

What makes some campaigns more effective than others?: An analysis of three mass media PSI HIV/AIDS campaigns in Kenya

By

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## Abstract

This study included interviews with campaign planners at a major social marketing organization in Kenya and an examination of three comprehensive HIV/AIDS health campaigns produced by the planners. Thematic and qualitative content analysis of these data addressed three research questions: (1) To what extent did the campaign creators consider health behavior change models, socio-cultural, and group identity concerns of their target audiences when designing the health campaigns? (2) To what extent did the campaigns reflect the major principles of campaign design? And (3) to what extent did the themes in the campaigns reflect the socio-cultural and group identity concerns of the target audiences? Results indicated that the planners did not formally consider theory or socio-cultural and group identity concerns that are important in collectivist African societies like Kenya. The campaigns fit the planners' goals of avoiding fear appeals, considering barriers and benefits to behavior change, providing a sense of self-efficacy, and appealing to subjective norms. Several principles of effective campaign design were also identified. However, thematic analysis of the campaigns revealed the presence of cultural beliefs/practices (e.g., gender norms) that can be barriers to behavior change. These results suggest that the campaigns would have benefited from formal attention to structural and cultural factors that may have served as barriers to adoption of the targeted behavior. Accordingly, the discussion focuses on a polymorphic approach to health behavior change theory that would ensure full consideration of these factors.

An ecological approach to campaign analysis is outlined as a model for future research on health communication campaigns.

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## CHAPTER ONE: INTRODUCTION

Every continent in the world has been affected by the HIV/AIDS epidemic. The most recent survey data from the Joint United Nations Program on HIV/AIDS (UNAIDS, 2006) revealed that at the end of 2005 an estimated 38.6 million people were living with HIV. In addition, an estimated 4.1 million became newly infected and an estimated 2.8 million lost their lives to AIDS. Africa has been the hardest hit continent in the HIV/AIDS pandemic. Of the 38.6 million people infected worldwide, it is estimated that 29 million live in Africa, most in sub-Saharan Africa. By mid 2004, it was estimated that 3.1 million people in Sub-Saharan Africa were newly infected and by the end of 2006, 2.3 million had died of the disease (UNAIDS, 2006).

UNAIDS (2006) reported that globally, the HIV incidence rate (number of new HIV infections as a proportion of previously uninfected persons) has stabilized. In particular, notable decline trends have been reported in two sub-Saharan African countries: Kenya and Zimbabwe. Indications of significant behavioral change have been noted in terms of increased condom use, fewer sexual partners, and delayed sexual activity. This favorable trend in behavior change has largely been credited to mass media public health campaigns (UNAIDS, 2006). Noar (2006) observed that the great advantage of the mass media health campaign is that it is “a compelling health intervention tool that potentially can address health attitude and behavioral change across numerous health problems in numerous audiences” (p.22).

Although evidence suggests that mass media health campaigns do work (Agha, 2003; Mhyre & Flora, 2000; Porto, 2007; Vaughn, Rogers, Singhal &

Swalehe, 2000; Witte, Cameron, Lapinski & Nzyuoko, 1998), particularly when the principles of effective campaign design are followed (Noar, 2006), donors and practitioners are still frustrated at evaluators' inability to answer the question: "what makes some campaigns more effective than others?" (Bertrand, O'Reilly, Denison, Anhang & Sweat, 2006, p.594). Bertrand et al. contend that to help answer this question it is important for scholars to publish research that increases understanding of (i) the elements of a communication program that contribute 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. This study addresses the first of the four goals by deconstructing HIV/AIDS health campaigns that are viewed as successful. In the process it is also possible that information relevant to the other three concerns may emerge.

The health campaigns chosen were implemented by a nonprofit international organization called Population Services International (PSI) that works to "harness the vitality of the private sector to address the health problems of low-income and vulnerable populations in more than 60 developing countries" ([http://www.psi.org/about\\_us/](http://www.psi.org/about_us/)). The three campaigns were aimed at comprehensive behavior change. They were launched in Kenya, and employed the full gamut of (PSI/Kenya 2006). These campaigns were selected for two reasons. First, PSI states that they pay attention to cultural issues and local norms when developing the

campaigns, and second, PSI conducted formal evaluation studies documenting two of the campaigns' effectiveness.

#### Background Information on Population Services International (PSI)

PSI is a decentralized organization that believes in the importance of empowering their staff at the local level ([http://www.psi.org/about\\_us/](http://www.psi.org/about_us/)). Their health campaigns are all locally conceptualized and produced, which increases the likelihood that the campaigns, culturally sensitive (Airhihenbuwa, 1995; Herek, Gillis, Glunt, Welton, & Capitanio, 1998; Resnicow, Baranowski, Ahluwalia & Braithwaite, 1999; Resnicow, Braithwaite, Dilorio & Glanz, 2002). PSI actively considers the cultural characteristics, values beliefs, experiences and norms of the target audience in the design, execution and evaluation of the health intervention. In fact, the Marketing Manager of PSI/Kenya argued, that this is one of the factors that contribute to the success of their health campaigns in the African context, whereas other international organizations who do not follow the same principles, struggle to enjoy the same level of success (C. Wamatu, personal communication, January 15, 2008). Furthermore, even though PSI is a nonprofit organization, it is the leading social marketing organization in the world (*About PSI*, 2008)

Social marketing “attempts to persuade a specific audience, mainly through various media, to adopt an idea, a practice, a product, or all three. It is a social change management strategy that translates scientific findings into action programs” (Ling, Franklin, Lindsteadt, & Gearon, 1992). According to Kotler and Roberto (1989), there are several steps to social marketing. First, the immediate environment the

campaign takes place in is analyzed. Second, the target population is researched and segmented into distinct groups with common characteristics. Third, campaign objectives and strategies (using the four P's of marketing: product, price, promotion and placement) are developed for each segment (Witte, 2001). The product in this instance is the behavior the target audience needs to change. The price refers to any perceived costs physical or psychological to adopting the recommended behavior. Promotion refers to how the 'product' can be packaged in order to compensate for the costs of adopting the recommended behavior i.e. the benefits. Place refers to the availability of information or products with reference to the recommended behavior (Witte, 2001).

#### Overview and Significance of Study

The investigation of the campaigns involved a two-part study comprised of individual interviews with the persons who planned the health campaigns followed by a content and thematic analysis of the campaigns themselves. The individual interviews, which were conducted in Nairobi, Kenya, provided a novel opportunity to discuss each health campaign with the designers. These interviews provided important background and insights into the rationales that went into creating the health messages. In addition, the interviews helped to inform not only the coding procedures of the thematic analysis, but also the subsequent application and interpretation of the analysis scheme that was to be used to identify the elements of the public health campaigns that contribute to their success.

The interview coding scheme was based upon the components of health behavior change models/theories as well as work previously done by the principle investigator on cultural themes that should be addressed in HIV/AIDS health campaigns in Africa (Mabachi, 2005). The categories used in the content analysis of the campaigns were developed based upon Johnson, Flora, Nath and Rimal's, (1997), Myhre and Flora's (2000), Noar's (2006) and Wongthongsri's (1984) lists of the major principles of effective campaign design and message production values.

The campaigns were examined to discover the extent to which they: (i) mirror the models of behavior change theory, (ii) segment their audience, (iii) use a message design approach that resonates with their target audience, (iv) strategically place messages in channels widely viewed by their target audience (v) conduct process evaluation, (vi) use formative research, (vii) use sensitive outcome evaluation designs and (viii) use message and production values that influence message effectiveness.

The coding scheme also took into account socio-cultural and economic issues surrounding HIV/AIDS that may affect the ways in which health communication messages are planned and constructed.

The significance of this research lies in its ability to begin to address some of the recommendations Noar (2006) made for future directions of health campaign literature that he saw as currently lacking. Specifically, Noar urged scholars to (a) discuss the implications of campaign findings for theory development, (b) report more fully on message design strategies in campaign articles, and (d) to conduct more studies on one to two channel efforts that attempt to effect health behavior change.

## Theoretical Grounding

The major psychological theories of behavior change and group identity provided the theoretical grounding for the analysis of the campaigns. The *Health Belief Model* (HBM) (Janz & Becker, 1984; Rosenstock, 1974) and the *Theory of Reasoned Action* (TRA) (Fishbein & Azjen, 1981) are the two theories most commonly used to inform health campaigns and to help explain human behavior change motivations. Both theories assume (explicitly or implicitly) that risky sexual practices can be predicted from what the individual knows about the potential consequences of these practices, along with how he/she weighs the relative costs and benefits of avoidance strategies. A third influential theory of behavior change is the *Extended Parallel Process model* (EPPM) (Witte, 1992, 1994, 1998) that has its roots in the HBM.

Research indicates that it is important to consider the role group influence and group identity play on an individual's behavior, particularly in a collectivist context like Kenya (Airhihenbuwa & DeWitt Webster, 2004). Therefore, this study drew upon Social Identity Theory (Tajfel & Turner 1986) to help examine how group identity issues were addressed in the campaigns. Following is an in-depth discussion of the theories.

### *Health Belief Model (HBM)*

The Health Belief Model (HBM) (Janz & Becker, 1984; Rosenstock, 1974) is one of the most widely used models of health behavior change. The model suggests that health behavior is influenced by six factors: (i) perceived susceptibility to health threat, (ii) perceived severity of health threat, (iii) perceived barriers to performing recommended behavior, (iv) perceived benefits of performing recommended behavior, (v) cues to action and (vi) self-efficacy (which was added in later) (Witte, 1998). The model proposes that humans weigh the potential benefits of the recommended response against the psychological, physical, and financial costs of the action (the barriers) when deciding to act. In addition, the model suggests that individuals evaluate whether or not they are really susceptible to the threat and whether or not the threat is truly severe. The stronger the perceptions of severity, susceptibility, and benefits, and the weaker the perception of barriers, the greater the likelihood that recommended health-protective actions will be taken. The cues to action in this model can be either external (e.g., mass media) or internal (e.g., symptoms).

The HBM has been empirically tested as the basis for educational campaigns on a number of health behaviors (Eisen, Zellman, & McAlister, 1992; Chew, Sushma & Soohong 1998; Norman, 1995; Vanlandingham, Suprasert, Grandjean, & Sittitrai, 1995). For instance Witte, Stokols, Ituarte, and Schneider, (1993) used the theory when examining bicycle helmet use. They found that cues to action affected perceptions of threat but were unrelated to attitudes, intentions or behaviors. Overall,

perceived threat was shown to be a powerful motivational influence on attitudes and behaviors. Parents who perceived a greater threat of bicycle injury were more likely to buy or have the intention to buy their children helmets. They were also more likely to have already bought helmets and insist their children consistently wear them. Thus Witte et al. recommended that injury specialists capitalize on perceptions of susceptibility and severity regarding helmets in their communication.

*Theory of Reasoned Action/Theory of Planned behavior (TRA/TPB)*

In the Theory of Reasoned Action (TRA), Fishbein and Ajzen (1975) propose that a:

person's behavior is predicted by intentions, which in turn, are predicted by attitudes toward the behavior and subjective norms. Attitudes are predicted by behavioral beliefs and evaluations of those beliefs. Subjective norms are predicted by normative beliefs and the motivation to comply with those normative beliefs. Two sets of beliefs must be altered prior to behavior change: (i) beliefs about the consequences of performing a certain behavior and the evaluation of those consequences (attitude), and (ii) beliefs about what other people or referents think about the behavior to be performed and the motivation to comply with those referents (subjective norm). Only when a message targets the salient beliefs of these variables do attitudes and subjective norms, and subsequently, behavioral intentions and behavior, change (Witte, Myer & Martell, 2001, p. 37).

The TRA has been applied to a number of health-related behaviors including the impact of health risk messages about sexual practices and AIDS related-behaviors (Fishbein & Middlestadt, 1989; Fishbein, Middlestadt, & Hitchcock, 1994; Vanlandingham, Suprasert, et al. 1995). Although Vanlandingham et al. used both the HBM and the TRA in their research on condom use among young Thai males they found greater success with the TRA due to what they termed its superior conceptualization of peer group influence. They found that among the group of Thai males examined, peer influence as conceptualized by TRA (the subjective norm) was the strongest indicator of condom use. This insight did not emerge when they used the HBM as the HBM does not directly address the influence of important social referents on one's behavior.

TRA assumes that the most direct determinant of behavior is behavioral intention. The success of the theory in explaining behavior is dependent upon the degree to which that behavior is under the individual's volitional control however this is not always the case. The *Theory of Planned Behavior (TPB)* (Ajzen, 1985) is an extension of TRA developed to address this issue. It is clear that the TRA could work well when an individual has a high degree of volitional control. However, it was not clear that the TRA could predict behavior when there was low control. Thus the component of "*perceived behavioral control*" was added creating the theory of planned behavior. Ajzen (1985) argued that a person would expend more effort to perform a behavior if their perception of having behavioral control was high (similar to self-efficacy). However, if perceived volitional control was low, they would be less

likely to perform the recommended behavior or sustain an extended effort to perform the behavior.

For example Huchting, Lac and LaBrie, (2008), used the TPB to examine sorority alcohol consumption. They found that among sorority members drinking can be both a rational and planned decision, guided by intentions, but yet not controlled by volition. They speculated that although the accepted Greek drinking culture allowed members to plan their behavior, at the same time it increased their perception that they had little control over their actual behavior. They concluded that interventions aimed at reducing drinking needed to not only address healthy, mindful, and planned decisions when it came to drinking, but also build skills to encourage control over the actual drinking situation. Specifically, interventions aimed at reducing heavy drinking among sororities would benefit from targeting the constructs of subjective norms and behavioral control.

#### *Extended Parallel Process Model (EPPM)*

Witte (1992, 1994, 1998) observed that although the HBM and TRA/TPB have had success in predicting aspects of individuals' reactions to significant health threats, they do not address the emotion of fear that influences much of human behavior when it comes to health-related issues. This is particularly relevant for a disease such as HIV/AIDS that arouses intense fear among many people due to its incurability and social stigma. She argues that this is an important oversight considering that most campaigns intentionally or unintentionally raise anxiety or fear in audiences because they focus on a health, physical, or social risk (Witte, 1998).

Based on the fear appeal literature, the EPPM focuses on “how to channel fear in a positive protective direction instead of a negative maladaptive direction” (Witte, Cameron, Lapinski, & Nzyuko, 1998, p. 347). According to EPPM an appropriate fear arousing health campaign should contain both threat and efficacy components. The threat component attempts to motivate the audience to action by making them feel a severe susceptibility to the threat. The efficacy component tries to convince the audience that they can perform the recommended action.

Witte et al. (1998) successfully used EPPM to evaluate HIV/AIDS prevention campaign materials obtained from ten different public health organizations. They conducted focus group discussions at various sites along the Trans-Africa Highway in Kenya, using campaign materials (posters, pamphlets and stickers), to generate discussion and gathering reactions to the materials. Their target populations were those identified as being most at risk for becoming infected with HIV: commercial sex workers, truck drivers and their assistants, and young men living and working along the Trans- African highway (Nzyuko, Nyamwaya, Lurie, Hearst, & Mandel 1995; Orubuloye, Caldwell, & Caldwell, 1993). Using EPPM, Witte et al. hypothesized that the campaigns that induced high levels of both threat and efficacy would be the most effective. The results indicated that most often, a global susceptibility to threat that emphasized that everyone is at risk was promoted. They speculated that this type of promotion would be most likely to produce only low levels of perceived susceptibility. They argued that campaign messages needed to promote stronger levels of self-susceptibility. The results also indicated that in terms

of self efficacy, participants felt the campaigns did not provide them with enough information on exactly how to negotiate condom use, how to correctly use a condom and where to get them cheaply. They thus recommended that campaign developers focus on increasing perceptions of self-efficacy.

Witte (1998) cautions that for a campaign to be successful, it is critical that it promote high threat (susceptibility and severity) messages that are accompanied by high efficacy messages (self-efficacy and response efficacy). If it is difficult or impossible to promote strong perceptions of efficacy, then one probably should not use fear-arousing messages as they may backfire (i.e. the audience focuses on controlling their fear and not the threat). *Comparisons of the Health Behavior Theories/Models*

It is evident that the three theories offer us

slightly different ways of predicting health related behavior change in response to a health communication. For example, while all four theories emphasize individual cognitive processes, HBM and EPPM focus somewhat more on perceived risk and fear of consequences. TRA...place somewhat more emphasis on social influences (Murray-Johnson, Witte, Boulay, Figueroa, Storey & Tweedie, 2006, p.190).

One way of comparing the theories is to examine the definitions of the components. Those are summarized in Table 1.

Table 1:

*Definitions of health behavior change theories/models and their components.*

Theory/model of behavior change	Description
<b>Health belief model(HBM)</b>	<b>Threat:</b> consist of <i>Perceived susceptibility to health threat:</i> The degree of vulnerability, personal relevance, or risk of experiencing a threat. <i>Perceived severity of health threat:</i> The significance or seriousness of a threat. The degree of physical, psychological, or economic harm that can occur
	<b>Barriers:</b> consist of <i>Perceived barriers to performing recommended behavior:</i> anything that inhibits one from carrying out a recommended response like money, time, different language, cultural differences.
	<b>Benefits:</b> consist of <i>Perceived benefits of performing recommended behavior/ response efficacy:</i> The rewards or positive consequences that occur from performing a recommended response.
	<b>Cues to action:</b> consist of <i>External</i> (e.g., PSA’s, informational flyers) <i>Internal</i> (e.g., symptoms of an illness,) pieces of information that trigger decision-making actions
	<b>Efficacy</b> <i>-Self-efficacy:</i> The degree to which the audience perceives that they are able to perform the recommended response to avert the threat <i>- Response efficacy:</i> The degree to which the recommended response effectively averts the threat from occurring
<b>Theory of reasoned action/planned behavior (TRA/TPB)</b>	<b>Attitudes:</b> An evaluation of an object, recommended response, or a belief. Predicted by: Behavioral beliefs & Evaluation of outcomes
	<b>Subjective norms:</b> <i>One’s motivation to comply with what one believes his or her important referents believe.</i> Predicted by: Normative beliefs & Motivation to comply
	<b>Perceived Behavioral Control:</b> Degree to which an individual has volitional control over their behavior. Predicted by: <i>Control beliefs &amp; Perceived power</i>
<b>Extended Parallel Process Model (EPPM)</b>	<b>Perceived Threat:</b> susceptibility and severity
	<b>Fear:</b> High level of emotional arousal caused by perceiving a significant and personally relevant threat that could motivates both protective and maladaptive action, depending on the circumstances
	<b>Perceived Efficacy:</b> self and response efficacy

An examination of Table 1 confirms Murray-Johnson et al.'s argument that although some of the components of the theories differ considerably, others differ only in name or the degree to which the component characteristics overlap. For instance, the HBM component of *perceived threat*, which consists of *perceived susceptibility* (one's opinion of their chances of getting a condition) and *perceived severity* (one's opinion of how serious a condition is) (Witte, Meyer & Martell, 2001), is closely connected to the EPPM concept of *fear*, which refers to the emotional arousal caused by perceiving a significant and personally relevant threat that could motivate both protective and maladaptive action, depending on the circumstances (Witte, 1998). Witte argues that the combination of perceived susceptibility and perceived threat is what is needed to ignite the emotional reaction of fear.

Similarly, the HBM components of *perceived benefits* (one's opinion of the rewards or positive consequences of performing the recommended behavior) and *perceived barriers* (one's opinion of the tangible -- money, time, language differences -- and/or psychological -- cultural, social -- costs of the recommended behavior) in some part overlap with the TRA/TPB *attitudes* component, which is predicted by behavioral beliefs and evaluations of those beliefs. This is because part of the process of establishing attitudes is done by surveying individuals for salient beliefs about carrying out a recommended behavior to establish their perceptions of *advantages* and *disadvantages* to carrying out the behavior. These mirror the benefits and barriers of HBM.

Finally, the HBM and EPPM component of *efficacy* or *perceived efficacy* have two components (1) the degree to which an audience perceives that they are able to perform the recommended response to avert the threat (*self-efficacy*), and (2) the degree to which the recommended response effectively averts the threat from occurring (*response efficacy*). The TRA/TPB component of *perceived behavioral control* (degree to which an individual has volitional control over one's own behavior as predicted by control beliefs and perceived power) mirrors that of self efficacy. Table 2 illustrates the relationships among the components that were taken into consideration when analyzing the interviews and health campaigns.

