTION B: HIV AND AIDS RELATED KNOWLEDGE, ATTITUDES, BELIEFS AND BEHAVIOUR

9. How would you rate your knowledge of HIV and AIDS?

(1) □ Poor   (2) □ Fair   (3) □ good   (4) □ very good

10. In your opinion, which group below is at the highest risk of HIV infection - (Please Tick One)

   a) Gender: (1) □ Male   (2) □ Female
   b) Sexual Orientation (1) □ Heterosexual (2) □ Homosexual (3) □ Bi-sexual
   c) Marital Status (1) □ Single (2) □ Married (3) □ separated/divorced
   d) Other (please specify):__________________________________________________

Please explain your reasons for the above response
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

11. Who do you think is least likely to become infected with HIV – (Please Tick one)

   a) Gender: (1) □ Male (2) □ Female
   b) Sexual Orientation (1) □ Heterosexual (2) □ Homosexual (3) □ Bi-sexual
   c) Marital Status (1) □ Single (2) □ Married (3) □ separated/divorced
   d) Other (specify) ________________________________________________________

Please explain your reasons for the above response
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

12. If you were asked to assess your own susceptibility (risk and vulnerability) of HIV infection, what would your assessment be? - (Please Tick One)

   (1) □ High risk   (2) □ Medium risk   (3) □ low risk   (4) □ No risk

Please explain your reasons for the above response
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

106
13. On a scale of 1 to 5, please indicate the extent to which you agree or disagree with the following statements.

1= strongly disagree, 2= disagree 3=neutral 4=agree, 5= strongly agree (please tick the number that corresponds to your choice for each item)

<table>
<thead>
<tr>
<th>Statement Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pleasurable sex is found outside a steady relationship</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Women play a supportive role in the promotion of multiple sexual partnerships</td>
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</tr>
<tr>
<td>Engaging in multiple sexual partnerships is a normal practice in Kenya</td>
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<tr>
<td>Exchange of different forms of wealth is a normal expectation in multiple sexual relationships</td>
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</tr>
<tr>
<td>Men need more than one sexual partner at a time</td>
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<td></td>
</tr>
<tr>
<td>To retain her partner/spouse, a woman must give in to her partner’s sexual demand</td>
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</tr>
<tr>
<td>Sex outside marriage or a stable relationship is appropriate</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex before marriage is appropriate</td>
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</tr>
</tbody>
</table>

Please explain any response in the category of strongly agree and agree in the table above
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

14. On a scale of 1 to 5, please indicate the extent to which the following statements are important to you.

1= strongly disagree, 2= disagree 3=neutral 4=agree, 5= strongly agree (please tick the number that corresponds to your choice for each item)

<table>
<thead>
<tr>
<th>Statement Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>My family's opinion about my sexual behaviour is important</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My friends’ opinion about my sexual behaviour is important</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Please explain your reasons for the above response

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

15. On a scale of 1 to 5, please indicate the extent to which you agree or disagree with the following statements.

1= strongly disagree, 2= disagree 3=neutral 4=agree, 5= strongly agree (please tick the number that corresponds to your choice for each item)

<table>
<thead>
<tr>
<th>Statement Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couples should always use condoms even with their regular/steady partners</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple sexual partnerships result in rapid spread of HIV infection</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Multiple sexual partnerships have financial and emotional implications</td>
<td></td>
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<tr>
<td>Being faithful to one’s partner reduces the risk of HIV infection</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Abstinence from sexual contact is the most effective way of avoiding HIV infection</td>
<td></td>
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</tr>
</tbody>
</table>

Please explain any response in the category of strongly disagree and disagree in the table above

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

16. On a scale of 1 to 5, please indicate the extent of consistent condom use in your relationship(s).

1= Never, 2= rarely, 3=sometimes, 4= most of the time, 5 = Always (please tick one number that corresponds to your choice for each item)

<table>
<thead>
<tr>
<th>Statement Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>I use a condom during sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have a say in the use of a condom in my relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My partner(s) has the final say on the use of condom in my relationship(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I use a condom with my regular partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My partner and I discuss condom use in our relationship</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I use a condom with my extra partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please explain any response in the category of never and rarely
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
17. Have you even been involved in a sexual relationship with someone other than your spouse/regular partner?

☐ Yes  ☐ No

Please explain your response.
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

If you answered YES to Question 17, please proceed to question 18 to 26 and skip questions 26 to 33. If you answered NO to question 17, please skip questions 18 to 26 and answer questions 27 to 33.