Table 2 provides a visual representation of the relationships between the components.

Table 2:

*Relationships among components in health behavior change models/theories*

Theory Component	HBM	TRA/TPB	EPPM
<pre> graph TD     S[Susceptibility] --&gt; T[Threat]     Se[Severity] --&gt; T     T --&gt; F[Fear]         </pre>	xx  xx		xx  xx
<pre> graph TD     A[Attitudes] -.-&gt; B[Benefits]     A -.-&gt; Ba[Barriers]     SN[Subjective norms] -.-&gt; B     SN -.-&gt; Ba         </pre>	xx	xx	
<pre> graph TD     SE[Self-efficacy] --&gt; E[Efficacy (I can)]     RE[Response efficacy] --&gt; E     E -.-&gt; PBC[Percieved behavioral control (I will)]         </pre>	xx  xx		xx  xx

**Key:** Direct relationship to component  $\longrightarrow$

Overlapping component characteristics  $\dashrightarrow$

HBM = Health Behavior Model

TRA/TPB = Theory of reasoned action/planned behavior

EPPM =extended parallel process model

### *Criticisms of the Health Behavior Theories/Models*

It is important to note that there are some criticisms leveled at these models. Both the HBM and the TRA neglect potentially important background variables such as age, socioeconomic and marital status, and personality characteristics, except to say that they might affect the major components of the model (Gullota & Bloom, 2003). Furthermore, the components of TRA are extremely broad. Vanlandingham, Suprasert, et al. (1995) also note that the attitude component implies that beliefs about the consequences of the action (or inaction) determine behavioral outcomes, but it would be more useful to have some guidance for predicting what kinds of beliefs will be important. Also, neither theory provides much guidance as to which components will be the most important determinants of behavior (Vanlandingham, Suprasert, et al. 1995).

Witte (1998) notes that a potential downfall of the EPPM model is that the campaign message triggers fear control processes (emotional processes) rather than danger control processes. This occurs mostly if the perceived susceptibility to a threat is high but the perceived efficacy is low, resulting in the defensive action of responding to and coping with the fear rather than the danger. In short, when individuals believe themselves to be vulnerable to a significant threat but believe that there's nothing they can do to effectively address the threat, then they deny they are at risk, defensively avoid the issue, or lash out in reactance. In this case, fears about a threat inhibit action and risk messages may backfire (Witte, 1998).

Finally, as Dutta-Bergman (2005) observed, because they are rooted in the social psychological tradition, these theories/models have an individualistic bias. The individual's attitudes, beliefs and/or cognitions are selected as the target of the campaign. In short,

The primacy of beliefs in the TRA and the perceptual assessments in the

HBM and EPPM are founded in individualistic epistemology where the locus of choice is the individual. Located within the individual's cognitive space, the enactment or non-enactment of a behavior is a result of individual-level process that precede the behavior (Dutta-Bergman, 2005, p.106).

Some may argue that the TRA subjective norm component explains the role of the collective in individual decision making. However, as Dutta-Bergman (2007) points out, although subjective norms may target the individual's evaluation of significant others in their interpersonal networks, they cannot "effectively tap into the complexity of the social fabric that constitute the health behavior" (p. 107). Indeed, "the individual might engage in a behavior because it is inherent in the broader collective rather than simply being motivated to comply with the important others in his or her immediate network" (p.107). Dutta-Bergman (2005) goes on to argue that this may be particularly relevant when it comes to habitual behaviors "where the enactment of the behavior is based on an existing script without thoughtful and systematic assessments each time the behavior is enacted" and "individual decision making is simply a reflection of cultural mores and rituals" (p.107).

It is therefore important to examine whether the health campaigns consider the influence of the target audience's socio cultural context (that is, the attitudes, values and beliefs of the broader community). To accomplish this goal, this study employed the principles of social identity theory (Tajfel & Turner 1986) to examine how campaigns appeal to an individual's identification with a group or community to encourage adoption of the recommended health behavior.

### *Social Identity Theory*

African societies are primarily collectivist in nature (Hofsted, 1984). Prior research conducted using African participants (Mabachi, 2005), indicated that issues of group identity are salient to individuals' views about the phenomenon of HIV/AIDS in Africa. Developed in order to understand the psychological basis of inter-group discrimination, Social Identity Theory (SIT) asserts that group membership creates in-group/self-categorization and enhancement in ways that favor the in-group at the expense of the out-group (Tajfel & Turner, 1986). This theory assumes that a person has not one "personal self," but rather several selves that correspond to widening circles of group membership. Different social contexts may cause individuals to think, feel and act on the basis of their personal, family, community, or national "level of self" (Turner, Hogg, Oakes, Reicher, & Wetherell, 1987). Apart from the *level of self*, an individual has multiple *social identities*. Social identity is the individual's self-concept derived from perceived membership in social groups (Hogg & Vaughan, 2002). It is an individual-based perception of what defines the "us" associated with any *internalized group membership*. In other words, SIT focuses on the groups within the individual as opposed to other approaches that study the individuals within the group.

According to SIT, a fundamental cognitive tendency leads individuals to categorize groups, and other people, in terms of opposites, for example HIV positive versus HIV negative. Using SIT, a person who is HIV negative would see those who are HIV positive as the "out-group," and others who are HIV-negative as the "in-group." It can therefore be speculated that when an HIV negative person draws a social distinction between those who are HIV negative versus those who are HIV positive, they do so in order to preserve the social identity of the in-group/s they belong to. By identifying themselves as HIV negative, people maintain their self-

esteem. Their group membership indicates to themselves and others that they have maintained the attitudes, beliefs, values, and moral standards of the group and are thus worthy of being included in the in-group/s and receiving all the benefits accorded to its members. More significantly by disassociating themselves from the out-group (i.e., people living with HIV/AIDS), they may believe that the messages from HIV campaigns are not relevant to their group and are thus not directed to them, even though they may actually be in a high-risk group (Mabachi, 2005). Thus, SIT provides a theoretical framework for examining the extent to which PSI/Kenya's health campaign messages include appeals to group identity and social norms that would encourage safe sex practices.

#### The Role of the Mass Media in the Global Campaign Against HIV/AIDS.

Since the early eighties, the mass media has played an important role in the global campaign against HIV/AIDS. Data on 126 countries revealed that in 1994, 93% of the countries broadcast messages through television, 85% via radio and 67% promoted condom use through the media (WHO, 1994 as cited in Myhre & Flora, 2000). Bertrand et al. (2006) noted that most of the mass communication efforts in the eighties focused on raising awareness and increasing knowledge, and these were met with success. The current generation of mass communication health campaigns focuses mostly on behavioral change in terms of condom use, abstinence, and limiting the number of sexual partners.

Although there has been a general debate over the years questioning the effectiveness of mass media public health campaigns, particularly when it comes to effecting behavior change, the fact is that mass media has been the forum most widely used to disseminate information about serious health issues such as HIV/AIDS (Agha, 2003; Bolton & Singer, 1992; Freimuth & Taylor 1995; Myhre & Flora, 2000; Noar, 2006; Wallack 1990; Witte et al., 1998). Indeed,

people indicate that they obtain knowledge about HIV/AIDS most often from mass media campaign sources (television, radio, newspapers, posters) rather than interpersonal sources (i.e., friends, family, health workers) (Ross & Carson, 1988 as cited in Myhre & Flora, 2000).

### *Problems Identifying Elements of Effective Public Health Campaigns*

Today, most public health campaigns designed to promote social and behavioral change have been fashioned upon best practices developed from the commercial advertising and marketing industry. Marketing researchers in developed countries are able to establish what works and what does not by tracking sales using a variety of techniques (Bertrand et al., 2006). However, although “social marketing interventions are the mainstay of global HIV/AIDS prevention/intervention efforts” (UNAIDS 2002 as cited in Agha, 2003, p. 750), it is difficult to apply these techniques to evaluate health campaigns designed to change social norms or behaviors, especially in developing countries such as Kenya that may lack the resources and infrastructure to do so (Bertrand et al., 2006).

Bertrand et al. (2006) comment that even if international agencies were willing to consistently fund research to identify what makes an effective health campaign, methodological problems exist. For instance, most evaluation studies focus on single campaigns making “systematic comparisons across campaigns impossible” (p. 594). Bertrand et al. also observe that many practitioners are loathe to experiment with time tested techniques such as audience segmentation, or choice of channel, for the academic purpose of proving these elements contribute to the effectiveness of a health campaign. In addition, they comment that “relatively few campaigns undergo evaluation to determine effectiveness let alone the factors behind their success” (p. 594). In fact, in a systematic review of the effectiveness of mass media public health campaigns, Bertrand et al. identified only 24 articles that fulfilled their criteria of methodological

rigor when it came to evaluating campaign effectiveness. An earlier study conducted by Myhre and Flora (2000) identified 41 HIV/AIDS health campaign evaluation studies that they considered worth including in their study.

Furthermore, as mentioned, few studies examine the main area of interest in this study: the factors or elements behind the success of public health campaigns. In their review of 41 HIV/AIDS health campaign evaluation studies, Myhre and Flora (2000) examined each article looking for the presence of six communication components (target audience, communication channel(s), message content, campaign theme, exposure, and outcomes) that they believe provide important clues for understanding campaign success or failure. They paid particular attention to their frequency of use and the results of the evaluations. However, they did not provide specific insight into the decisions that went into the use of the component, and how its eventual use may have contributed to the success of the campaign.

However, some researchers have attempted to provide such specific insights. For instance, Noar (2006) examined how several mass media health campaigns used various principles of effective campaign design to inform the construction of the campaign thus contributing to the success of the campaign. Noar included thoughts on why or how a particular component may have contributed to the effectiveness of the campaign. For example, when discussing campaigns that have used audience segmentation, Noar not only cited it as an effective strategy, but also showed how successful campaigns tended to use multiple variables to segment audiences. He provides the example of campaigns targeting youth that further segment their campaigns to focus on “cutting edge youth (Farrelly, Davis, Havilan, Messeri & Heulton, 2005; Farrelly, Heulton, Davis, Messeri, Heresy & Haviland, 2002), high sensation seekers

(Palmgreen et al., 2001), occasional drug or non-drug users (Kelder et al. 2000; Palmgreen et al., 2005) or African American youth (Kaiser Foundation, 2004)” (p. 29).

Bertrand et al. (2006) also noted that current studies do not capture recent, state-of-the-art HIV/AIDS mass media campaigns. They commented that none of the studies they examined evaluated:

what communication experts would consider a comprehensive behavior change program: one that uses the full gamut of media- TV, radio, billboards, posters, pamphlets and other media linked with community level activities (e.g., mobile vans, outreach events) to reach multiple segments of the general public with messages on HIV/AIDS. (p. 593)

#### *The Case of Kenya*

While Kenya has been cited as one of the countries in sub-Saharan Africa with a reduced HIV/AIDS prevalence rate (UNAIDS, 2006), it is imperative to keep the epidemic in Kenya in perspective. Out of a population of 32 million, an estimated 1.3 million people or 4% of the Kenyan population are currently living with HIV demonstrating that Kenya is still contending with a serious AIDS epidemic. Furthermore, the declines in HIV prevalence are not yet evident across the entire country. Different regions exhibit considerable variability in HIV levels and trends. The importance of these statistics is emphasized when they are contrasted with those of a developed country such as the United States: Out of a population of 300 million, an estimated 1,039,000 to 1,185,000 or less than 0.4 % are living with HIV (CDC, 2007).

In response to the HIV/AIDS epidemic in Kenya, international agencies (e.g., United Nations), the government, non-governmental organizations and religious institutions launched a large number of HIV/AIDS public health prevention campaigns. The majority of these

campaigns have been mass media efforts, focusing on behavioral change in terms of condom use, abstinence, reduction of sexual partners, and monogamy (Akwara, Madise & Hinde, 2003; Witte et al., 1998). In general, there is evidence that more people have been delaying initiation of sexual activity, that condom use rates have increased, and that a smaller percentage of adults have multiple sex partners (UNAIDS, 2006).

### *The Mass Media in Kenya*

The media in Kenya is diverse and growing. An interesting phenomenon is that in spite of the poor economy there has been quite an increase in diversity of media outlets in the 1990s that had not existed before. The changing political environment in the country with increased civil activism could be a contributing factor (Obonyo, 2003). The following section provides a basic breakdown of the media in Kenya.

There are currently four major daily newspapers in English and one in Kiswahili, all published in Nairobi with a combined circulation of 400,000. The circulation of these dailies per 1000 is 13. There are eight television stations and it is estimated that there are 730,000 television sets nationwide. The number of television sets per 1000 is 23.7. There are 38 radio stations and 3,070,000 million radio receivers. This works out to 99.8 radio receivers per 1000 people. Finally, it is estimated that there are 150,000 individuals with computers, that is, 4.9 computers per 1000 people. However, the number of people with internet access is estimated to be at 200,000. That is, 6.5 computers per 1000 people (Obonyo, 2003).

As the numbers show, radio use is higher than the other forms of media. Abuoga, Mutere, and Mytton (1988), suggest that this is probably due to the low rate of functional literacy, the poor economy, the poor communication network, transport system and the people's lifestyles (Obonyo, 2003). It is also clear from the data that television has not made much of an impact on

the Kenyan country side (Bourgault, 1995; De Beer, Kasoma, Megwa, and Steyn, 1995;).

Television is considered an elite media for several reasons, (i) the cost is prohibitive, (ii) most rural areas have limited access to electricity, and (iii) the content tends to mainly cover urban concerns. It is in this media climate that health communication messages are disseminated.

In Kenya, there are many examples of cross-country mass media campaigns led by international organizations. As previously mentioned, one of the prominent international organizations, Population Services International (PSI)/Kenya, follows the organization's well-established social marketing formula of products such as condoms, and services such as HIV testing that are similar across countries (Parker, et al. 2007). They are an example of an organization that uses formative research to develop branded and generic mass media campaigns (Agha, 2003) leading to what Parker et al. claim is nuanced branding that utilizes local language and culturally appropriate visual treatment. In recent years, PSI has been associated with a number of prominent campaigns in Kenya and this study will focus on three of the campaigns: Trust condoms, Voluntary HIV/AIDS counseling and testing (VCT), and abstinence promotion.

The *Trust* condom campaign is a branded mass media campaign begun by PSI/Kenya in 1997. Using formative research, they discovered that there was reluctance on the part of Kenyans to discuss condom use with a sexual partner, as it was feared that it would lead to accusations of infidelity, and consequent lack of trust. This led to the development of a branded mass communication campaign to address the issue of trust and at the same time encourage condom use, resulting in aggressive campaigning in the form of radio and television spots (Agha, 2003). In addition, since 2002 PSI/Kenya has been involved in the promotion of an organization named *Voluntary Counseling and Testing* services (VCT) and general HIV prevention via mass media campaigns. PSI/Kenya has formed alliances with 39 churches with the aim of involving them in

prevention communication and stigma reduction. Most recently in September of 2004, PSI/Kenya launched a campaign called *Nimechill* (Kiswahili slang for “I have chilled” or “I have abstained”) addressing ten to fourteen year olds in urban areas, and encouraging them to abstain from sex or delay sexual activity (Parker, Rau & Peppia, 2007). This campaign reflects government emphasis on sexual abstinence for the youth in Kenya (Agha 2003).

### *Research Questions*

In response to Bertrand et al.’s (2006) call to evaluate multiple comprehensive behavior change public health HIV/AIDS campaigns, this study addressed the following research questions:

*RQ 1:* To what extent did the campaign creators consider health

behavior models, socio-cultural, and group identity concerns of their target audiences when designing the health campaigns?

*RQ 2:* To what extent do the comprehensive HIV/AIDS health campaigns reflect the major principles of campaign design?

*RQ 3:* To what extent do the themes in the campaigns reflect the socio-cultural, and group identity concerns of the target audience?

## CHAPTER TWO: METHODOLOGY

Three comprehensive mass media campaigns that have either recently run, or are currently running in Kenya were obtained from the PSI/Kenya website <http://www.psi.org/> and the PSI interview participants. To ensure that this study addressed limitations in prior research on HIV/AIDS prevention campaigns (Bertrand et al., 2006), the three campaigns selected (1) represent current state-of-the-art mass media campaigns (Bertrand, et al. 2006), (2) constitute comprehensive behavior change programs that use the full gamut of media, (3) focus on the main areas of concern of HIV/AIDS prevention/intervention in Kenya: condom use, HIV testing, reduced number of partners and abstinence (Akwaru, Madise, & Hinde, 2003), and (4) have been documented as effective. The use of multiple campaigns also enabled the study to make systematic comparisons across campaigns, a research need that is particularly important to understanding campaigns in developing countries (Bertrand et al., 2006).

### Campaign Materials

#### *Onyasha Mapenzi Yako (Show Your Love) Campaign*

An extension of a previous campaign (*Chanukeni Pamoja/get smart together*), this campaign ran from January to April 2005 and from March to September 2006 and encouraged Kenyans to get tested for HIV. Many of the messages from this and the previous campaign are still running in both cities and rural areas. In late 2004, antiretroviral treatment became available at provincial hospitals and access to Voluntary Counseling and Testing for HIV (VCT) and other HIV clinical services became more readily available in rural areas. In response PSI/Kenya produced a mass-mediated promotional campaign on behalf of the government, and the VCT community. This campaign overtly discussed HIV/AIDS with a view to providing the message that even if one may test HIV positive, treatment is available and a bright future is possible. The

goal was to not only generate discussion and increase the intent to get tested, but to also “increase demand for VCT by increasing adult commitment to knowing one’s serostatus and by decreasing the related fear” (VCT Communications brief, 2001). The campaign targeted low-income urban and rural male family decision makers and established couples ages 18-35 (Morgan, 2006).

According to Morgan (2006), PSI/Kenya faced a number of challenges implementing the campaign including: (1) They found it difficult to reach the 35% of the population who have no/low access to mass media; (2) They realized that without an adequate national system for quality assurance clients could lose confidence in VCT as a brand; (3) They found HIV test kit availability to be unpredictable and this often delayed the airing of campaigns and thus they believe affected the campaign impact; (4) Due to a lack of a national Management Information System (MIS) for VCT it was challenging collecting national level data from sites in Kenya to determine campaign impact.

However, an evaluation based on two surveys showed that the campaign fulfilled most of their goals. The surveys were conducted among 23,000 people ages 15-35, in randomly selected households in 13 of Kenya’s largest cities and towns. Two-thirds of the samples were from urban residential areas and one-third from peri-urban areas. Results showed that 71 percent of established couples, (i.e. married or cohabiting couples (n=933)), were exposed to at least one channel of the VCT campaign. Over half of these discussed the campaign (53 percent, n=671) with family or friends and 97 percent said they wanted to continue seeing the campaign aired in the media (Mwarogo, 2007). Results also showed that there was a significant increase between the baseline and follow up surveys in the intention of established couples who had never received an HIV test to go for testing. This was true even after controlling for differences in

socio-demographic characteristics between the two survey rounds. At baseline, 34 percent of married couples (n=480) strongly agreed with the statement, “I plan to get an HIV test.” However after the campaign, 46 percent (n=510) strongly agreed. Furthermore, 57 percent of respondents exposed to two or more channels of the campaign strongly agreed compared to 40 percent of those who reported no exposure. Mwarogo however noted that although the intention to get tested increased, few established couples reported that they had gone for an HIV test either before or immediately after the campaign. Only 8 percent of respondents (n=1760, both surveys combined) reported going to VCT with their partner in the year previous to each survey.

The VCT campaign materials that were analyzed consisted of an advertising brief, four television spots (*M* length= 1.02 minutes), one radio spot (*M* length =1.00 minute), and four print materials (which were developed into posters, billboards, and newspaper advertisements). The materials analyzed used a mixture of English and Kiswahili in their copy and can be found through the following link, [http://misaccess.psi.org/bcc\\_catalog/web/Content162.html](http://misaccess.psi.org/bcc_catalog/web/Content162.html)

*Nimechill/Ni Poa Kuchill!/(I Have Abstained/It's Cool to Abstain) Campaign*

The *Nimechill* campaign was launched in September, 2004. This campaign was Kenya's first large scale abstinence program targeted towards ten to fourteen year olds in urban areas. The campaign sought to delay sexual activity among urban and peri-urban youth by changing their social norms, reducing peer pressure and making abstinence a cool, smart and responsible choice (PSI/KENYA, 2006). Four television spots, eight radio spots and four print materials (which were developed into posters, billboards and newspaper advertisements) were developed to capture “the brutal reality faced by young males and females” (PSI/KENYA, 2006). The campaign illustrated scenarios of strong peer pressure, sexual violence and transactional sex common to youth across Africa.

Research in the formative stage of the campaign asked the question, “Why do many youth engage in sexual activities at an early age?” (PSI/Kenya, 2006). Quantitative results from focus groups indicated that the most common reason was that sex serves as a rite of passage from childhood to adulthood. Research concluded that an effective intervention should thus focus on the contextual issues that inhibit sexual debut. This resulted in PSI/Kenya looking for creative ways to increase acceptance of romantic relationships without sex among the youth and challenging social norms that associate sex with adulthood (PSI/Kenya, 2006). Funded by the President’s Emergency Plan for AIDS relief (PEPFAR) through the U.S Agency for International Development (USAID) and implemented by PSI/Kenya, the campaign was seen by 85 percent of the urban youth it targeted.

An evaluation based on two cross-sectional surveys from randomly chosen households in thirteen of Kenya’s largest towns found that the proportion of youth reporting virginity increased from 88 to 92 percent during the seven months of the campaign. Furthermore, after the campaign, approximately 85 percent of urban youth recalled *Nimechill*, and 45 percent indicated that they viewed the campaign through three or more channels (television, radio, etc). Although PSI/Kenya (2006) acknowledges that there may have been other contributing factors, they claim that the study shows that those exposed to the campaign were more likely to believe in their ability to remain abstinent. In other words, the campaign increased self-efficacy. According to PSI/Kenya, this campaign can be rated a success as it fulfilled their initial effectiveness criteria: For targets to: (a) be able to recall key elements of the campaign, (b) have an increased sense of self-efficacy, (c) modify perceived relationship social norms, and d) demonstrate an increased focus on future goals.

The *Nimechill* campaign materials that were analyzed consisted of an advertising brief, four television spots, (*M length = 1.00 minutes*), two radio spots (*M length = 0.53 minutes*) and five print materials (that were developed into billboards, posters, newspaper advertisements). The materials analyzed used a mixture of English and Kiswahili in their copy and can be found through the following link, [http://misaccess.psi.org/bcc\\_catalog/web/Content298.html](http://misaccess.psi.org/bcc_catalog/web/Content298.html)

*Je Una Yako? (Tell Me, Do You Have Yours?) Trust Condom Campaign*

PSI/Kenya formative research, as well as previous research (Amuyunzu –Nyamongo, 2001; Akeryod, 1997; Blair, Ojaka, Ochola & Gogi, 1997; Gathenya & Asanga, 2002; Mabachi, 2005; Obbo, 1995), indicated that condom use continues to be associated with promiscuity and immorality. This is an attitude held by many community and church groups (Agha, 2003). Respondents in focus groups listed not using a condom as a show of trust in a relationship. PSI researchers discovered that there was reluctance therefore to discuss condom use with a partner, as many feared it would result in accusations of infidelity and immorality (Agha, 2003). PSI/Kenya researchers thus saw trust as a major barrier to condom use and developed a branded communications campaign around the issue of trust. This resulted in a social marketing condom branded *Trust*. Early *Trust* condom campaigns in 1997 and 1998 relied on the double meaning of the *Trust* campaign to encourage individuals to talk about trust within their relationship and about using *Trust* condoms (Agha, 2003).

A second campaign ran from 1999 to 2000, promoting the Trust condom as a “cool” product that should be considered a positive lifestyle choice. The campaign included visually arresting billboards, television, radio and print ads as well as wall branding. Furthermore, in order to battle for Kenya’s youthful market, PSI/Kenya priced their condoms at \$.14 (about KSHS 10) thus cutting across the divide of rich and poor (Medical News Today, 2006).

Launched in 2002, the *Je una yako* campaign was originally meant to be a short term tactical campaign. However it was extended into a longer term thematic campaign. According to the PSI advertising brief (2002), the goal of the campaign was to increase demand among urban and peri-urban male users aged 20-24 years by reinforcing Trust as an essential and desirable lifestyle product, and by using peer pressure to promote consistent condom use. PSI/Kenya recognized that although fear is a powerful tool, it is difficult to use branded campaigns to relay fear-based appeals as it may damage the brand equity. Therefore a generic campaign was also developed to induce fear by addressing consequences of the consistent failure to use condoms.

The Trust campaign materials that were analyzed consisted of an advertising brief, three television advertisements, (*M length* = 0.38 minutes), and two print materials (that were developed into billboards, posters, newspapers). The materials analyzed were in Kiswahili.

#### Design for Stage One: Interviews with Campaign Designers

In the first stage of the study individual interviews were conducted with the persons who were charged with conceptualizing and implementing the health campaigns. Stage one of the study was designed to answer research question one:

RQ1: to what extent did the campaign creators at PSI/Kenya consider health behavior models, socio-cultural, and group identity concerns of their target audiences when designing the health campaigns?

#### *Participants*

Participants were recruited from PSI/Kenya based in the capital city, Nairobi. The participants chosen were individuals who had the most direct involvement with the health campaigns. The following three individuals were interviewed:

1. Marketing Manager – The marketing manager oversees all the social marketing products such as Trust condoms and the associated generic communication campaigns. A Kenyan and long term employee of PSI/Kenya, the marketing manager has worked in several departments.
2. Research Advisor – Previously the Technical Advisor for Communications and Research, the research advisor’s role was revised to focus mainly on the research aspects of the activities conducted at PSI/Kenya. Her role is to supervise the research department and all the research activities that PSI/Kenya conducts in order to help evaluate and improve the social marketing programs within the organization. An American national, she has been working for four and a half years at PSI/Kenya.
3. Behavior Change Communications Manager (BCC) – The BCC Program Manager oversees the communication activities within PSI specifically related to HIV issues. She is involved in writing the creative briefs for generic campaigns and closely follows the creative process from inception to the time a campaign is aired. Some of the generic communication campaigns that she oversees deal with HIV testing (i.e., VCT services), abstinence, and self-risk perceptions. A Kenyan national, her ten-year background in advertising makes her particularly suited for the job as she is well-versed in communication development, strategy development and mass media and campaign management.

### *Procedures*

Semi-structured individual interviews were conducted with the participants. All the interviews were audio taped and took place in Nairobi, Kenya. An interview protocol was constructed to guide the conversation in order to provide consistency and ensure that the

interviews covered the key topics related to the research questions. However, it was also flexible enough to allow the conversations to go beyond the set boundaries of the protocol to include any other issues the participants wished to address. A semi-structured, open-ended individual interview protocol was used in order to encourage detailed and concrete responses from the participants, providing an opportunity for the interviewer to probe the topic in more depth than would be possible using a survey, questionnaire, or focus group approach (Doyle, 2004). The questions in the interview protocol (see Appendix A) were designed to determine the background and experience of the participants. The types of questions asked were: (a) What is your official title? (b) What does your job entail? And (c) Tell me a bit about your experience in the field of health campaigns.”

The questions were also designed to gain insight into the background and rationale that went into the conceptualization and design of the campaigns, for example: (a) Tell me a bit of the background of the campaign/s; (b) What were the considerations that went into its conceptualization? (c) What were some of the factors that went into your choice of, target audience, media channel and message design? (d) To what extent did you conduct process evaluations as the campaign/s was running? (e) Research indicates that socio-cultural and economic factors are some of the hardest barriers to overcome when carrying out interventions/preventions is and (d) To what extent were you thinking about these issues when you were constructing campaign/s?

### *Transcription*

All interviews were transcribed. Transcript reliability and accuracy were established through a conscientious effort to repeatedly listen to the audiotapes in order to verify that the pertinent information was recorded. In addition to the words spoken, the transcripts included

paralinguistic features that showed how the words were spoken such as: pauses indicated by full stops within parentheses (e.g. ( )), word emphasis by underlining (e.g., now), and the elongation of words indicated by colons, (e.g., we: ll: ). In addition, sounds other than words, (e.g., oh, er, hmm, umm) were noted. This method is a combination of those employed by both Coupland and Coupland (1998) and Seale and Silverman (1997), as described in Wetherell, Taylor and Yates (2001). The transcription detail was employed to ensure accuracy rather than to form a basis for discourse analysis.

### *Data Analysis*

A thematic analysis of the individual interviews was conducted. The process involved the identification of emergent themes through “careful reading and re-reading of the data” (Rice & Ezzy, 1999, p. 258 as cited in Fereday & Muir-Cochrane, 2006, p.4 ) where patterns of recognition within the data occur, and emerging themes become the categories for analysis. To answer the first research question, the participants’ talk was examined for themes related to the major health behavior change theories (Health Belief Model, Theory of Reasoned Action/Theory of Planned Behavior, Extended Parallel Process Model) (see Table 1 or Appendix B, Table B1). The interviews were also analyzed to determine if the campaign planners considered socio-cultural and group identity concerns when planning the campaigns, as outlined in Table 3. The extended version of this table can be found in Appendix B, Table B2. Initial review of the talk was guided by these themes but was also sensitive to the emergence of additional themes.

Table 3:

*Sociocultural and Identity Themes*

Theme	Definition
Silence/Secrecy	Direct or Indirect Statements/phrases that demonstrate an understanding of culture of silence sexual matters and HIV/AIDS, e.g., “They don’t talk about these things...I think it’d the embarrassment.”
Traditional Practices	Direct or Indirect Statements/phrases that demonstrate knowledge of cultural traditions practiced that are considered a factor in the spread of HIV/AIDS, e.g., “There is also the issue of polygamy which is more rampant in rural areas.”
Gender norms	Direct or Indirect Statements/phrases that demonstrate knowledge of gender norms that are factors in the HIV/AIDS epidemic, e.g., “It’s a rite of passage this is what guys do when they get circumcised.”
Superstition	Direct or Indirect statements/phrases that demonstrate knowledge of beliefs resulting from ignorance trust in magic or a false conception of causation, e.g., “People believe in what the witch doctors tell them to do.”
Myth	Direct or indirect statements that demonstrate awareness of myths about HIV/AIDS in society, e.g., “Some people think that in order to cure the disease one would have to sleep with somebody that didn’t to purify himself or herself.”
Stigma	Direct or indirect statements/phrases that demonstrate or indicate an understanding of stigma issues around HIV/AIDS, e.g., “And I guess people that have the disease don't want to be uh:: tied to that so they try to keep it secretive or say they have fever or a bad case of uh fever or something else.”
Dialectical tensions	Direct or indirect statements/phrases that demonstrate a tension or potential for tension between two concepts such as rural vs. urban, e.g., “There is a very high level of HIV particularly western parts of the country.”
Group identity	Direct or indirect statements/phrases that demonstrate an understanding of the influence of a collectivist culture in HIV/AIDS epidemic such as peer pressure, e.g, “ Some of them were engaging in sex because of peer pressure.”

## Design for Stage Two: Campaign Analysis

In the second stage, a qualitative content analysis and thematic analysis was conducted to answer the second and third research questions:

*RQ2:* To what extent did the comprehensive HIV/AIDS health campaigns employ the major principles of effective campaign design?

*RQ 3:* To what extent do the themes in the campaigns reflect the socio-cultural, group identity and, where relevant, economic concerns of the target audience?

### *Analysis.*

In order to conduct the qualitative content analysis, parts of Noar's (2006) list of effective campaign design principles and Johnson et al.'s (1997) categories of message and production values were used to construct coding categories (see Appendix C). The coding categories were used to build a code book that helped to ensure coding consistency. Table 4 provides an overview of the categories for the background components of effective campaign design and Table 5 provides an overview of the categories associated with the message value components.

Table 4:

*Principles of effective campaign design: Background Component Categories*

Background Component Categories	Definition
Formative research	<p>Strategies employed by campaign planners in order to understand their target audience in terms of</p> <ul style="list-style-type: none"> <li>▪ The problem behavior</li> <li>▪ Their message preferences</li> <li>▪ And most promising channels to reach them</li> </ul>
Process evaluations	<p>Activities involving the monitoring and collection of data during and after the campaign</p>
Sensitive outcome evaluation design	<p>Evaluation designs that reduce threats to internal validity and permits firm causal conclusions about the campaign's influence on attitudes and behaviors to be made.</p>
Channel selection	<p>Strategically positioning campaign messages within selected channels</p>

Table 5:

*Principles of effective campaign design: Message Production Value Categories*

Message Production Value Categories	Definition
Information load	Amount of information in the PSA: high, medium or low
Slogan	A well-known catch phrase expressing the aims or nature of recommended behavior or product
Music	Use of music, including type if used
Color	Use of color
Promotional strategies	Types are product/service driven, image driven, portray slice-of life situations, or appeal to physical, social, esteem and self-actualization desires.
Explicitness about sex/HIV	How much verbally or visually do the executions refer to sex or HIV? Can be low, moderate or high
Type of appeal	Informational (rational appeal) or Emotional
Authoritative Sources	Types of people providing the information: Proximal (non expert), Professional (expert), or an anonymous narrator
Target Audience/Primary Character Fit	Target audience as defined by the execution's primary character's gender and demographic characteristics and situation portrayed
Gender portrayals	Portrayal of men and women is positive (e.g., responsible, empowered, HIV negative), or negative (e.g., irresponsible, dangerous, subservient, HIV positive)

Finally, the health behavior theories/models and their components were also used to help construct the codebook (see Table 1 or Appendix B, Table B1).

Due to the fact that there are only three campaigns being analyzed, a qualitative rather than quantitative content analysis was applied in this study. Qualitative content analysis is “a

research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns” (Hsieh & Shannon, 2005, p. 1278). Specifically, this study employed a mixture of directed and summative qualitative content analysis. A directed content analysis uses coding categories that are initially driven by theory or relevant research findings, and summative content analysis begins with words or content counting and extends the exploration to include latent meanings and themes (Hsieh & Shannon, 2005).

A quantitative content analysis, on the other hand, requires that “data is selected using random sampling rules so as to ensure validity of statistical inference while samples for qualitative content analysis usually consist of purposively selected cases which reflect the research questions being investigated” (Zhang, 2006, p.1). Finally, the product of both approaches is different. A quantitative approach produces numbers that can be manipulated by various statistical methods, while a qualitative approach produces descriptions or typologies, most of the time, along with expressions from subjects reflecting how they view the social world (Zhang, 2006).

The unit of analysis was dependent on which component of effective campaign design was being coded. For example, when determining components that dealt with behind the scenes information (e.g. formative research, process evaluations, and sensitive outcome evaluation design) the unit of analysis was each full campaign. The informational interviews, advertising briefs and evaluation reports were used in the coding process. Similarly, when determining the presence or absence of behavior change theory components, then the unit of analysis was each campaign as a whole. However, when determining components that could be assessed only by examining campaign materials (e.g. information load, slogan, music, character portrayals, target audience and so on), the unit of analysis was each campaign component (i.e. television, radio, and print, and radio PSAs).

Because the health campaigns are in both English and Kiswahili, two Kenyan coders who are well versed in both languages and also understand Kenyan culture were recruited to help in the coding. After training, the recruits individually coded the PSA's using a computer to view the materials. Twelve percent of the 28 PSAs were selected to estimate inter-coder reliability. Each coder coded all the sample executions. Even though the categories and category definitions came from previous research and theory, in order to test the clarity and consistency of category definitions, a sample of the data (a television, radio and print advertisement from the *Nimechill* campaign) was coded. Because only two coders participated, reliability was calculated using simple percent agreement (Nuendorf, 2002). Initial inter-coder reliability on each item ranged from 68.3% to 77%. After discussing doubts and questions regarding category definitions, adjustments were made prior to the coders embarking upon the coding of the full campaigns. As the coding was in process, there were constant checks to prevent "drifting into idiosyncratic sense of what the codes mean" (Schilling, 2006). After the coding was completed, coding consistency was assessed because as Miles and Huberman, (1994) and Weber (1990) argue, it is not safe to assume that if the sample was coded in a consistent and reliable manner so was the rest of the data. Human coders are subject to fatigue and mistakes, particularly if coding takes place over many hours. In the end, inter-coder agreement on each unit of analysis ranged from 80% to 98% and averaged 94%.

Finally, in order to answer the third research question, and address the socio-cultural and economic concerns of their audiences, themes from previous research (Mabachi, 2005) were used to help conduct a thematic analysis of the health campaigns (see Table 2, pgs 38-40). These themes arose from a literature review and interviews with African students regarding socio-cultural and identity concerns related to HIV/AIDS. Themes such as silence, gender norms,

superstitious beliefs and myths were identified as factors that can exacerbate the spread of HIV in Africa. A full description can be found in Appendix C, Table C2.

## CHAPTER THREE

### RESULTS: INTERVIEWS WITH CAMPAIGN DESIGNERS

This chapter presents the results of the analyses of the interview data and the campaign materials. This analysis was conducted to address the first research question that that asked: To what extent did the campaign creators at PSI/Kenya consider health behavior models, socio-cultural, and group identity concerns of their target audiences when designing the health campaigns?

Interviews with the key campaign designers were conducted to address this research question. Thematic analysis of the interviews focused on the two issues identified in the research question: Evidence in their discussion of the campaign planning of their consideration of (1) factors that are integral to health behavior change theories and models (Noar, 2006; Myhre & Flora (2000), and (2) the social, cultural and group identity concerns of their audience that could be either barriers or incentives to engaging in recommended behavior (Dutta, 2007).

#### Elements of Health Behavior Models and Theories in Campaign Planning.

The thematic analysis of the interviews revealed that the staff at PSI/Kenya did not explicitly reference the health behavior models when planning the campaigns. Indeed the Research Advisor admitted that there “really is no time to do all of that nice academic modeling.” Despite this disclaimer, themes emerged from the interviews that mirrored several, though not all, components of the health behavior change models.

#### *Perceived Threat and Fear*

Perceived threat is a key component in both the Health Belief Model (Janz & Becker, 1984; Rosenstock, 1974) and the Extended Parallel Process Model (Witte, 1992, 1994, 1998). It refers to the extent to which a target audience believes that a health threat directly affects them.

*Perceived threat* consists of a high sense of *perceived susceptibility* (one's opinion of their chances of getting a condition) and *perceived severity* (one's opinion of how serious a condition is) gives the individual the motivation to comply with recommended behavior (Witte, Meyer & Martell, 2001). Closely connected to the concept of perceived threat is that of *fear*. Used in the Extended Parallel Process Model, fear refers to the high level of emotional arousal caused when an individual perceives a health threat to be personally relevant to them, leading to protective or maladaptive behaviors depending on the circumstances (Witte, 1998). Glanz, Lewis, and Rimer (1997) argue that in order to begin to induce change, it is important to personalize risk based upon the audience's features or behavior, and heighten their perceived susceptibility if it is too low.

The designers of the VCT health campaign clearly aimed to heighten the target audience's perceived susceptibility to contracting HIV. The Behavior Change Communications (BCC) Program Manager revealed that a survey conducted by the Kenya Demographic and health survey (KDHS) showed that 70% of established couples were discordant; that is, one partner is positive and the other negative. They found this to be one of the main causes of HIV infection within marriages and established relationships. PSI/Kenya in conjunction with the government and the National AIDS/STI control program (NASCO) thus felt it important to raise awareness of susceptibility among couples to motivate them to seek testing and counseling services together. According to the Research Advisor, the VCT campaign was different because it was "the first time we had mentioned that there is a possibility that one might have HIV as the previous campaigns had really (.2) focused on a lifestyle approach." Further analysis of the interviews, however, revealed that perceived severity of HIV was not explicitly considered in the VCT campaign design. Instead, as both the BCC Program Manager and Research Advisor

discussed, one of the main aims of the government and NASCOP was to push treatment and care for those who tested positive. As the BCC Program Manager said:

they wanted us to address issues of discordancy and give that message of hope that y’know, don’t worry even if you test positive because there are all these drugs, all this care and treatment that you can receive and still live a long life

It is clear from this quote that the focus of the campaign was to reduce levels of fear and anxiety by providing the message that even if couples tested positive, they could live a long life with proper treatment.

In contrast, the interviews revealed that the campaign teams for both the *Nimechill* and Trust condom campaigns intentionally avoided mentioning any negative consequences from lack of abstinence or condom use that would heighten their audiences’ perceived susceptibility to HIV/AIDS or their perception of the severity of the disease. For instance, when asked about some of the decisions that went into the design of the *Nimechill* campaign, the Research Advisor said:

with *Nimechill* pretty much we were like, we want it happy, positive, empowering, and aspirational. We didn’t want it to be serious at all or fear based, or you are going to get HIV if you have sex kind of uh: communications approach...