18. How many such relationships have you been involved in in the last twelve months?________________________________________________________

19. Is (was) the extra partner(s) younger, older or same age group?

☐ younger  ☐ Older  ☐ Same age-group

20. What is (was) the marital status of the extra partner(s)?

(1)☐ Single  (2)☐ Married  (3)☐ divorced/separated
(4)☐ co-habiting  (5)☐ separated/divorced

21. Is (are) the relationship(s) ongoing or stopped?

(1)☐ Yes  (2)☐ No

Please explain your response.
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

22. What does (did) this relationship(s) satisfy?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

23. Do (did) you use a condom with your extra partner?

(1)☐Yes  (2)☐No
24. If you answered No in Question 23, please explain your response.
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

25. Do (did) you use a condom with your regular partner?
(1)☐ Yes    (2)☐ No

26. If you answered No in Question 25, please explain your response.
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

27. You indicated in question 17 that you have never been involved in any sexual relationship other than with your spouse/regular partner. Do you know anyone who has been involved such relationships?
(1)☐ Yes    (2)☐ No

28. If you answered yes above, what is your relationship with this person?
(1)☐ Spouse/regular partner    (2)☐ Relative    (3)☐ Friend

29. To the best of your knowledge, how many of such relationships has the person been involved in in the past twelve (12) months? _________________________

30. To the best of your knowledge, what do these relationships satisfy?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

31. If you answered spouse/regular partner in question 28, do you use a condom with your partner
(1)☐ Yes    (2)☐ No

32. If you answered No to question 31 above, please explain why
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

33. To the best of your knowledge, does your regular partner use a condom with his or her extra partner?
(1)☐ Yes    (2)☐ No
SECTION C: EVALUATION OF THE CAMPAIGN – TO BE ANSWERED BY ALL RESPONDENTS

34. Have you seen, heard or read adverts from various media that address the role of extra-marital or extra partners in stable relationships in the spread of HIV in the past three years?

You can tick more than one source of information. Please use 1 for Yes and 2 for No.

<table>
<thead>
<tr>
<th>Source of information</th>
<th>Yes (1)</th>
<th>No (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Billboard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Word of mouth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newspapers/magazines</td>
<td></td>
<td></td>
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<tr>
<td>Other (please specify)</td>
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</tr>
</tbody>
</table>

If you marked 1, please proceed to Q35 to 38. If you answered 2, please skip Q35 to 38 and proceed to Q39

35. You indicated that you have watched an advert(s) on TV that promotes the importance of being faithful to one’s partner in a stable partnership in order to avoid the risk of HIV infection. Can you please describe it (them)?

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

36. On what TV station did you watch the advert (s)?

(1)☐ KBC   (2)☐ NTV   (3)☐ KTN   (4)☐ Citizen   (5)☐ other (specify)_____

37. How often did you watch the advert on TV?

(1)☐ Everyday   (2)☐ once weekly   (3)☐ twice-weekly

(4)☐ other (please specify)________________________

Where did you watch the TV advert (s) from?

(1)☐ at home   (2)☐ restaurant/pub   (3)☐ Internet

(4)☐ other (please specify)________________________

38. Have you ever heard of the Mpango wa Kando campaign?

(1)☐ Yes   (2)☐ No
39. If you answered yes above, what was your reaction to this campaign?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

40. In your opinion, what is (are) the key message(s) in this campaign?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

41. In your opinion, who is the target audience for this campaign?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

42. On a scale of 1 to 5, please indicate the extent to which you agree or disagree with the following statements in relationship to the *Mpango wa Kando* TV campaign message.

1= strongly disagree, 2= disagree 3=neutral 4=agree, 5= strongly agree (please tick the number that corresponds to your choice for each item)

<table>
<thead>
<tr>
<th>Statement Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>The arguments presented in the message are reputable?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The message comes from an expert source</td>
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</tr>
<tr>
<td>The message source is friendly</td>
<td></td>
<td></td>
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<tr>
<td>The message source is a role model</td>
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<tr>
<td>The message source is aggressive</td>
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</tr>
</tbody>
</table>

Please explain any response in the category of strongly agree and agree
__________________________________________________________________
__________________________________________________________________

43. On a scale of on 1 to 5, **where 1= very low, 2= Low 3=MEDIUM 4=High, 5= Very high**, please rate the *Mpango wa Kando* campaign in terms of the following:-
(please tick the number that corresponds to your choice for each item)

<table>
<thead>
<tr>
<th>Statement Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarity of the message</td>
<td></td>
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<tr>
<td>Emotional appeal of the message</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Clarity of target audience</td>
<td></td>
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</tr>
<tr>
<td>Providing information on the risk of HIV arising from extra-marital affairs/extra sexual partners</td>
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</tbody>
</table>
### Statement Description

<table>
<thead>
<tr>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addressing beliefs and attitudes that influence sexual practice in Kenya</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Addressing the perception that couples in marital/stable relationships are not at risk of HIV</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Increased interpersonal discussion on the risks of extra marital/extra partner affairs and HIV infection</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The benefits of not engaging extra-marital partnerships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The financial and emotional costs of engaging in extra-marital sexual affairs to to individuals</td>
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</tr>
</tbody>
</table>

Please explain any response in the category of very low and low

__________________________________________________________________
__________________________________________________________________

44. On a scale of 1 to 5, please indicate the extent to which you agree or disagree with the following statements with regard to the effect of the *Mpango wa Kando* TV campaign on your sexual behaviour.