This sentiment was echoed by the Marketing Manager of PSI/Kenya who worked on the Trust condom campaign. Although she recognized that their target youth audience seemed to lack a sense of susceptibility to HIV “because they don’t really feel they can die,” she admitted that they were reluctant to tackle this issue within the campaign as their aim was to retain “a positive feel to the brand” that is “very light and fresh and hip and humorous.” It was clear from their

comments that addressing perceived threat would have meant introducing fear appeals that would have compromised the positive, upbeat, youthful brand images both campaign teams sought to reinforce and maintain.

### *Perceived Barriers and Benefits and their Relation to Attitudes*

Perceived barriers to and benefits of adopting the recommended behavior are explicit components of the HBM. Though not formally mentioned, as discussed in the literature review, they are also integral to the logic of the TRA/TPB and EPPM. *Perceived barriers* refer to an individual's opinion of the tangible (money, time, language differences) and/or psychological (cultural, social) costs of the recommended behavior and *perceived benefits* refer to the opinion of the rewards or positive consequences of performing the recommended behavior (Janz & Becker, 1984; Rosenstock, 1974).

The interviews revealed that barriers had been considered in designing all three campaigns. For example when discussing the *Nimechill* campaign, the BCC Program Manager revealed that research conducted by PSI/Washington in 8 African countries indicated that the main perceived barriers to abstinence or delayed sexual activity were peer pressure, cultural rites of passage, gender inequalities (particularly in relation to girls) and economics. The BCC Program Manager explained that this information influenced their planning for the campaign: "We decided to address the peer pressure, and also initially wanted to start to get people talking about abstinence (.) There was this negative perception; you know (.) that people, nobody talked about abstinence." She added that the main goal was to "make it cool to abstain because we knew previously that we don't talk about abstaining because it is not cool."

As she explained, by making it cool to abstain, they were also addressing a second perceived barrier particularly relevant to young boys. She commented, "it's a rite of passage,

this is what guys do - you get circumcised and then immediately:: it's the way you prove you are cool and that you are a man." The BCC Program Manager justified her decision to focus on this barrier by recounting the reaction of the young creative team at the advertising agency they had employed:

...and one of the guys, they are young guys, they are in touch with the youth; basically they are youth themselves, so you'd think they would feel what we are talking about, but they couldn't- they could not quite get it. What do you mean abstain? You know kids are supposed to be having sex... they were very skeptical! Like this can't work...especially for guys...guys are expected to have sex...

The Technical Research Advisor recounted a similar experience when dealing with one of the creative staff:

He basically told us, "I had sex at twelve and if I could have done it at ten I would have"... he was like ..."I hate this campaign, I don't believe in it (.). I don't wanna do it" (.2) even though he was being assigned the campaign. So we really had to work with him a lot helping him say "y'know look sex at 12 isn't necessarily a good thing (laughing). We are not saying don't ever have sex again... we are not even saying don't have sex till marriage"...

Similarly, the interview with the PSI/Kenya Marketing Manager revealed that through both informal and formal research, the Trust campaign team identified three main barriers to behavior change in their target audience: a culture of silence and stigma surrounding condom use, condom efficacy, and lack of a condom when the occasion requires it. During the interview the PSI/Kenya Marketing Manager discussed how in order to maintain a positive feel to the

brand, they decided to focus on condom efficacy in an earlier campaign, and for the *Je una yako?* campaign, lack of a condom:

I think the issue of the day at the time was umm, y’know, how effective are condoms? Are they strong enough? Y’know do they burst or tear?...there were also issues umm about the whole issue of carrying condoms, these were some of the reasons why they could say they didn’t use a condom was because they did not have one.”

Finally, when asked about the background of the VCT campaign, the BCC Program Manager said:

A lot of HIV infection was taking place in marriages or relationships so that is what they wanted us to address (.) That your wife’s status is not your own or your husband’s status is not your own so let’s both go for testing...

She went on to reveal that an earlier campaign designed to get couples to talk publicly about their serostatus and HIV testing failed partly because the partners had not even discussed the issue with each other. This failure convinced the VCT team that the biggest perceived barrier was the challenge of talking to their partners about HIV testing. The BCC Program Manager explained the potential difficulty with couple testing when she said, “how do you say out of the blue let’s go for testing? I mean we have been living together what is this sudden change?” Her comment demonstrates that the implications of infidelity that surround discussions of condom use may play an important factor in the lack of talk about HIV testing among couples.

Contrary to perceived barriers, the interviews revealed that the participants and their teams did not necessarily consider the benefits their target audiences might see to performing a recommended action. Instead, they saw it as their job to let their target audiences know what the

potential benefits to carrying out the recommended behavior could be with the hope that their choice of benefits would resonate with them. For example when discussing the *Nimechill* campaign the Technical Research Advisor explained that they felt their target audience may not have necessarily thought about benefits to abstinence. It was thus important that they make the benefits apparent. She recalls her experience working with the advertising agency:

we kept trying to say let's figure out what the benefits are here because the benefits aren't obviously apparent ... as to what benefit y'know would come to you if you waited to have sex. So uh:: I was trying to say okay, boys value popularity and being notorious at something - maybe it's music maybe it's acting maybe it's sports... they value being the king (laughing) being the man so we want ... to basically set up commercials where you turn around the situation to show that guy who is abstaining is the cool guy...

When discussing the *Nimechill* campaign, both the Technical Research Advisor, and BCC Program Manager agreed that the main benefit to highlight was how abstinence could increase one's "cool" factor. Their talk did not explicitly discuss or implicitly imply other benefits abstinence may bring such as avoiding contraction of HIV and other STD's, avoiding unwanted pregnancies, or even avoiding a situation one is not emotionally or psychologically prepared for.

Similarly the discussions on the VCT campaign revealed that the planners believed that couples may not see the benefits to joint testing. The two benefits that the VCT team wanted to highlight were: (1) getting tested allows couples to take control of their lives and stay HIV free; and (2) there are ARV drugs and care available for those who test positive. As the Technical Research Advisor commented, "basically it's taking control of your life that's the benefit (.) you know that you can be in control of your life (.) you can have a happy future y'know: by getting

tested and staying HIV free...” She qualified this statement by saying that the campaign only implied these benefits rather than stating them explicitly.

The interview with the PSI/Kenya Marketing Manager showed that not much consideration had been given to the perceived benefits the audience might see in using condoms. The main benefit the Trust condom campaign designers wanted to stress was aspirational in nature and they hoped to appeal to the aspirations of their audience by using local celebrities in the campaign. This is unsurprising considering the goal of the campaign was to create a positive, youthful brand image, she commented:

With the brand positioning which was cool, hip and fun the idea is to associate this with the aspirations of the group...what you want to do is fit in with them  
(.) what is at the top of the mind for them? It is:: how do I look? How do I fit in with my friends? What kind of image am I presenting?

*Attitudes.* As previously mentioned, attitudes are only present as a component of the TRA/TPB model. However it can be argued that an audience’s *attitudes* affect what they will perceive as barriers and benefits to behavior change. As explained earlier, the TRA/TPB model posits that an individual’s attitudes help define whether a particular consequence is categorized as an advantage or disadvantage to performing a recommended behavior.

For instance, the *Nimechill* campaign team agreed that their target group held the salient belief that engaging in abstinence would reduce one’s “cool” factor possibly leading to stigmatization by their peers. This led both the *Nimechill* BCC Program Manager and Technical Research Advisor to believe their target audience’s attitude towards abstinence was one of skepticism. As the BCC Program Manager said, “What do you mean abstain? You know kids are supposed to be having sex... they were very skeptical! Like this can’t work...especially for

guys...guys are expected to have sex...” The BCC Program Manager thus felt that it was their job to change this attitude by creating a positive image that “makes it cool to abstain.”

The BCC Program Manager also revealed that through their research, they were able to identify some concrete salient beliefs their target audience held about couple HIV testing. They found that their target audience believed that: (1) if their partner tested negative for HIV, then they too were negative and vice versa; (2) if one or both of the couple did test HIV positive then it meant certain death; and (3) suggesting couple testing would create distrust within the relationship due to implications of infidelity. In her interview, the BCC Program Manager implicitly showed that the target audience’s beliefs indicated a negative attitude towards VCT. She even mentioned that they attempted to do an Interpersonal Campaign (IPC) on self-efficacy to deal with the negative attitude of their own staff,

we did an IPC for that particular campaign for self-efficacy (.) I mean we did IPC for the department and that was always the question(.) we have been living together what is the sudden need for getting tested? For using a condom? ...and we always say y’know (.) whether or not you know your partner’s status know it is not your own and if you haven’t gone for VCT then it is better to take precautions...

It is evident that promoting VCT is not an easy task when it is a hard sell even among the PSI employees. Indeed, as stated before, an earlier campaign effort failed because couples were afraid to address their serostatus in public. It was evident that the general attitude the target audience had towards VCT was negative. Therefore, the BCC Program Manager echoed the Technical Research Advisor’s comments when she said that she felt their job was to counter the negative attitude and:

give the message of hope that y'know: we don't worry even if you are positive because there are all these drugs, all this care that you can receive: and still live a long life.

The interview with the PSI/Kenya Marketing Manager revealed that the Trust condom team saw the salient beliefs their target audience held about condom use were : (1) if they suggested they wanted to use a condom they would be stigmatized: (2) condoms are not efficacious; and (3) condom use will reduce their “cool” factor. These beliefs indicate that the target audience has a negative attitude towards condom use. The PSI/Kenya Marketing Manager explained that because the first belief had been addressed in an earlier campaign and the use of condoms had become accepted especially among the youth, they repositioned the brand to address the third issue. Thus, when strategizing for the *Je una yako?* campaign the Marketing Manager and her team ultimately hoped to combat this negative attitude “with the brand positioning which was cool, hip and fun and the idea” was “to associate this with the aspirations of the group...”

### *Efficacy and Behavioral Control*

Present in the HBM and the EPPM models, *efficacy* or as EPPM terms it, *perceived efficacy* refers to the degree to which an audience perceives that they are able to perform the recommended response to avert the threat (self-efficacy), and the degree to which the recommended response effectively averts the threat from occurring (response efficacy). *Perceived behavioral control* as used in TRA/TPB is similar to self-efficacy, but adds the idea of volitional control over one's own behavior as predicted by control beliefs and perceived power. The components of efficacy and perceived behavioral control ultimately show us that, a prevention or intervention message is useless if (a) the individual does not feel they are able to

perform the recommended behavior, and (b) the recommended behavior will not adequately avert the threat.

The interviewees made no direct references to the influence of these two components on their campaign plans. However, their comments about the consequences of addressing the barriers to action implicitly suggested a resulting increase in self-efficacy. For example, as discussed, the BCC Program Manager indicated that the peer pressure experienced by the *Nimechill* target group, (especially the boys) was the main barrier to them feeling they could successfully carry out the recommended behavior. She commented that one of the goals of the campaign was to help create “a sort of social support network” where “everyone is abstaining” and have “just that one person bold enough to come out and say I am abstaining or chilling so that you can create that social support.” Her conversation indicates that the team felt that by addressing the peer pressure barrier and pushing this message through a vehicle that the target audience understood, their sense of self efficacy would hopefully increase, empowering them to carry out the recommended behavior of abstinence or delayed sexual activity.

Similarly, the interview with the PSI/Kenya Marketing Manager revealed that they did not explicitly address self-efficacy, but seemed to assume that it would follow naturally from addressing the barriers. As an example the Trust condom team felt that if they could just get individuals in the target group to have a condom available during a sexual encounter then they would use it.

In the same way, the VCT team saw the culture of silence and stigma surrounding couple HIV testing as the main barrier to behavior change. As previously mentioned they wanted their audience to understand that their partner’s serostatus was not necessarily their own and thus they

needed to talk to each other about getting tested. The BCC Program Manager explained that they particularly wanted to get the men in the relationships talking to their partner about VCT:

We wanted to get men to speak out because they are the ones who were like, the wife has gotten tested so I am okay...we wanted them to be the ones to take the initiative to go for VCT...to go for couple VCT because men do go for VCT but alone

In this case the comment implied the hope that by bringing the discussion of couple testing into a public forum, the target audience would begin to feel at ease discussing these issues thus increasing their sense of self-efficacy.

#### *Cues to Action*

A component of the HBM, *cues to action* refers to the pieces of information that trigger the decision to carry out the recommended behavior. These cues could be either external (e.g., PSA'S, informational flyers, radio advertisements and so on) or internal (e.g., symptoms of an illness). It was evident from all the interviews that each campaign explicitly focused on producing external cues to action in the form of television and radio commercials, billboards, and print advertisements.

The main challenge all the campaigns faced was ensuring that they used the most effective cues to action and that the right target audiences saw them. For example, in her interview, the Technical Research Advisor mentioned that “there is no national youth survey that covers ten to fourteen year olds - the demographic and health surveys just start at fifteen.” This lack of data caused the *Nimechill* campaign team to wonder if they would effectively reach their ten to fourteen-year-old target audience. They were unsure of exactly how much and what kind of media their target group consumed. This was particularly a problem for the peri-urban section

of their audience who due to infrastructural barriers such as poor access to technology are often difficult to reach.

The interviewees made no direct references to internal cues to action (such as symptoms of illness). This is unsurprising considering that all three interviewees articulated that they wanted to create and maintain a positive upbeat tone in the campaigns. To speak explicitly of HIV or other STD symptoms would have been contrary to the social marketing strategy applied in the campaigns.

### *Subjective Norms*

According to the TRA/TPB model, subjective norms are determined in a similar manner to attitudes. As Witte et al. (2001) explain, first a practitioner would determine their audience's salient referent/s when it comes to the recommended behavior, for example condom use. Second, they would find their target audience's normative beliefs (that is, if they believe their salient referent/s think that performing the behavior is good or bad). Third, they would assess their target audience's motivation to comply with their referent/s' assessment of the behavior. Finally, they would multiply the normative belief by the motivation to comply and sum the products to yield an overall subjective norm. It was clear from the interviews that this formal procedure was not done. However all three interviewees indicated that it was important that they depicted referents that their target audiences viewed as, respected, and influential.

For example, the interviews with the BCC Program Manager and Technical Research Advisor indicate that the *Nimechill* team was aware of the influence their target audience's peers could play in an individual's decision making process. The BCC Program Manager commented that their objective was "to change the image of abstinence, to make delaying sex cool and um: to take off some of that peer pressure to engage in sex." The awareness of peer influence affected

several of their campaign decisions. For instance, the BCC Program Manager said that their campaign used actors slightly older than the target group that they felt could not only relate to, but also look up to. The Technical Research Advisor also stressed that they wanted the *Nimechill* campaign to be “youth speaking to youth,” recalling how a previous campaign failed because they did not recognize the important role peers play in an individual’s decision making process:

I feel the Real Man Real Woman campaign failed because it doesn’t do this:

(.) ... somebody from the Marketing Society of Kenya wrote that they hated Real Man Real Woman for the reason that it really lectured the audience...we actually tried to change the voice over to be a youth voice over...but I don’t think we got them sounding young enough (laughing) so umm: it still sounded sanctimonious and judgmental

The interviewees implied that the campaign team believed that the target audience would see the slightly older, “cool” members of their peer group as salient referents and as such would be more likely to accept their expressed beliefs and opinions on abstinence and delayed sex as credible and non-judgmental. The team also felt that the promise of being seen as cool would be the main motivator to complying with the referents’ beliefs.

The interview with the PSI/Kenya Marketing Manager showed that the Trust condom team also considered the importance of salient referents (local celebrities) whose views they were hoping were important to the target audience. As the Marketing Manager commented:

the idea was to say that those people that you look up to they carry their condoms they are smart people.(.) they y’know are out there having their fun, but they are smart they know they need to have their packet at all times...the idea is that having a condom is not(.2) shouldn’t be an embarrassing thing it

should be something automatic...

However she admitted that what might be relevant to one person may not resonate with another even if they are in the same target audience:

So a celebrity campaign may resonate very well with people who are:: lets say if we used musicians, with people we are into that kind of music(.) But it may not resonate as well with those who are not interested(.3) or perhaps we did not feature the particular type of artist that they are interested in...

Accordingly she revealed that they often tried to change the execution of the campaign materials slightly to reach the non-urban sections of their target audience, although “with finite resources, we can only do so much.”

In her interview, the Research Technical Advisor identified choosing inappropriate referents as a mistake made by the VCT *Onyeshya Mapenzi Yako* campaign team. Like the Trust condom campaign, the VCT campaign used local celebrities. However, the Research Technical Advisor indicated that they should have used average individuals to whom the audience could relate, stating that “stakeholders felt like ... they didn’t target (.2) rural people very well:( sighs).”

#### Elements of Socio-cultural and Group Identity Issues Considered in Campaign Planning

The second issue identified in the first research question was evidence in the interviews of the consideration of the social, cultural, and group identity concerns of their audience that could be either barriers or incentives to engaging in recommended behavior (Dutta, 2007). The thematic analysis of the interviews revealed that overall, socio-cultural and group identity issues were not explicitly considered when designing the campaigns, and when they were explicitly considered, such as in the VCT campaign, it was only to a limited extent.

For instance when asked about explicit consideration of socio-cultural issues in designing the *Nimechill* campaign, the BCC Program Manager replied, “ (.5) uh:: I don’t think we considered any socio-cultural factors at the time, not really, I think we just decided to go out and be bold.” The Technical Research Advisor had a similar reply when asked the same question, “ok um: (.2) for the *Nimechill* less so because I mean (.) ... the creatives on the campaign are Kenyan and they are thinking about these things.” The PSI/Kenya Marketing Manager commented that it was difficult to formally consider cultural issues because PSI tends to conduct mostly quantitative research:

you know how quantitative studies are, there is not much we can get out of them in terms of other than it happens or it doesn’t happen (.) we don’t get the why you know you can’t get the why (.) so that has been one of our challenges (.2) to do research that looks at cultural issues and really find out what are specific issues:: ... y’know it could be a very different reason why people don’t carry condoms in one region versus another region ... but I think that’s one of our weakness

Despite this disclaimer, it emerged in the interviews that even if they did not formally consider them, socio-cultural and group identity issues played a significant role in the development of the *Nimechill*, VCT and Trust condom campaigns. The main themes that emerged in the interviews were Silence, gender norms, and Dialectical Tensions (rural vs. urban and Western vs. Kenyan).

### *Silence*

What is not talked about is just as powerful as what is talked about (Preston-Whyte, 2003; Reid & Walker, 2003). This theme focuses on direct or indirect statements/phrases that

demonstrate an understanding or thought given to the types of talk or lack of talk about HIV/AIDS, sex or sexual issues in the Kenyan context. The interviews echoed previous research findings documenting a culture of silence about sex and sexuality in African culture (Dilger, 2002), which is magnified by the stigma associated with HIV/AIDS (Mabachi, 2005). In all the conversations it was clear that the interviewees and their teams hoped to combat this culture of silence and stigma in order to encourage dialogue through the campaigns.

For example, when discussing the background of the Trust condom campaign, the PSI/Kenya Marketing Manager recalled:

When we initially introduced Trust as a brand, umm: not only was the issue inter-partner communication but it was also the stigma with couples...It was a huge stigma, and anyone who suggested the use of condoms was taken to be implying that they were y'know either they themselves were unfaithful ...hence the whole idea of let's talk (.) Let's talk about this, let's get rid of some of this stigma that is going on

Similarly, when discussing the background of the *Nimechill* campaign, the BCC Program Manager said that they wanted to:

Initially just start to get people talking about abstinence, there was this negative perception, you know: people(.) nobody talked about abstinence...so really the campaign, the thrust of the campaign was to change that image...we knew previously we don't talk about abstaining because it is not cool...you are branded all those names if you are abstaining(.) so the first thing we needed to do was really change that perception because without changing that, nobody would still talk about it and nobody would want to own up to abstaining and nobody would want to associate with abstaining.

This comment illustrates the hurdles the PSI/Kenya campaign teams needed to overcome when attempting to disseminate messages related to sexual issues. Indeed, the PSI/Kenya Marketing Manager recounted that the main aim of the Trust condoms campaign was to “really get people to talk...to feel free to talk about condoms especially inter-partner discussions of condoms and sex.” Even after launching other campaigns designed to deal with additional condom use issues, they later “...almost did a 360 where we kind of went back to the same issue ...” because people were “not using condoms because they feel they are not able to discuss [condoms] with their partner.”

This culture of silence was further illustrated in the reactions of Kenyan parents to the *Nimechill* campaign. The BCC Program Manager expressed surprise at how well the *Nimechill* campaign was received by parents. She recounted how parents wrote letters to the local newspaper editors as well as PSI/Kenya, expressing appreciation for the campaigns. Interestingly, the reason the parents seemed most grateful according to the BCC Program Manager was because “at least somebody was telling their kids to abstain because they can’t (.) they are unable.” When asked why parents felt this way, she replied, “they don’t talk about these things, so they were glad that somebody was actually talking about it...I think it is the embarrassment...” The BCC Program Manager’s comments were confirmed by the Technical Research Advisor, who also recalled parents liking the *Nimechill* campaign because they felt it was one of the “first campaigns that told kids not to have sex (.)” She added that the reason parents liked the campaign so much was they “loved the fact that it uses an acronym for sex so instead of saying don’t have sex it says chill.” She believed that the acronym gave parents a way to broach a difficult subject, it was:

an entry point for discussion...It’s like it gives people actually a new

language to use for not having sex without having to use that word um: (.) so actually that was one of the positives of the campaign is that it gave people a word to use that was fairly innocuous that y'know (dramatically lowering voice) didn't have sex in it.

Reinforcing the difficulty of discussing sex in Kenyan society, she described how her research associate's gynecologist adopted the term as a synonym for sexual activity by inquiring, "so have you been with your husband or have you been chilling?"

During the *Nimechill* campaign, it became clear to the team that the youth did not have a forum where they could discuss issues of sex and abstinence. In an attempt to combat this culture of silence, they came up with an interactive radio segment where the campaign adverts were aired, and the youth were given an opportunity to call and talk to their peers about any issue they had on abstinence. The BCC program manager expressed surprise at how well this worked:

it was amazing because Capital FM received over a hundred calls and sms's during the hour...it turned out that the kids had so many issues some of which we hadn't even anticipated it turned out that you know (.) that we needed to have a counselor on board (.) ...on air to talk about some of the issues that the kids were having...such as rape such as uh:: homosexuality and not knowing how to deal with it (.) it was like opening up a can of worms (.) it was quite good because at least people were talking at least we were getting the youth to talk about abstaining...which was really the whole idea (.) previously nobody would want to talk about it...

Finally, even though they were knowledgeable and were the campaign planners, the interviewees themselves were not exempt from the influence of their culture. For instance, The BCC Program Manager recalled balking at approving the *Nimechill* campaign:

I actually had problems initially approving it (laughing), in fact I remember in one of the TV commercials the screen just goes black and then sex (.) I was like oh my god! Can we do that, but eventually: I mean I got round to it, it catches your attention this is really what we are talking about! You can't really beat around the bush

Similarly, even though it was implicit throughout the interview that avoiding the contraction of HIV and other STD's was really the main benefit and reason that condom use is advocated in Kenya, the PSI/Kenya Marketing Manager never directly linked HIV/AIDS to condom use. For instance, when discussing the stigma surrounding condom use and its implications of infidelity she said that couples felt they would be “implying that they were y’know either themselves were unfaithful, or y’know or infected, or they thought their partner was infected...” The use of euphemisms such as “infected” in relation to HI/AIDS is common in Kenya and other African countries (Mabachi, 2005).

### *Gender Norms*

Gender is a culture-specific construct—there are significant differences in what women and men can or cannot do in one culture as compared to another. However one thing that is fairly consistent across cultures is that there is always a distinct difference between women and men's roles, access to productive resources, and decision-making authority (Gupta, 2000). In many African societies men and women have clear roles they are expected to fulfill or follow.

The interviews with the Technical Research Advisor and the BCC Program Manager revealed that they were aware that there are different gender expectations in Kenyan society particularly when it comes to young men. Their goal was to produce campaign executions that the Technical Research Advisor said, “not only worked for girls but for boys too.” However, both the BCC Program Manager and Technical Research Advisor made comments in their interviews that suggested that they planned the campaign to appeal to boys first and girls second, rather than the reverse. The Technical Research advisor even recalled spending time figuring out what boys value and what manhood means in Kenyan society with a view to using the information in the *Nimechill* campaign. The BCC Program Manager did briefly acknowledge the disadvantage women, particularly young women, face because of their often subservient role in society. She recognized that young girls may engage in early sex “because of economic pressure (.) because of finances something to move ahead.” The campaign planners, however, chose to focus on peer pressure issues instead.

The cultural norms for gender roles were also recognized in the VCT campaign. In her interview, the BCC Program Manager agreed that the VCT campaign was geared not only towards established couples, but specifically to the men in those couples. She mentioned that there is a tendency for women to assume that if their husbands are HIV negative then they are HIV negative too, “a lot of people think that oh so my husband is negative (.) so I must be, usually it’s the wife so they’ll wait and see...”

Overall, even though the talk in the interviews did not focus much on the women in the target audiences, they reflected the prevailing gender norms in Kenyan society.

### *Dialectical Tensions*

Statements or phrases that demonstrate an opposition or potential for conflict between two concepts constitute dialectical tensions. The main dialectical themes that emerged in the interviews were those of urban vs. rural and Western vs. Kenyan.

#### *Urban vs. Rural*

The interviews revealed that the three campaign teams constantly struggled with the problem of communicating effectively to urban and rural populations often in the same message. For instance, when discussing the Trust condom campaign, the PSI/Kenya Marketing Manager discussed how it is often difficult to construct nation-wide campaigns particularly when you also want to tailor them to a rural audience:

y'know the national campaign you know: can be problem (.) Perhaps when you have got a more urban audience you are targeting a bit more exposed population so to speak (.) but when you want to address a rural audience as well it becomes a bit more of a problem...

It was clear that this tension between rural and urban was an issue in the Trust condom campaign. The PSI/Kenya Marketing Manager described how they struggled with the campaign because they also had to cater their message to a segment of their audience with a structural barrier to compliance:

it was even more a problem in rural areas than urban because first of all in rural areas you don't have an outlet just next um:: a couple of meters from your house that you can go and buy a condom when you need it or wherever it is you are...the outlets are not y'know as accessible as they are in urban areas so you: when you need a condom you really need to have it with you so it's

more important for them to be carrying condoms so getting executions that would target both groups was difficult

When discussing the VCT campaign, the BCC Program Manager admitted that they tried to strike a balance between rural and urban because they had “been accused of using very up market people” for an earlier campaign designed to reach peri-urban and rural people. The Technical Research Advisor confirmed this when she revealed how the earlier VCT couples campaign put people off “because one of the executions had a couple over a lap top.” She believed that image did not reflect typical Kenyans very well because the “majority of Kenyans are not sitting around a fancy glass desk with a potted plant.” All three interviewees said that the only way this tension could be resolved was to run campaigns separately targeting rural and urban audiences, which their budgets would not allow.

This urban rural tension also emerged when discussing the *Nimechill* campaign. The Technical Research Advisor mentioned how one of their stakeholders, the National Aids Control Council (NACC), criticized the *Nimechill* campaign saying that their campaign did not “adequately address rural youth.”

#### *Western vs. Kenyan*

According to the interviewees the difficulties of designing campaigns that would speak to both urban and rural audiences was increased when the planners came from a different country and culture. For example, the Technical Research Advisor (who is from the West herself) discussed her experience working with the Australian Creative Director on the VCT campaign. She mentioned how even though he had lived in Kenya for a while his western sensibilities often crept into his executions:

the creative on that campaign is um: is an Australian who has lived here

forever and he is the creative director at SCANAD but he still (.) he is actually pretty good compared to the other agencies but he still has y'know ... he doesn't pay so much attention to the reality (.) like he is forever trying to put our advertising into parks we keep saying there are no boats in lakes in parks in Kenya... that kind of thing

She laughingly added:

so this campaign of “show your love” was actually quite interesting because um: he wanted to show different aspects of showing your love... and it's a peri-urban/rural audience and showing your love isn't quite what it is in the West... and so: the scenarios he came up with were like (.) husband feeding fruit to the wife in the market place or um: a couple moving furniture in together in an apartment...or y'know like , or a couple once again in a lake in a boat (laughing)...

She recalled that this did not ring true to her, so they went out and conducted what she termed “quick and dirty interviews” and changed the image to:

... husband buys wife fabric to make a dress, wife brings tea out to husband while he is farming (.) um: yeah just mostly around shopping for each other, or preparing food for each other or fixing things around the house for each other. That's how people show their love and there is not a lot of overt demonstrative affection showing, so you'll never see people like kissing on the lips...

As another example of the western vs. Kenyan dialectic, she mentioned that even a creative execution depicting a husband hugging his wife in public was seen as controversial, “the

audience was like uhhhh! (gasps) that is so inappropriate!” However, she says that they made the decision to keep the hug.

Similarly, the PSI/Kenya Marketing Manager stated that it was sometimes a challenge working on the Trust campaign because their advertising agency’s creative director was western and was often unable to understand the nuances of Kenyan culture:

he is Australian and ... if you want to use vernacular or if you want to tailor your message (.) the execution (.) to a rural audience to a particular society or ethnic group ... the kind of concept you come up with might differ from what you would do for a general audience because you want it to resonate: you want it to really resonate with your Kikuyu audience or your Luo audience (.2) there are certain nuances that you cannot get and it is different from one community to another and so he needs to(.) and agency needs to have the support that can actually do that(.) that take his ... bigger idea and translate it or cater it to that particular culture so that they really feel like they are being spoken to (.2) so that’s been a challenge that um: we keep going back and forth (unclear)

#### External Factors Considered in Campaign Planning

The interviews revealed that apart from health behavior change models/theories, and socio-cultural and group identity concerns, there are also external factors that affected campaign design. Two main areas of consideration emerged in the interviews: money and stakeholder interests.

## *Money*

Funding is a critical component to the success of any campaign and the PSI/Kenya campaigns were no different. How much money you get, who provides it, and the stipulations with which they provide it mean the difference between the success and failure of a health campaign. It could also affect how the campaign is run and for how long. For example when discussing the background of the *Nimechill* campaign, The Technical Research Advisor revealed that in 2004, they received a windfall amount of money from the United States President's Emergency Plan for Aids Relief (PEPFAR). However, they received the funding late in the fiscal year and were instructed that if they wanted it, they would have to use it all before the fiscal year ended. She recalled that this "was really great but it meant doing six mass communication campaigns in one year," which as she recalls was "very intense." The abstinence proposal was included primarily to ensure that they secured funding:

one of the proposals we put on there was abstinence because it (.2) seemed like that was sort of y'know (.) where a third of all the prevention money was being spent ... so we thought oh ok lets position our money so we are doing it according to PEPFAR guidelines so um: we proposed an abstinence campaign we did an HIV and alcohol campaign we did a um:: a self-risk campaign ...and with the other money ... VCT, PMTCT ...prevention of mother to child transmission

The constraints that funding can place on a campaign were illustrated by the BCC Program Manager who mentioned that if she had more money and the VCT and *Nimechill* campaigns to do over, she would run them for a longer period:

I think the one thing I would change is that I want a campaign that would run

for a bit to have any meaning (.) I want a campaign that runs for longer than just a few months and then drops off the radar.

### *Stakeholder Interests*

Stakeholders can play an important role in the planning and implementation of HIV health campaigns. Campaign planners often have to be mindful of stakeholders as it could mean the difference between the failure and success of a health campaign effort.

When asked about the role of stakeholders in the health campaign planning process, the Technical Research Advisor, revealed some of the issues they have to deal with. For example, when planning the VCT campaign they had to focus on intervention rather than prevention. She mentioned that anytime USAID through PEPFAR funding asks them to do behavior change communication, “it is always around service uptake” as “they are trying to get more people tested, more people in treatment...” Her frustration clearly came through when she said:

so it's basically like no (.) forget about those who are negative we have to get the positive ones on treatment! so that(.) that's been (.) it's frustrating for those of us in prevention who actually want to deal with the 94% of the population that are not infected but really PEPFAR is about dealing with that 6% of Kenyans who are infected

She revealed that the VCT campaign was “kind of dictated by stakeholders” and that there is “a huge VCT stakeholder national committee” who even affected campaign decisions such as which group to target. She admitted that she did “not know how to deal with” with some stakeholders such as the Kenya National Aids Council (NAC), perhaps because both PSI and the NAC may have been in competition for the same funding. However she acknowledged that especially with projects like VCT “continued stakeholder involvement...is very important.”

This thought was echoed by the BCC Program Manager who said, “For VCT...we can’t go it alone we have to work with the stakeholders and find out issues regarding VCT.” She also mentioned that even though they did not have to involve too many partners in the *Nimechill* abstinence campaign, in the next campaign they would: “Because it is long term we are now arranging to work with other stakeholders because we realized there are many other people who are implementing programs (.) who can inform what we do.”

### Summary of Interview Results

The thematic analysis of the interviews revealed that even though the campaign planners did not explicitly or formally consider the factors that are integral to health behavior change theories and models (Noar, 2006; Myhre & Flora (2000), reference to some factors did emerge in their talk. Those that were considered either implicitly or explicitly were perceived barriers and benefits, cues to action, perceived susceptibility, and subjective norms. Those that were either not considered or consciously avoided were fear, threat, behavioral control, self-efficacy and internal cues to action. The same held true for the socio-cultural and group identity concerns of their audience that could be either barriers or incentives to engaging in recommended behavior (Dutta, 2007). Those considered were silence, gender roles, and dialectical tensions (rural vs. urban and western vs. Kenyan). Finally, the talk revealed that external factors such as funding and involvement of stakeholders can affect the plans of a campaign.

## CHAPTER FOUR

### RESULTS: CAMPAIGN ANALYSIS

The second and third research questions asked: To what extent do the comprehensive HIV/AIDS health campaigns employ the major principles of campaign design (Johnson, et al., 1997; Myhre & Flora 2000; Noar, 2006)? And to what extent do the themes in the campaigns reflect the socio-cultural and group concerns of the target audience (Dutta, 2007)? A qualitative content analysis and a thematic analysis of the campaign materials were conducted in order to address these research questions.

#### Qualitative Content Analysis Results: Use of Campaign Design Principles

The qualitative content analysis was completed at three levels. First, the campaign advertising briefs, evaluation reports, and interviews were used to determine the use of those principles that provide the background or foundation for effective campaign design (e.g., formative research). Second, the campaign executions were coded for the presence of message production values associated with effective campaign design (e.g., information load, slogans, etc.) as well as the elements of the health behavior change models.

#### *Background Principles of Effective Campaign Design in the Campaigns*

Background principles examined were formative research, process evaluations, outcome evaluation design, and channel selection.

#### *Formative Research*

Formative research includes the strategies employed by campaign planners to understand their target audience: analyzing archival data; conducting surveys, focus groups, and interviews; and pretesting messages. As Table 5 shows, two types of formative research were conducted for all three campaigns. Each of the creative briefs included archival data such as brand histories and

previous research findings to help the campaign designers to understand the context and the target audience. For example, the *Nimechill* advertising brief provides information on the sexual behavior of Kenyan youth, as well as a summary of previous research findings on abstinence and its relation to HIV infection (*For the promotion of abstinence*, 2004). All three campaigns considered survey data on the target audience when constructing their campaigns. The Trust condom and VCT campaigns relied on findings from the Kenya Knowledge Attitude and Practice Survey 2000 (KAPS, 2000) to help inform their campaign strategies (Agha, 2003; Mwarogo, 2007; “Trust condoms advertising brief”, n.d). Similarly, the *Nimechill* campaign used information gained from a cross-sectional survey conducted in September 2004 before the campaign (*Kenya: Evaluation of the Nimechill Campaign*, 2006).

The BCC Program Manager mentioned that the initial VCT campaign concepts were pre-tested. She recalled that the advertising agency had excellent ideas that resonated with people when they were pre-tested. When asked how they conducted the pre-testing she replied, “oh we have an internal research department but most of the time we sub-contract out to other agencies.” No documents from the pre-testing were available for analysis, nor were the results discussed in the VCT campaign brief or evaluation report. There was no indication in the documents or interviews that concepts in the Trust and *Nimechill* campaigns had been pre-tested.

Finally, there was no evidence in the documents or interviews to indicate that the three campaigns had conducted any focus groups or qualitative interviews. Indeed, as previously mentioned, the PSI Marketing Manager lamented the lack of qualitative interviewing as part of their research repertoire, but recognized that such research takes money. Table 6 provides a summary of the results.

Table 6

*Use of formative research in the campaigns*

	<b>Trust</b>	<b><i>Nimechill</i></b>	<b>VCT</b>
Analyze archival data	Yes	Yes	Yes
Conduct surveys	Yes	Yes	Yes
Conduct focus groups	No	No	No
Conduct Qualitative Interviews	No	No	No
Pretest messages	No	No	Yes

*Process Evaluation*

The interviews and documents showed that all three campaigns monitored and collected data on fidelity and implementation of campaign activities. This process was conducted particularly in relation to radio and television. The Technical Research Advisor, the BCC program Manager, and the PSI Marketing Manager all confirmed that they used a media monitoring service to track their PSAs on television and radio. When asked the extent to which they do process evaluations, the Technical Research Advisor said:

Ok um:: the main thing we do to make sure the campaign is running is we have Steadman (.) you know Steadman research? (.)...They do media monitoring so they have somebody listening to KBC all day long and recording commercials so we have a list of (.) so we know when our commercials air (.2) so that is media monitoring.

They use the service to ensure that their PSAs are actually airing, and are following the correct airing schedule. The service then periodically provides them with a report. When asked if the

reports resulted in a change of strategy, all three replied that they did not. For instance, when asked if any changes were made to the Nimechill campaign as a result of the reports, the BCC Program Manager said, “no we kept going as per planned because we were on the right track.”

### *Message Exposure*

A key goal of most campaigns is to achieve maximal exposure by using channels widely viewed by the target audience (Noar, 2006). The interviews and documents showed that PSI/Kenya tracks campaigns by subscribing to reports on message exposure that provide statistics on reach (the number of different people who are exposed to the message at least once) and frequency (the number of times they are exposed to the message). For example, the PSI/Kenya Marketing Manager said:

We subscribe to um:: the reports from ad track (.) and basically what they do is track different ads and they will go into the field every week and ask people what ads they watched... they ask people if they have heard the ad (.) they find out what message do they get from it? do they associate that message with your brand?

Although no reports of the message, reach, and frequency on the *Je una yako* Trust condom campaign were available for analysis at the time of this research, reports were available for the other two campaigns. As shown in Table 6, 85% of the urban youth targeted saw the *Nimechill* campaign. In addition, 45% of those surveyed about the *Nimechill* campaign were exposed to the campaign through three or more channels (*Chilling in Kenya*, 2006). When discussing reach with the BCC Program Manager, she said “within the first three weeks awareness was high....awareness was I think at 75%.” When asked if those surveyed could

recognize the logos and if they knew what *Nimechill* was, she replied, “they knew (.) they understood (.) the message takeout was very clear (.) abstain from sex.”

The VCT evaluation report showed that the reach was above average (See Table 7), with 71% of established couples surveyed reporting that they were exposed to at least one channel of the campaign. Absent from the VCT campaign report, however, were data on frequency of exposure, which could help the campaign team know whether the target audience was seeing the campaign ads often enough to be influenced by the message (Noar, 2006).

Table 7

*Assessment of message exposure in the campaigns*

	<b>Trust</b>	<i>Nimechill</i>	<b>VCT</b>
Reach: % of audience exposed to message at least once	Not Available	85%	71%
Frequency: Number of exposures	Not Available	3+ channels: 45%	Not Available

*Outcome Evaluation Design*

Several outcome evaluation designs are available to campaign teams, but they vary in the extent to which they allow planners to make causal inferences about the campaign’s influence on attitudes and behaviors. In other words, they pay variable attention to threats to internal validity (Gay & Airasian, 2003). The interviews and evaluation reports revealed that some outcome evaluation had been conducted for the *Nimechill* and VCT campaigns, but none for the Trust campaign. The *Nimechill* team used a pretest/post test cross-sectional survey design to assess campaign outcomes, sampling different groups of participants to complete the pre-test and post-test. Both groups of participants included randomly sampled male and female respondents aged

10-14 from 13 of Kenya's largest towns (*Kenya: Evaluation of the Nimechill Campaign, 2006*). Results indicated that the proportion of youth reporting to "never having sex" increased from 88 to 92 percent over seven months (*Kenya: Evaluation of the Nimechill Campaign, 2006*). There was a significant correlation between exposure to the campaign and intent to abstain, as well as between exposure and increased self-efficacy. This effect was however limited to those who had been exposed to *Nimechill* through more than one channel (*Kenya: Evaluation of the Nimechill Campaign, 2006*). However, the relationship between intent and abstinence levels could not be interpreted as due to the campaign. The report concluded that this:

stems from the lack of what is known generally as a "dose-response". There is no significant difference in abstinence levels between those with no exposure and those with low or high exposure. Yes, abstinence levels differ between those with low or high and pre-*Nimechill* levels, but that difference appears to be secular, reflecting changes in this indicator over time from causes other than *Nimechill* (*Kenya: Evaluation of the Nimechill Campaign, 2006*).