1= strongly disagree, 2= disagree 3=neutral 4=agree, 5= strongly agree (please tick the number that corresponds to your choice for each item)

<table>
<thead>
<tr>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am now more likely to use a condom with my regular partner than before</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am now more likely to discuss my sexual matters with my partner than before</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It had made no difference in my sexual behaviour</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am now less likely to change my sexual behaviour</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am now more likely to change my sexual behaviour</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am now more likely to discuss sexual matters with my peers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am now less likely to change my sexual behaviour</td>
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</tbody>
</table>

Please explain any response in the category of very strongly disagree and disagree

__________________________________________________________________
__________________________________________________________________
45. In your opinion, what would make the Mpango wa Kando campaign more effective?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

You have reached the end of the questionnaire. Thank you for taking time to answer this questionnaire.
## Appendix B – Budget

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount in KES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor</td>
<td>15,000.00</td>
</tr>
<tr>
<td>Research Assistants (2 x 5000 per person per month)</td>
<td>20,000.00</td>
</tr>
<tr>
<td>Transport (for researcher &amp; assistants)</td>
<td>10,000.00</td>
</tr>
<tr>
<td>Communication Costs</td>
<td>10,000.00</td>
</tr>
<tr>
<td>Printing Costs</td>
<td>30,000.00</td>
</tr>
<tr>
<td>Research Permit</td>
<td>2,000.00</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>13,000.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100,000.00</strong></td>
</tr>
</tbody>
</table>
Appendix C – Research Approvals from NCST and Daystar University

Research Permit No. NCST/RCO/13/01/352
Date of issue: 22nd May, 2013
Fee received: KSH. 1,000

THIS IS TO CERTIFY THAT:
Prof/Dr. Mr./Mrs./Miss/Institution:
Deborah Alambo Wandera
of (Address): Daystar University,
P.O. Box 44400-00100, Nairobi,
has been permitted to conduct research in
Location
District
Nairobi
County
on the topic: The effect of mass media campaigns on sexual behavior change: The case of mpango wa kando HIV and AIDS campaign in Nairobi West Estate, Nairobi County for a period ending: 30th June, 2013.

Applicant’s Signature

Secretary
National Council for Science & Technology

CONDITIONS:
1. You must report to the District Commissioner and the District Education Officer of the area before embarking on your research. Failure to do this may lead to the cancellation of your permit. Government Officers will not be interviewed will not be interviewed prior to your project.
2. No questionnaire will be used unless it has been approved.
3. Excavation, mining and collection of biological samples require prior permission from the relevant Government Ministries.
4. You are required to submit at least two (2) copies (one) bound copies of your final report for Kenyan and non-Kenyan respectively.
5. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice.
RE: RESEARCH AUTHORIZATION

Following your application dated 20th May, 2013 for authority to carry out research on “The effect of mass media campaigns on sexual behavior change: The case of mpango wa kando HIV and AIDS campaign in Nairobi West Estate, Nairobi County.” I am pleased to inform you that you have been authorized to undertake research in Nairobi County for a period ending 30th June, 2013.

You are advised to report to the County Commissioner and County Director of Education, Nairobi County before embarking on the research project.

On completion of the research, you are expected to submit two hard copies and one soft copy in pdf of the research report/thesis to our office.

DR. M. K. RUGUTT, PhD, HSC.
DEPUTY COUNCIL SECRETARY

Copy to:
The County Commissioner
The County Director of Education
Nairobi County
May 15th, 2013

To Whom It May Concern

Dear Sir/Madam,

RE: DEBORAH WANDERA – STUDENT NO. 09-1366

Deborah is a fully registered student in the School of Communication at Daystar University. She has completed her course work towards a Master’s degree in Communication. She is now working on the research for her thesis.

Deborah’s thesis topic is “The Effects of Mass Media Campaigns on Sexual Behavior Change: The Case of Mjanga wa Kambo HIV and AIDS Campaign in Nairobi West Estate, Nairobi County”.

The purpose of my writing is to request that you give Deborah any necessary assistance to enable her to complete this important academic exercise.

We assure you that any information collected will be used strictly for academic purposes and will remain absolutely confidential. Upon completion of the research, her thesis will be available at our library.

We appreciate your support for our student towards the successful completion of her thesis research.

Sincerely,

Dr. R. N. NYAGA
HOD, COMMUNICATION