The VCT campaign also used a cross-sectional pretest/post test design, randomly sampling different groups of male and female respondents aged 15-35 from 13 of Kenya's largest towns to complete the pre and post-tests. The number of respondents who planned on getting an HIV test increased by 12% after the campaign ran. In addition, 57% of respondents exposed to three or more channels indicated an intention of getting an HIV test compared to those who had no exposure (Mwarago, 2007). The Research Advisor, however, commented on the difficulty of drawing a causal relationship between the campaign message and behavior change in the VCT campaign:

So we did find that there was significantly greater uptake during the first

campaign and the last campaign but we can't say it is entirely due to the campaign because there were six (.) five other campaigns airing ...at the same time.

When asked if they were on other topics she replied:

yes from abstinence, TB, (unclear) all those were airing at the same time and then you have so much more money going into it, so much more care and treatment available which maybe entices people to go testing, so nothing is controlled for basically (.5) if you can't control for all other activities that were going on you can't really prove that the fourth campaign was the most effective.

The evaluation report also stated that the percentage of couples reporting that they had gone for an HIV test did not significantly increase within a few months of the campaign or after the campaign. Only 8% (n=1,760) of established couples, before, during and after the campaign reported taking a voluntary test with their partner. Table 8 provides a summary of the outcome evaluation designs used.

Table 8

*Outcome evaluation designs in the campaigns*

	<b>Trust</b>	<b><i>Nimechill</i></b>	<b>VCT</b>
Single or multiple pretest/post test design (different groups at pre and post-test times)	No	Yes	Yes
One group pretest/post test design	No	No	No
Pretest/post test control group design	No	No	No

This section demonstrates that when using mass media for behavior change messages, it is often difficult to determine a direct relationship between the campaign and behavior change. In this case the lack of control groups compromised the internal validity of the studies making it difficult to establish a causal relationship between the campaigns and behavioral outcomes..

### *Channel Selection*

All three advertising briefs asked that the agencies utilize the most effective mix of media channels within budget parameters. The interviews provided some insight into how this was done. When describing the channel selection process for the *Nimechill* campaign, the BCC Program Manager said:

...We worked together with a media buying agency...and they are the ones who did the media buying for us and advised us on how best you know (.) to reach our target and I must say it was quite successful the kind of programming they bought the airtime around was youth friendly, all these music shows and stuff(.) and they went beyond just putting in a spot: we did branding(.2) we made it interactive(.) like for radio we would get guys to call in and we had an hour on Capital FM and guys would call in and talk about issues they had about abstaining

Similarly, the PSI/Kenya Marketing Manager stated that, “traditionally we have always used electronic media, TV, radio and print. We use outdoor and then we have sort of interpersonal communication. . . what we do is we work with our media buying house and they will come up with a schedule...and they let us know what stations to advertise on in order to achieve that reach we are looking for.” The extent of use of the various media channels by the campaigns is summarized in Table 9, including number of executions per channel.

Table 9

*Number (n) of executions per media channel by campaign*

	<b>Trust</b>	<b><i>Nimechill</i></b>	<b>VCT</b>
1. TV	<i>n=3</i>	<i>n=4</i>	<i>n=4</i>
2. radio	<i>n=0</i>	<i>n=2</i>	<i>n=1</i>
3. pamphlets	<i>n=0</i>	<i>n=0</i>	<i>n=0</i>
4. prints/billboards/bus signs	<i>n=3</i>	<i>n=5</i>	<i>n=4</i>

The critical relationship between the target audience and channel selection (i.e., specificity; strategically positioning campaign messages within selected channels, Myhre & Flora, 2000) was noted. For instance, when discussing *Nimechill* the Technical Research Advisor said, “I think targeting is still important we wanna reach youth that have a chance of seeing this thing in the mass media (.) which by the way we don’t know if they are or not (.2) but if they aren’t exposed to media you can’t reach them that way...” She also mentioned that because the VCT campaign was directed at the peri-urban, rural and urban populations they chose channels that they knew each audience would be exposed to:

Yeah it was sort of a general campaign so we also had billboards we had *matatu* (public transport vans) stickers the kind um: you can put at the back that you can see out but they can’t see in?...so we put those on a lot of rural: busy rural routes um: we didn’t do a lot of the newspaper ads but we did a lot of radio and we targeted Citizen and KBC Swahili and the vernacular

stations...and we heavily bought into KBC TV...cause that reaches nationally  
(.) so its not about the channels per say but it is about the specific stations and  
the kind of reach that those stations have rather than just TV versus radio  
versus print...

### *Use of Message Production Values in the Campaigns*

The campaign executions were coded for the use of elements of effective campaign design related to message production. The print and radio executions depicted visuals and/or copy that were derived from the television ads. Therefore, the presentation of the results will focus on the television ads, referencing print and radio ads only when distinct executions were created for those media. The message values coded were information load, slogan presence, explicitness in reference to sex and HIV, type of appeal, promotional strategies, music, color, demographic fit of primary character to target audience, authoritative sources, and positivity of gender portrayals. The message value variables are grouped into two categories for purposes of clarity in the presentation of results: (1) structural elements, and (2) character portrayals.

### *Message Production Structural Elements*

Structural elements include information load, slogans, explicitness of references to sex and HIV, types of appeal, promotional strategies, and use of music.

*Information load.* Coding results show that apart from the VCT campaign, the PSAs had a low information load. That is, they focused on one topic or theme rather than providing other facts. For instance the main message in the *Nimechill* campaign was abstinence. No other information, such as the perils of engaging in sex too early, or the potential of contracting HIV, or getting pregnant was included. Likewise, the Trust condom campaign focused only on the message that their audience should always have a condom on hand. Additional information such

as the consequences of inconsistent condom use was not provided. Coding revealed that the VCT television and radio executions (56%) were high in information load. They discussed the fact that HIV status is not necessarily the same for both partners. They also discussed the dangers of mother to child transmission, the services offered at VCT, and the fact that medical care and counseling are available.

*Use of slogans.* The use of slogans is a common and important strategy in advertising. All the campaigns had clear and recognizable slogans. The coding results showed that the television and radio executions had clear slogans that accompanied the logo or in the case of Trust, the product. All the print ads followed the theme of the television and radio executions, displaying the slogans as part of their copy. The *Nimechill* used the single slogan *Nimechill/Tumchill/Nita chill* (I/We have/are/will chill(abstain)), while the Trust campaign used the slogan *Je una yako?* (Tell me, do you have yours?). However, unlike *Nimechill* and Trust, the VCT campaign included not only the current slogan “Onyeshwa mapenzi yako” but also the slogan from the previous campaign, “Chanueknei pamoja” (i.e., Wise up together). This as the BCC Program Manager admitted resulted in visually busy print material that could potentially be distracting to the audience.

*Explicitness about references to sex and HIV.* Explicitness refers to how unambiguous the campaigns were in their use of language and visuals in relation to sex and HIV/AIDS. Coders assigned the campaign executions to one of three levels of explicitness : (1) low, no reference to sex or HIV; (2) moderate, indirect references to sex and HIV; (3) High, direct references to sex and HIV.

Coding results showed that the *Nimechill* campaign used the word *sex* in television, radio and print ads. For example in the *rap battle* execution the hero ends the rap by saying, “Listen,

this business of teenage sex, it's not cool Ok?" In the *chill not ready* execution the word *sex* boldly appears on the screen revealing what the teenagers vow they are not ready to do. No verbally explicit reference to HIV/AIDS was made in the *Nimechill* campaign.

The coding revealed that the VCT campaign used the term *HIV* with specific reference to testing and care. For example, in the *loving family* television execution, the husband/father admits, "just recently I took an HIV test," and that although she was initially reluctant, his wife agreed to accompany him "to a VCT center and take an HIV test." Similarly, in the *loving father* television execution, the father character says that "it might seem a little strange to think that knowing your HIV status makes you a good parent." The term *HIV* also appears in the print and radio versions of the *loving father* execution.

Although the VCT television executions made explicit reference to HIV, coding results found that they only indirectly referenced sex. Sex was alluded to when the characters discussed indiscretions that prompted them to seek HIV testing, but the word *sex* was never used. For example in the *loving family* television execution, the husband states that he does not think he needs to get an HIV test, but admits that he has "been indiscreet once or twice lately." Similarly in the *loving husband* television execution, the wife mentions that she is "worried about relationships I had in the past."

Coding results indicated that similar to VCT, the Trust campaign only made indirect references to sex and like *Nimechill* did not include the term HIV at all. The Trust television characters alluded to sex when they talked about their romantic liaisons, but did not use the word *sex*. For example, in the *Kleptomaniacs* execution, one of the group raps, "With trust in my pocket I can be confident... and there is a chick over there who really feels me, so you get my drift?" The print executions are even less explicit. Unlike the other two campaigns, the only copy

they have is the slogan. Lastly, there was no explicit mention of HIV in the Trust campaign. Although it was evident that using Trust condoms is a good thing, the reason why was never explicitly articulated.

Results of the coding showed that none of the campaigns had visually explicit depictions of sex. Two of the VCT television executions, the *loving family* and *loving husband* television ads, were coded as being moderately explicit as they depicted clothed close embraces. These are the scenes mentioned in an earlier quote by the BCC Program Manager, when she said how shocked the test audience was by the display of public affection.

Coding also revealed that the television and print Trust executions did not include visual images of sexual behavior with the exception of the “Deux Vultures” television execution. The execution shows two pretty young women dressed in tight jeans and revealing tops rhythmically dancing to the rap music. It includes several camera close-ups that focus on one dancer’s bare midriff and sensual dance moves. This is a highly explicit execution by Kenyan standards. However, the shock value may have been reduced by the rap video context in which such visual displays of sexy behaviors are expected.

*Types of appeal.* Campaigns can use informational or emotional appeals to persuade audiences to follow recommended behavior. Coding revealed that over half of the campaign executions (50% for *Nimechill* and 18% for Trust condoms) favored emotional appeals over informational appeals. The *Nimechill* campaign did not provide any concrete factual information about sex or HIV/AIDS. Instead coding revealed that the campaign relied on social, esteem, and self-actualization appeals to move their audience to abstain from sex. For example, in the *rap battle* execution, the teenage need to belong and be accepted is portrayed through the depiction of negative peer pressure.

Social, esteem and self-actualization appeals are carried through to the other television, radio and print executions. For instance, the *chill man* execution depicts young men who assert that, “A man knows what he wants” and “A man respects himself and his body,” or “it takes a man to know that teenage sex won’t make him popular.” Similarly, the girl in the *Nimechill girl* radio execution is portrayed as a strong-minded young lady who does not give in to peer pressure because of her high sense of self-esteem.

Coding results show that the Trust campaign also relies primarily on emotional appeals. The campaign uses entertainment as an appeal to get the attention of the target audience. The television executions are rap videos, performed by local Kenyan celebrities, while the print executions portray the celebrities with the product and slogan.

In contrast to the *Nimechill* and Trust campaigns, the VCT campaign relied primarily on informational appeals in the television and radio executions (56%) restricting emotional appeals (social and esteem) to the print executions (44%). For example, the *loving mother* TV execution provides viewers with several pieces of information about what to expect at a VCT center:

They were very helpful and friendly, we talked about things for an hour and they showed us ways to stay HIV negative, if any of us tested HIV positive. They also showed us ways to have a fulfilling life and plan for our children if any of us tested HIV positive, they didn’t even insist we take a test, we decided on our own.

In the same way, the character in the *loving father* execution details information he found out from a VCT center. He states that it is smart for parents to know their HIV status because he “got to know about the care and treatment available if you are infected.” This emphasis on information rather than emotion was designed to increase demand for VCT services by providing

the benefits of knowing one's serostatus. (*Communications Brief for VCT*, 2001). The prints appealed primarily to esteem concerns. For example, the copy of the *loving husband* print execution says, "I know I am HIV positive and my husband still loves me." The reliance on emotional rather than informational appeals in the prints reflects the limitations of the medium. Putting too much information on prints might make them too busy and difficult to read.

*Promotional strategies.* Campaigns can use product/service driven, image driven, or slice-of life portrayals to promote health behaviors. Coding results show that the VCT and *Nimechill* campaign executions (82%) portrayed slice-of-life situations common to Kenyan life. For example the *Nimechill rap battle* and *drawing* executions are set in school, while the *man* and *not ready* executions present different vignettes designed to reflect everyday situations in a Kenyan teenager's life (e.g., playing basketball, getting one's hair braided, going to a concert, hanging out with girlfriends, and riding on the matatu). Similarly, the VCT *loving mother* execution shows a typical open air market scene, while the *loving husband* execution shows the wife picking tea in the Kenyan highlands. Although VCT services are mentioned, there are no depictions in the executions of actual VCT centers or counselors. All executions of the Trust condom campaign feature the product, revealing a product-driven promotional strategy. Finally, the Trust and *Nimechill* campaign are image-driven, featuring celebrities and aspirational characters in order to appeal to social and external esteem concerns.

*Music.* Advertisements typically contain both product information and background features such as pleasant music, attractive colors and humor (Gorn, 1982). Music was used in all the campaigns. Coding results indicate that the music was either written for the PSA with no lyrics, or written for the PSA with lyrics in Kiswahili or vernacular. An attempt was made to tie in the music with the context being portrayed. For example, in the *Nimechill rap battle* execution,

the music lends itself to the scene. It relies on percussion and heavy beats to create an atmosphere of animosity, particularly when the villain and his friends walk in to engage in the rap battle. Using the same strategy, the *drawing* execution uses haunting suspense-building music during the internal monologue of the teenage girl. The music then stops for dramatic effect when she and the rest of her peers declare they have “chilled” one after another. The rest of the *Nimechill* executions use music as a way to establish mood and accentuate the dramatic effect of what the teenagers are saying.

Music is central to the Trust campaign because the raps are the main vehicle through which the message is conveyed. Raps are clever and catchy and use beats and lyrics typical of the artists. For example, The Kleptomaniacs music would be easily recognizable to their fans: heavy on rhythm and beat, with strong lyrics that are clever, persuasive and thought-provoking, and cross age, race and sex barriers (*Tru Blaq Entertainment Group*, 2004). The same can be said for Deux Vultures who are known for their unique style, which is a mixture of contemporary Kenyan music and American Hip hop (*Tru Blaq Entertainment Group*, 2004).

The VCT campaign uses music written for the PSA without lyrics. One could argue that the music is intended to establish a mood and create an atmosphere to the executions without detracting from the information that is being provided. Or example, the *loving husband* execution uses a simple non-intrusive instrumental that adds interest to the ad without distracting the viewer from the information being provided.

*Color.* Coding results found that all the executions except one used medium color. That is, they used moderate or normal colors that are not pale or strong. Many commercials receive this code because it indicates regular, normal color (Gorn, Chattopadhyay, Yi & Dhal, 1996).

*Summary.* As summarized in Table 10, the campaigns exhibited some similarity in their reliance on structural elements such as music and slogans, but varied in information load, types of appeals, explicitness in reference to sex and HIV, and promotional strategies. Variations were found primarily in the VCT campaign in comparison to the other two campaigns.

Table 10

*Summary of structural message production value elements in campaigns*

	<b>Trust</b>	<b><i>Nimechill</i></b>	<b>VCT</b>
Information Load	Low	Low	High
Slogan	<i>Je una yako?</i> (Tell me, do you have yours?)	<i>Nimechill/Tumchill/Nita chill</i> (I/We have/are/will chill)	Primary: <i>Onyeshya mapenzi yako</i> (show your love) Secondary: Chanukeni pamoja (wise up together)
Explicitness of Reference to Sex/HIV	Mod. verbal /sex Low verbal/HIV Low visual/sex	High verbal/sex Low verbal/HIV Low visual/sex	Mod. verbal/sex High verbal/HIV Mod. Visual/sex
Appeals	Emotional	Emotional	Informational & Emotional
Promotional Strategies	Product driven Image Advertising	Image Advertising Slice-of-life (mini-drama)	Slice-of-life (mini- drama)
Music	With lyrics written for PSA in English, Kiswahili & Sheng	Without lyrics, written for PSA	Without lyrics, written for PSA

*Character Portrayals*

In Noar’s (2006) outline of message production values, three elements relate to the portrayal of characters in the campaign executions: demographic similarity to the target audience, authoritative source, and gender portrayals.

*Demographic similarity of primary character to the target audience.* As the interview results revealed, each campaign was designed to appeal to a specific target audience. The campaigns were coded for demographic characteristics (age, sexuality, class, gender, and place of residence, i.e., rural or urban) as defined by the PSAs primary character/s. They were also coded according to the types of people (sources) who were providing the information. These sources could either be proximal (non-expert), professional (expert) or anonymous (voice over). Finally the campaigns were coded according to how each gender was portrayed. The portrayal could be positive depicting the characters as responsible, safe, HIV negative, empowered and knowledgeable, or negative depicting the characters as irresponsible, ignorant, subservient, HIV positive and dangerous.

According to the advertising brief, the *Nimechill* campaign was designed to target “all Kenyan youth aged 10-15 years old” in urban and peri-urban areas (*Advertising brief: For the promotion of abstinence and delayed sexual debut*, 2004). The coding showed that the *Nimechill* campaign executions depicted a target group that is heterosexual, urban, middle class, and 11-16 years old. Coding also revealed that males were the focus in the campaign appearing in 92% of the *Nimechill* executions. Thirty five percent of the *Nimechill* executions exclusively featured males compared to 14.2% executions that exclusively featured females.

The Trust campaign was targeted towards “Men aged 20-24 living in urban and peri-urban areas who aspire to become materially well established,” because “men tend to be the key decision makers in condom use” (Trust *advertising brief*, n.d.). Coding results show that consistent with this target audience, all the executions had males as the primary characters. Coding also revealed that the PSA executions depicted a target group that is heterosexual, male, urban, middle-class, 17-35 years old. Women were only present in 40% of the executions, and

were peripheral non-speaking characters. The VCT campaign was designed to target low-income, urban, rural, male family decision makers and established couples ages 18-35 (Morgan, 2006). Coding results showed that the focus of the PSA's was on heterosexual, rural, working class, 21-50 year old male characters. The radio execution differed from the rest because it depicted characters geared towards an urban, middle-class, and female/male audience.

*Authoritative sources.* Coding results indicated that the PSAs relied mostly on proximal (81%), rather than professional (32.12%) sources. The proximal sources consisted of friends, peers, HIV positive characters, and spouses. For example, the *Nimechill* campaign featured friends or peers as the source of information, while the VCT campaign focused on husbands and wives as sources of information. The VCT campaign was the only one that depicted HIV positive characters (*loving family* and *loving husband*). The end of each VCT campaign also used a male anonymous narrator to say the tag line.

Coding results also indicated that Trust is the only campaign that relied on professional sources (local celebrities) to convey the information. In this case, celebrities were coded as a professional source because they are considered opinion leaders with access to a public forum not available to proximal sources. For instance, the Kleptomaniacs are a well-known all-male Kenyan rap group who became popular with their first hit "Freak it" in 2002. They are described as artists who "ooze aspiration, are in tow with the upscale / up-market urban youth, while maintaining an appeal to the middle and lower class youth" (*Tru Blaq Entertainment Group*, 2004). The Deux Vultures and Prezzo are similarly influential (*Tru Blaq Entertainment Group*, 2004; *Wakilisha Studio*, 2001-2008).

*Gender portrayals.* Coding results showed that the *Nimechill* campaign portrayed both males and females positively. For example, the main female character in the *chill drawing*

execution was depicted as responsible, knowledgeable, educated and safe. Not only is she empowered because she chooses to “chill” she is also portrayed as a leader when the rest of the class follow her lead and also declare that they have “chilled.” The *chill not ready* execution achieves the same effect by portraying both boys and girls adamantly declaring that they are too young for sex and so they have “chilled.” The radio executions also present examples of strong-minded, independent teenagers who vehemently refuse to buckle to the pressure from peers to have sex.

Geared primarily towards men, the coding results showed that the Trust campaign portrayed men as responsible, safe, and empowered. The executions were centered on the characters assertions that they always have a packet of Trust handy just in case they need it. For example in the *Kleptomaniacs* execution, not only are the rappers depicted as responsible, but they assert that the girls they date are responsible and empowered because they only associate with men who have Trust condoms. Similarly, coding results of the *Deux Vultures* execution show both men and women as responsible.

Like the other two campaigns, coding results showed that the VCT campaign portrays both men and women as responsible, knowledgeable, empowered, and educated. This is because the characters went to VCT counseling with their spouses in order to protect each other and their family’s future. However the coding results noted some negative portrayals. For example, the VCT campaign portrays HIV positive characters (*loving family* and *loving husband* executions) as sources of information.

*Summary.* Coding results revealed that the campaigns exhibited demographic similarities between the primary characters and the target groups. Some differences were however noted. For example the *Nimechill* campaign was meant to target both sexes. However the coding showed an

emphasis on males. The Trust and *Nimechill* campaigns were meant to target both urban and peri-urban audiences however results indicate a focus on an urban audience. Similarly the VCT campaign was geared towards both urban and rural low income audiences however the campaign focused on rural, middle-class, males. Coding results show that the *Nimechill* and VCT campaigns relied on proximal sources while the Trust campaign relied on professional sources. Finally, all the campaigns portrayed men and women positively. Some negative portrayals were however noted in the VCT campaign. Those similarities and differences are summarized in Table 11.

Table 11

*Summary of Character Portrayal Elements*

	<b>Trust</b>	<b><i>Nimechill</i></b>	<b>VCT</b>
Demographic similarity of primary character to target audience	Moderate: 17-35 yrs old, heterosexual, Male, urban, middle-class, rap star.	High: 11-16 yrs old, heterosexual, male, urban, middle- class.	High: 20-35 yrs old males in heterosexual couples, rural, working class.
Authoritative Sources	Professional (Celebrities ) Anonymous male narrator	Proximal (Peers/ non-expert)	Proximal (Peers/ non-expert) Anonymous male narrator
Gender Portrayals	Females: Positive Males: Positive	Females: Positive Males: Positive	Females: Positive & Negative Males: Positive & Negative

### *Use of Health Behavior Change Theories/Models in Campaigns.*

The campaigns were coded for the presence and absence of the components of health behavior theory that could be ascertained from looking at or listening to the campaigns.

#### *Threat and Fear*

Threat consists of perceived susceptibility (degree of vulnerability and personal relevance of threat), and perceived severity (significance of seriousness of a threat). Fear is the high emotional arousal caused by perceiving a significant and personally relevant threat. Coding results showed that the *Nimechill* and Trust campaigns did not provide a sense of threat or fear. Instead they were upbeat, hip and contemporary just as the planners intended.

However, coding showed that the VCT campaign provided a medium sense of threat, emphasizing susceptibility to HIV but not its severity. For example, the *loving family* and *loving husband* executions provided a sense of susceptibility because they portrayed HIV positive characters in situations relevant to the target audience. However, they were careful to counter any sense of fear by providing information designed to show that is possible to “live healthily and happily together” even if one is diagnosed as HIV positive (VCT *Loving husband* television PSA).

#### *Perceived Barriers, Perceived Benefits, and Consequent Attitudes*

Perceived barriers include factors that inhibit one from carrying out a recommended behavior, while perceived benefits refer to the rewards or positive consequences that occur from performing a recommended response. Attitudes refer to the positive or negative evaluation of a recommended response.

The coding results showed that the *Nimechill* and VCT campaigns addressed cultural barriers to behavior change. For example, the *rap battle* and *chill man* executions focus on the

cultural expectation that men are supposed to prove their manhood by having sex. This expectation is reinforced by pressure from peers. The other television and radio executions also address peer pressure by portraying teenagers who discuss the pressures from friends and popular media to have sex. The main perceived benefits identified in the coding results were social, esteem, and self-actualization benefits. For instance, all the executions portray teenagers who are willing to stand up and be examples of positive deviants: That is, individuals in a community who follow uncommon, beneficial practices and consequently experience better outcomes than their peers who share similar risks (Marsh, Schroeder, Dearden, Sternin, & Sternin, 2004).

The VCT campaign focused on the cultural taboo surrounding discussions of sexual matters such as HIV testing and past partners. The VCT campaign stressed the importance of talking to one's partner and of going to talk to the VCT counselors together. The campaign is careful to show the benefits of following the recommended behavior. The coding results show that these benefits focus on safety (of the couple and their children), and internal self esteem. The coding results consequently show that the campaign provides the audience with the sense that they should positively evaluate the recommended action because it will benefit their family.

Finally, the coding results also show that it was not immediately evident what barrier was being addressed in the Trust campaign. The only benefit identified from the coding was the social benefit of using Trust condom. As a result, the coding results show that the campaign minimally provided a sense that the audience should positively evaluate the recommended behavior.

### *Cues to Action*

As the formative research section (pgs. 71-73) show, all the campaigns had external cues to action. That is, external or internal pieces of information that trigger decision-making actions. However, the coding revealed that none of the campaigns provided any internal cues to action such as physical symptoms of HIV or an emotional symptom of a psychological problem such as low self esteem.

### *Efficacy and Perceived Behavioral Control*

Coding results indicated that the Trust and VCT campaigns provide a sense of self and response efficacy. The executions build the target audience's perception that they can perform the recommended action. The executions provide the sense that it is easy to make sure one always has a Trust condom on hand. Furthermore, previous campaigns already established Trust as a reliable and trustworthy product that has excellent response efficacy. However, coding results indicate that the Trust campaign provides a medium sense of perceived behavioral control. That is, although there is a sense that the action is easy to carry out, one may not necessarily feel they have the control or power to do so.

The VCT campaign also makes it seem possible that one can approach their partner about getting tested for HIV and be positively received. The characters portray the VCT experience as positive and empowering. The campaign depicts response efficacy by showing satisfied VCT consumers who feel hope that they can live a long and healthy life if they follow the recommended behavior. Coding results show that the campaign communicated a high sense of behavioral control by depicting scenarios that show characters who have carried out the recommended action (i.e., talking to one's spouse and visiting a VCT center) with positive outcomes.

Finally, coding results show that the *Nimechill* campaign is the only one that did not indicate a sense of response efficacy, perhaps because the threat was only implied rather than explicit. Even though the campaign portrays a sense of self efficacy by portraying positively deviant characters, coding results indicate that the campaign only provides a medium sense of perceived behavioral control. That is, the audience may feel they can carry out the targeted behavior but they may not have the power or control to do so.

### *Subjective Norms*

Coding results indicate that both the *Nimechill* and VCT campaigns had a high appeal to subjective norms. They made the audience aware of what their referent others believe about a recommended behavior and provided the motivation to comply. The previous sections indicate that both these campaigns did a good job of depicting characters and slice-of-life situations that were accessible and resonated with their target audiences. Thus, the audiences would not only be more likely to see the characters as credible, but they would also be likely to agree with and follow the action the source was recommending. In contrast, coding results showed that although the Trust campaign depicted referents that the target audience might see as significant, this would not necessarily translate into a motivation to comply with the recommended action.

*Summary.* The campaigns exhibited the presence of the following health behavior components: perceived barriers and benefits, efficacy, cues to action and subjective norms. Some variations were found in the extent to which perceived susceptibility and behavioral control were present. Fear was the only component that was clearly not present in the campaigns. These results are summarized in Table 12.

Table 12

*Summary of health behavior change theory components displayed in campaigns.*

<b>Trust</b>	<b><i>Nimechill</i></b>	<b>VCT</b>
Threat: NO	Threat: NO	Threat: Medium, Susceptibility
Fear: NO	Fear: NO	but not severity
Barriers: NO	Barriers: Cultural	Fear: Low arousal
Benefits: Social	Benefits: Social, esteem, self-actualization	Barriers: Cultural Benefits: Social, esteem, self-actualization
Cues to action: TV, print	Cues to action: TV, print, radio	Cues to action: TV, print, radio
Efficacy: Response	Efficacy: Self	Efficacy: Response
Perceived behavioral control: Medium	Perceived behavioral control: Medium	Perceived behavioral control: High
Subjective norms: Medium, aware of referent but no motivation to comply	Subjective norms: High, aware of referent and motivated to comply	Subjective norms: High, aware of referent and motivated to comply)

*Results of Thematic Campaign Analysis*

The third and final research question asked: To what extent do the themes in the campaigns reflect the socio-cultural and group identity concerns of the target audience? A thematic analysis of the campaigns was conducted in order to investigate this question.

### *Linguistic devices*

Appropriate linguistic strategies can be used to create interest, emphasis, and affinity with the audience. Kreuter and McClure (2004) contend that “because language is fundamental to effective communication, linguistic accessibility has been termed the lowest common denominator of cultural sensitivity” (p. 446). The main linguistic devices identified in the campaigns were: (1) Appropriate choice of language, and (2) Use of colloquialisms and slang.

*Appropriate language choice.* All three campaigns used language that was appropriate to their target group. The main languages used were Kiswahili, English and *Sheng*. *Sheng* is a mixed language that emerged from the multilingual melting pot of Nairobi city. Its syntax is basically Swahili, but through ingenious code-switching, it draws from the phonology, morphology and lexicon of various Kenyan vernacular languages. English is also an important source of many loan words in *Sheng* (Githiora, 2002).

The *Nimechill* campaign used a combination of English and *Sheng* to communicate with their urban and peri-urban audience aged 10-14 years old. The Trust campaign relied on a combination of *Sheng*, Kiswahili, and English to communicate with their male audience of 20 - 24 year olds. The decision to use these languages for both the *Nimechill* and Trust campaigns reflects the typical language choices of the target groups. As Githiora (2002) notes *Sheng* “is mainly spoken by young people - preadolescents to young adults - and dominates the discourse of primary and secondary school children outside their formal classroom setting.” (p.159)

Furthermore, it was found that

at least half of male university students interviewed reported using *Sheng* as their language of social interaction or when among peers. Also nearly a quarter of respondents aged 11-25 years reported using *Sheng* as their

principal language of solidarity, i.e. outside classroom or workplace (p.159).

The use of these languages also reflects the communication objectives of both the campaigns to be contemporary, upbeat, hip and cool.

Finally, unlike the youth focused Trust and *Nimechill* campaigns, the VCT campaign uses grammatically correct Kiswahili and English in their copy. This reflects the campaign's older target group of 25-39 year old established couples, and information focused approach.

*Use of colloquialisms and slang.* Colloquialisms are statements or phrases that are instances of the informal use of language. Related to this is the use of slang which includes informal or casual words made up by a cultural group. The *Nimechill* campaign provides several examples of the use of colloquial and slang language. The most prominent use of slang is the slogan of the campaign. *Nimechill* or *Tumechill* and *ni poa kuchill* are examples of Sheng. Usually attached to a verb "Nime" (singular) or "Tume" (plural) is a Kiswahili past perfect prefix meaning I/We (did/have already). "Ni poa" means "it's cool" (<http://kamusiproject.org/>). "Chill" in this context refers to the American slang term to maintain one's cool, relax, or stop doing something ([www.urbandictionary.com](http://www.urbandictionary.com)).

The clever combination of these two languages creates a phrase that has several characteristics of a memorable slogan as identified by Foster (2001). That is, the slogan is simple, original, easily recallable, reflective of the campaign's youth driven personality, and is campaignable (could be used across a series of executions). The BCC program Manager recalled how the slogan was so popular that unbeknownst to them, business entrepreneurs started producing products with the slogan and logo to sell to teenagers.

Foster (2001) also cautioned that a slogan should not "prompt a sarcastic or negative response" (p.19). According to the BCC Program Manager, the *Nimechill* slogan and logo

received some sarcastic remarks from unimpressed teenagers: “There was talk of if you are chilling you don’t chill like this (she shows the peace sign with her fingers representing the *Nimechill* logo) instead you chill like this (crosses her fingers) (.).” The teenagers took the two fingers in the peace sign to represent legs. The rationale was, if someone really wanted to abstain they would not do so with their legs apart. Therefore the best way to ensure you abstain is by keeping your legs crossed. She added that they decided not to counter this, as they felt it was generating discussion that was not present before.

Another example of the use of slang is found in the *rap battle* execution where Kiswahili and Sheng were used to convey the message of abstinence. The rap scene opens with the villain rapping “Checki virgo ameketi peke yake, hana dame hana rafiki shauri yake, kushika ma-dame lazima uflow kama mimi...” (Translation: Look at the virgin seated all alone; he has no girlfriend and friend, that’s too bad! If you have to get a girlfriend you should be smooth like me...). The English translation seems straight forward and unimaginative; however, it does not capture the Sheng sensibility of the verse, nor does it capture the fact that the rap rhymes. The words “cheki,” “virgo,” and “uflow” are actually Kenyan slang versions of the English words “check out,” “virgin,” and “to flow.” The word “dame” is the English slang word for girl similar to “broad” or “chick.” A more culturally accurate translation would read, “Check out that virgin sitting all alone he has no dame no friends and that’s his fault, to catch chicks you need to flow like me...”

The Trust campaign also used rap to convey their message. The raps are a more sophisticated combination of Kiswahili, Sheng and a bit of English. They use colloquial Kiswahili and Sheng to create a sense of affinity with their audience. For example, in their rap, the Kleptomaniacs cleverly use double meaning to convey that not only do they trust Trust

condoms as a product, but, by being responsible enough to always have Trust condoms on hand they create a sense of trust with the women they encounter. Prezzo also uses English, Kiswahili and a bit of sheng to equate caring for a relational partner to using Trust condoms. At the end of the rap he plays with words and manages to work in the word Trust three times in one sentence a strategy that could serve to reinforce the message and increase recall: “Trust mfukoni maisha iko sawa na Trust we ni amini”, (Translation: with Trust in your pocket life is cool with Trust, trust me).

### *Cultural Norms/Practices*

The two main cultural norms emerged in the thematic analysis of the campaign executions: gender norms and group identity.

*Gender norms.* As noted in the report of the content analysis results, men and women were portrayed in positive roles and characterizations, reflecting the planners’ strategy. However, the thematic analysis revealed underlying characterizations that are reflective of the gender norms and power positions of men and women in Kenyan society.

The *Nimechill chill battle* video execution provides an example. During the rap battle, the villain was initially portrayed as irresponsible, ignorant and dangerous for thinking that it is cool to have teenage sex and sleep with several girls. The hero even called him stupid for thinking his behavior was acceptable. Although this vignette tried to discourage the villain’s behavior, the reality is that men and boys are often encouraged to equate risky behavior (i.e., engaging in early sex with multiple women) as manly and to regard health seeking behaviors (i.e., abstinence) as unmanly (“The president’s plan for AIDS relief,” 2006). Thus it is possible that the target audience may not necessarily see the problem with the villain’s behavior.

Furthermore, the boys in the scene are depicted as having more power than the girls, who are presented as groupies of the villain. At one point when the villain claimed that girls throw themselves at him because he is the “top dog,” two girls rushed to his side as if in confirmation. Portraying girls this way suggests that they are subservient and ignorant as they seem to follow without questioning. The lyrics in the rap also portray girls as subservient. They are discussed as objects not only by the villain but also by the hero who cautions the villain, “those girls you are sleeping around with like goats are not your friends, they are liars, they are like snakes and they will stab you in the back.” Not only does this verse degrade the girls by negatively comparing them to animals it also suggests that they are dangerous and shallow. Although it is only a television portrayal, this characterization provides an insight into the gender norms present in the highly patriarchal Kenyan society where women are expected to take a subordinate role to men. Although this view is slowly changing, particularly in urban centers, it remains the prevailing cultural norm.

Similarly, on the face of it, the Trust condom campaign portrayed men in a positive light. However, both the Kleptomaniacs and Deux Vultures executions imply that the men engage in casual sexual encounters. Again, this reflects the cultural attitude that it is normal even expected that men have multiple partners. Furthermore, a deeper examination of the lyrics shows that they portray women as dangerous and subservient. One of the Deux Vultures describes his girlfriend and women in general as materialistic and unmerciful towards men. On the one hand this statement depicts women as powerful because they are calling the shots. However, it also implies a subordinate position in which women rely on men to provide for them. The execution also features women wearing tight jeans and bare midriff tops, dancing sensually in the background.

The combination of the suggestive lyrics and the dancing strengthens the view of women as sex objects.

The content analysis showed that the VCT campaign also sought to portray men and women as responsible and empowered because they were seeking VCT counseling. However, there are elements of the campaign that belie this sense of responsibility and empowerment. For instance, the husband in the *loving family* execution is portrayed as responsible because he tells his wife that he has been “indiscrete” several times, and also convinces her that they should get tested for HIV. However, his indiscretions are irresponsible and dangerous because they potentially put his and his wife’s health in danger. Furthermore, the campaign assumes that the wife will accept his indiscretions. Women in Kenyan society are frequently forced to accept infidelity because they are economically dependent on their partners (Gathenya & Asanga, 2002) or are fearful of the ramifications (violence, excommunication) of objecting to their behavior. This casts doubt on the credibility of the *loving husband* scenario, as it would be difficult for many Kenyan women to suggest to their husbands that they go for couple testing. This suggestion would imply that they suspect their husbands of infidelity, or worse, suggest that they themselves had been unfaithful.

Overall, apart from the *Nimechill* campaign that portrayed girls and boys as being in control of their sexuality despite cultural and social pressures, the other campaigns portrayed women and men in traditional gender roles. For instance, the VCT campaign portrayed men as providers and head of the household and women were more likely to be portrayed at home or in a supportive role.

### *Group identity*

Interviews with the campaign planners indicated that group affiliations were important considerations during the campaign planning process. Once the target audiences had been chosen, care was taken to choose characters, scenarios, and languages that their audience would identify with, as confirmed by the content analysis. For instance the *Nimechill* campaign focused on peer relationships as the main barrier to behavior change. They attempted to depict scenarios and characters that resonated with their audience. This focus on peer relationships is warranted as Kenyan adolescents experience an “extremely complex sexual world ...which combines traditional initiation rites, Western values and ideas, and a changing set of social expectations” (Brockman, 1997 p. 679).

Traditionally, Kenyan youth went through rites of passages in age sets that received distinctive names. Although the nature of the rite and the naming system differed depending on the tribe, the practice developed a strong sense of bonding among members of the cohort. Age sets or peer groups went through various stages of adulthood together and shared a common responsibility for one another (Brockman, 1997 p. 679). Although times are changing in modern Kenya, one is still thought of as belonging to a peer set or cohort. In order to counter the influence of one’s peer group the *Nimechill* campaign executions depicted positive deviants. That is, they depicted peers who were going against the accepted social norm and were succeeding. This approach speaks to group identity concerns because in contrast to many health initiatives directed towards teenagers that are top down, this one seemed to be coming from within the group.

While it was clear which group and what identity issues the *Nimechill* campaign was trying to address, this was not true of the Trust campaign. Although the target audience was

narrowly defined in terms of age, it was broad in terms of reach, including both urban and peri-urban young men as targets. The planners hoped that the use of celebrities would not only maintain the desired brand image, but would create an affinity with the target audience. However, the effectiveness of celebrities depends on the the degree to which they embody three attributes that will increase audience identification: familiarity, likeability, and similarity. Familiarity is the audience's knowledge of the source through exposure, likeability is the affection for the sources physical appearance and behavior and similarity is the resemblance between the source and receiver (Telis, 2004). Aspirational in nature, this campaign depended on creating, as social identity theory describes, an in-group out-group dichotomy (Tajfel & Turner, 1986). That is if you always have a condom on hand then you are of the same ilk as celebrities like the Kleptomaniacs, or Deux Vultures: You are part of the in-group. However, if you do not always have a condom on hand, then you are not part of this upwardly mobile, confident and progressive group. Instead, you are part of the out-group. The risk inherent in this strategy is that the planners could not be sure that both urban and peri-urban young men would identify equally with these contemporary Kenyan rap celebrities. To the extent that they did not, joining the in-group would not serve as a motivation to use Trust condoms.

The VCT campaign created an appeal to a rural/traditional identity that the campaign planners described as "the everyday Kenyan." This identity was enacted in the executions through the use of typical Kenyan situations, characters, and roles. Although the high information load of the campaign may have been appropriate to the more literate urban audiences, the focus on a rural identity in the executions may have also limited the campaigns' effectiveness with the urban component of the audience.

*Summary: Thematic Analysis of the Campaigns*

The main themes that emerged were the use of linguistic devices and portrayals of cultural norms/practices through gender norms and group identity. The campaigns successfully used language as a strategy to create affinity with their audience. However, the campaigns implicitly perpetuated gender norms by portraying men as sexualized and women as subservient, factors that have been identified as exacerbating the spread of HIV. Finally, the results show that although desirable, appealing to group identity using mass media is often difficult.

## CHAPTER FIVE

### DISCUSSION

This study analyzed three full mass media HIV public health campaigns in Kenya and interviews with campaign designers to answer three research questions:

*RQ 1:* To what extent did the campaign creators at PSI/Kenya consider health behavior models, socio-cultural, and group identity concerns of their target audiences when designing the health campaigns?

*RQ 2:* To what extent do the comprehensive HIV/AIDS health campaigns employ the major principles of campaign design?

*RQ 3:* To what extent do the themes in the campaigns reflect the socio-cultural, and group identity concerns of the target audience?

The results revealed that although the planners did not explicitly or formally consider health behavior theories/models, socio-cultural and group identity concerns, features of these influenced their planning and were evident in the campaign materials. For instance perceived barriers to action discussed by the planners were also included as elements in the campaigns. On the other hand, components such as self-efficacy and behavioral control were not particularly considered by planners, but addressed in some campaigns. Other components such as fear and internal cues to action were expressly avoided by the planners and were absent from the messages.

Planners considered three socio-cultural and group identity themes in constructing the campaigns: (1) countering the norm of silence on sexual issues and HIV/AIDS, (2) addressing cultural norms that linked masculinity with sexual activity, and (3) overcoming the dialectical tensions associated with constructing messages that speak to both rural and urban populations

and embody Kenyan rather than western values. Finally, the conversations showed that external factors such as funding and involvement of stakeholders can enhance or hinder the planning and implementation of a campaign.

The qualitative content and thematic analysis of the campaigns showed that all three campaigns incorporated such effective strategies as the use of slogans and selecting characters demographically similar to the target audience. On other message variables, however, the *Nimechill* and Trust condom campaigns differed from the VCT campaign. The former campaigns were characterized by emotional appeals and low information load, whereas the VCT campaign emphasized informational appeals and a high information load. The themes that emerged from the thematic analysis of the campaigns were use of linguistic devices (use of appropriate language choice, use of colloquialisms and slang), and cultural norms/practices (gender norms, group identity).

These results carry implications for understanding the role of health behavior change theories in the construction and evaluation of health campaigns in collectivist contexts such as Kenya (Hofstede, 1984). This chapter will discuss those implications, the limitations and strengths of this study, and directions for future research.

#### Behavior Change Theory in the Construction of Health Campaigns

Many health communication scholars believe that behavior change theory should be at the heart of construction, evaluation, and analysis of health campaign efforts (Agha, 2003; Mhyre & Flora, 2000; Porto, 2007; Vaughn, Rogers, Singhal & Swalehe, 2000; Witte, Cameron, et al., 1998). The results of this study show us that theory played a minor role in the planning of the campaigns. The campaigns planners did not formally or explicitly consider health behavior theory or the socio-cultural and group identity concerns of their audience when constructing their

messages. Furthermore, although they used research to back up several of their decisions, many of their choices particularly those related to design and production, were based on experience, cultural background, and intuition: Implicit theory.

The gap between theory and practice became more evident as the results unfolded. For instance, when asked what advice she would give to somebody implementing a full health campaign, the BCC Program Manager stated that it is “critical that you have evidence to back up your campaign or your message.” However, she also said that “the research sometimes may not tell you much (.) you may still have to go with your gut feel.” Similarly, Witte (1996) reported that when she asked practitioners how they came up with the words or pictures in their messages they consistently told her that it’s a creative process where they use their imagination and let ideas come to them.

Research shows that while practitioners may pretest and (as the VCT and *Nimechill* teams did) posttest their messages, they rarely use academic theory and published empirical academic research when developing campaign materials or messages (Maibach & Parrot, 1995; Witte, 1996). After interviewing several practitioners, Burdine and McLeroy (1992) concluded that although practitioners saw the usefulness of theory, they did not feel the theories had enough utility to be of practical value. This belief could be exacerbated by the fact that academic work is often esoteric and physically inaccessible to practitioners because of its focus on dissemination within the academic community. The practitioners interviewed by Burdine and McLeroy (1992) admitted that even though they used elements of several theories they felt that theory applies to the average situation and population, but not to fringe populations which are often the target of health behavior change campaigns. As articulated by the PSI/Kenya planners in this study, practitioners face constraints (money, time, and infrastructure) that make it difficult to formally

follow the recommended principles of not only the health behavior change models, but also effective campaign design.

Because theory played such a minor role in the planning and dissemination of the campaigns, it is not surprising that it also was not fully represented in the campaigns themselves. The minor role of health behavior change theory in these campaigns could be due to inadequacies in the planning or within the theories. Given the evidence for the success of the campaigns, data suggests that the theories may be inadequate resources for designing and evaluating health campaigns in the collectivist Kenyan context.

#### *The Biases of Behavior Change Theories in Collectivistic Cultures*

Because they are based in the social psychological tradition, the individual is the focus of the health behavior change theories. “The primacy of beliefs in the TRA, HBM and EPPM are founded in individualistic epistemology where the locus of choice is in the individual. Located within the individual’s cognitive space, the enactment or non-enactment of a behavior is a result of individual level processes that precede the behavior” (Dutta-Bergman, 2005, p. 106). This may limit the utility of theories such as the HBM, TRA/TPB, and EPPM for a collectivist society like Kenya where the emphasis is on collective identity and the meanings associated with behavior may very well be located within the collective fabric of the community (Dutta-Bergman, 2005).

Consider the TRA/TPB. Although TRA/TPB may account for the influence of salient referents on an individual’s decision making processes, it doesn’t recognize the influence of the wider socio-cultural context of the community. Thus, “the individual might engage in a behavior because it is inherent in the broader collective rather than simply being motivated to comply with the important others in his or her immediate network” (Dutta-Bergman, 2005, p. 107). For

example, this study demonstrates how beliefs regarding manhood and sexuality are entrenched in the broader Kenyan community and strongly influenced by peer pressure. Not only do context and culture have effects on the form and function of peer influences, but peer relationships serve as protective or risk factors (Fisher & Lerner, 2005).

In fact, in their research, Kamau, Bornemann, and Laser (2006) indicate that sexual peer pressure forces many newly circumcised young men in Kenya to engage in sex before they are fully healed. Kamau et al. also found that boys who undergo circumcision, particularly in central Kenya, are encouraged by older boys to approach girls for sex to prove their manhood a practice known as “kwihura mbiro” or “wiping the soot.”

The individualistic messages of behavior change of the TRA/TPB, HBM and EPPM models might also “fundamentally counter the values of the collective. The proposed behavior might not exist in harmony with the values and goals of the collective” (Dutta-Bergman, 2005, p. 107). For example, in Kenya women hold the status of second class citizens, and discrimination against women is widespread (Amnesty International, 2002). Thus asking women to take the initiative and talk to their husbands about going for VCT testing together is in some corners of society laughable. As a result, the VCT campaign showed women accepting infidelity by men and placed the emphasis on male partners beginning the VCT conversation.

Furthermore, women who have been infected with HIV find it difficult to share this important information with their partner because of fear of aggression. According to a survey conducted by the Kenyan Population Council in 2001, more than half of the women surveyed who knew they had acquired HIV said they had not disclosed their HIV status to their partners because they feared it would expose them to violence or abandonment (Amnesty International, 2001). The Trust condom campaign also emphasized addressing men as the decision makers in

relationships. This research brings to light how deeply embedded are the cultural attitudes these campaigns were trying to address, and the uphill task planners face in trying to change them. In the Kenyan context at least, it is important to locate the collective at the center of behavior change theory. These campaign decisions were culturally sensitive as they reflected the Kenyan reality where women lack the power to change the sexual behavior of their partners on whom they depend economically (Shayne & Kaplan, 1991). However, they would be ineffective in helping to empower Kenyan women to adopt HIV preventive practices.

*Context minimization.* The HBM, TRA/TPB, and EPPM are often unable to capture the structural and measurement contexts of the health behaviors being studied (Dutta-Bergman, 2005). The theories assume that one need only understand an individual's beliefs and perceptions in order to understand their behavior, ignoring the constraints of the environment they live in. This is particularly relevant in developing countries like Kenya where individuals may not have the basic resources to live, let alone those required to carry out the recommended behavior. The results show that the campaign planners addressed specific barriers and benefits to action. However, they did not address the *structural context* that could prevent the behaviors from being carried out (Naryan, Chambers, Shah, & Petesch, 2000). That is, the information provided might give an individual a sense of self efficacy, but not behavioral control over their actions. This could be one of the reasons why although the VCT and *Nimechill* campaigns increased their audience's intent to engage in the recommended behavior, evidence indicated that the intent did not translate to action.

For example, the VCT campaign provided useful information on counseling, testing and care. However, this is for naught if an individual does not have a VCT center nearby, cannot afford the transport to get to a VCT center, or if they test HIV positive, cannot afford the money

for care. Similarly, the Trust condom campaign urged its audience to always have a packet of condoms on hand, but this message is mute if the individual needs the \$0.14 that a Trust condom would cost to buy bread. The *Nimechill* campaign focused on peer pressure as a barrier and worked to create a sense of self efficacy that this pressure could be overcome. However self efficacy is more complicated than addressing one barrier. As the TRA/TPB suggests having the power and control to carry out the behavior is just as important. Even if one's peers advocate abstinence and offer social support, an individual could still feel powerless to change. For example, a young girl may see the importance of abstaining from sex, but this means nothing if she is living in a sexually abusive home environment or has to engage in prostitution so she can get the basic necessities of life (Gupta,1998; Heise & Elias 1995; Weiss, & Rao,1998). These examples demonstrate some of the potential difficulties of incorporating individualistic health behavior change theory in collectivist contexts, raising the question of their utility.

An HIV/AIDS project in India, another collectivist society, offers an illustration of the importance of the social context. The Songachi HIV/AIDS project in Calcutta targeted high risk sex workers, promoting the use of condoms. The campaign was only successful because it recognized that lack of money was a contextual barrier to the workers' adopting the use of condoms. They understood that a woman would be willing to forgo using a condom if clients threatened nonpayment or a reduced fee. This recognition resulted in the sex workers forming a cooperative society designed to help them save money (UNAIDS, 2000).

The measurement techniques of HBM, TRA/TPB and EPPM, as detailed by scholars like Witte (2001), are also unable to capture the *message context* in which these behaviors are performed. The measurement lends itself to a cognitively-oriented theoretical framework and thus occurs in cognitively loaded scenarios where respondents typically fill out surveys. The

survey context may be entirely different from the reality of the respondents. Dutta-Bergman (2005) suggests that formative and evaluative research should use participant observation, focus groups, ethnographies, and individual interviews to augment surveys and help decipher and unravel the meaning of structures that circulate within cultures.

Although the PSI/Kenya staff recognized the importance of qualitative research, they asserted that such research costs money. This lack of comprehensive formative and evaluative research by PSI/Kenya echoes Noar's (2006) finding that few studies report using formative research. Although formative archival and survey research helped the PSI/Kenya campaign planners understand their target audience in terms of risk factors and behavioral characteristics, the limited use of formative research compromised their ability to gain a full understanding of their target audience. This may have affected the accuracy of the conclusions drawn about their target audiences and thus the ability of the campaigns to effect behavior change.

*Dependent on cognitive orientation.* All three behavior theories are dependent on the ability of humans to reason. The TRA/TPB suggests that individuals weigh the advantages and disadvantages of forming an attitude and behavior change occurs by increasing or reducing the favorability/unfavorability of an existing belief or replacing it with a new belief altogether. The HBM assumes individuals weigh the costs versus the benefits of carrying out a recommended behavior by determining their susceptibility to and the severity of the threat. Although Witte (1992) would claim that the EPPM takes into account the role of emotion in information processing, it is still dependent to a great extent on cognitive appraisal. Campaigns that are dependent on cognitive appraisal also do not recognize low literacy levels, lack of access to media types, and the contextual noise that often prevents exposure and processing of the message among marginalized populations (Dutta-Bergman, 2004; Dutta-Bergman, 2005; Hadi, 2001).

Furthermore, the focus on rationality and information becomes problematic in the case of affect-laden or habitual behavioral choices, that are made on the spur of the moment or do not involve deliberate cognitive evaluation (Dutta-Bergman, 2003). When dealing with emotional decisions such as HIV testing and sex, this drawback is critical.

For example, the high information load of the VCT campaign may have encouraged individuals to engage in cognitive elaboration and make the decision to go for couple testing. However, the prospect of talking to one's partner about VCT counseling, and the potential of testing HIV positive may create an emotional reaction that deters them from following up on their rational decision. This is possibly one reason why even though the VCT campaign had high reach and couple intention to go for testing significantly increased, only 8% of those surveyed actually went for testing (Mwarago, 2007). When asked to comment on this, the BCC Program Manager said:

It's a hard one(.) about 4-10% said yeah they would go for testing if they knew that ARV's were available (.) but it just wasn't a big enough incentive(.) it wasn't a big incentive:: just because treatments are available I'll go for VCT...it wasn't the hook...

A segmentation analysis of respondents who went for testing indicated that couples who had some secondary education (or higher), read a newspaper or magazine at least once a week, and were in their mid-20s to mid-30s were more likely to get tested. Furthermore, they were more likely to get tested if they trusted their partner, if they had received some kind of interpersonal communication about HIV, and if they had been exposed to three or more channels of the most recent VCT campaign (Mwargao, 2007). This finding shows that even though the focus of the VCT campaign was on a rural identity, the high information load may have

narrowed the reach as it was only able to speak to the more educated, middle-class portion of their rural/urban audience, possibly missing a large proportion of their rural target audience (Oyugi, 2008). Thus a cognitive approach may not have been the best strategy for the VCT campaign.

On the other hand, this study shows that the *Nimechill and Trust* condom campaigns deviated from the health behavior theories in the sense that they were not cognitively based. Results show that they had a high emotional appeal that spoke to their audience's social needs, sense of esteem, and self-actualization. Health communication researchers increasingly acknowledge the affective element in health decision making processes (Dutta-Bergman, 2003; Singhal & Rogers, 2002; Stephenson & Palmgreen, 2001).

Research indicates that individuals exposed to campaigns with high affect are likely to engage in high levels of referential-affective involvement (Sood, 2002, as cited in Dutta-Bergman, 2005). The campaigns used sensation-seeking targeting approaches (Palmgreen, Donhew, Lorch, Hoyle, & Stephenson, 2001) such as drama, music, fast pace, emotion, youth focus, and verbal (in some cases visual) explicitness, to draw in their audiences.

Furthermore, the *Nimechill and Trust* condom campaigns specifically relied on the persuasion strategy of positive affect using messages that were optimistic and encouraging rather than risk based to appeal to their audience. They relied on image advertising, enabling them to discuss sex and condom use without giving concrete details about the recommended behavior and/or product. This is probably one of the reasons why the *Nimechill* campaign was well received by both parents and the youthful target audience. Although it was verbally explicit, it did not counter the values of the collective by describing in detail the consequences of not abstaining, but at the same time it captured the sensibilities of the youth audience.

## Towards a Polymorphic Approach to Theorizing

This study was no different from others in its use of dominant behavior change theories like HBM, TRA/TPB and EPPM to analyze health campaigns. However, the results show that the straightforward application of the theories may not be appropriate in collectivistic contexts like Kenya because of the theories' individualistic bias. Several scholars argue that the most appropriate way of synthesizing the levels of theorizing, application and analysis is through the philosophy of polymorphism because a polymorphic philosophy recognizes the role of *structures* and *culture* in health communication theory and application (Bakhtin, 1981; Cheney, 2000; Dutta-Bergman & Doyle, 2001; Mumby, 2000). This does not mean that we should discard the current theories in use. Indeed, they have “made important contributions to how we understand health campaigns” and should not be thrown “away as part of a deconstructive exercise” (Dutta-Bergman, 2005, p.118). Instead, we should provide alternative articulations that provide both a culture-centered and structure-centered approach that would complement the theories and dialectically engage with them (Dutta-Bergman, 2005). Such an approach would allow researchers to effectively use these theories/models to identify what constitutes components of the models such as barriers, benefits, subjective norms, attitudes, and so on.

### *Structure-Centered Approach*

A polymorphic philosophy recognizes that “structure defines, limits, shapes and constrains the nature of communicative practices” (Dutta-Bergman, 2005, p.114). Studies have shown correlates between HIV infection and factors such as gender equality, income per head, and social marginalization (Dunkle, Jewkes, & Nduna, 2006; Garcia-Moreno, 2006; Sweat & Denison, 1995; UNAIDS, 1998).

This study and prior research show that structural factors can act as barriers to individually oriented HIV prevention and care services and the adoption of HIV-preventive behaviors. Fear of HIV/AIDS-related stigma and discrimination can: (1) Discourage people from seeking HIV counseling and testing (Kalichman & Simbaye, 2003); (2) discourage couples from disclosing their HIV status to their sexual partner (Maman & Medley, 2007); and (3) make it difficult to negotiate condom use (Dunkle, Jewkes, & Nduna, Levin, Jama, Khuzwayo, Koss, Duvvury, N. (2006)

There are examples of several HIV/AIDS programs that have taken structural approaches. For instance, Thailand and the Dominican Republic adopted structural approaches to reduce risk and vulnerability in sex workers. These approaches included policy actions such as the 100% condom use in which brothel managers (in the case of Thailand), bar managers, and the police had a key role in the promotion of condom use (Kerrigan, Moreno, Rosario, Gomez, Jerez, Barrington, Weiss, Sweat, 2006; UNAIDS, 2000). Another program in Brazil (Project H) encouraged young men to question traditional gender norms and promoted both discussion and reflection about the costs of inequitable definitions of masculinity and the advantages of more gender equitable behavior. This program lowered the proportion of men who endorse gender inequitable norms (Pulerwitz , Barkder , Segundo , & Nascimento, 2006). A Microfinance for AIDS and gender equity (IMAGE ) project in South Africa sought to reduce gender-based HIV vulnerabilities, such as sexual violence, women's economic dependency on men, and women's lack of in-depth information about HIV and its transmission. They did this by partnering with a local microfinance institution to enable women to pursue micro-enterprises, while offering them HIV education and creating opportunities to discuss and mobilize local action against gender-based violence (Pronyk, 2006). Results indicate that this approach significantly reduced levels of

intimate partner violence and improved household well being, social capital, and empowerment (Pronyk , Hargreaves, Kim, Morison , Phetla , Watts, Busza , Porter, 2006).

A drawback of structural approaches, however, is that they are difficult to generalize to other contexts. Even when two contexts are similar, there may be subtle differences that could affect the success of the program. For example, Hall (2006) noted that a micro-credit program in urban Kenya might increase the risk of young women because they would be forced to rely on sexual networks to raise the funds to meet the conditions of the loan. It is therefore important that when employing this approach, “specific details of both the people and the settings that make particular program or policy inputs relevant and effective must be established and analyzed” (Gupta, Parkhurst, Ogden, Aggleton, & Mahal, 2008, p. 767).

Methodologically this approach would complement individual-level surveys and measurement techniques with focus groups, group discussions, participant observations, ethnographies, and network analyses (Dutta-Bergman, 2005). A structural approach would go beyond the individual to include family, friends, communities, the infrastructure, relevant institutions, and the legal, economic, and realities of their lives. Locating theories like HBM, TRA/TPB, and EPPM within such an approach would be beneficial because the role of the collective as well as context would be recognized. A structural approach often results in activities or services being delivered to individuals, but the approach differs from more individually-oriented behavior change efforts because it addresses factors affecting individual behavior, rather than targeting the behavior itself (Gupta, Parkhurst, Ogden, Aggleton, & Mahal, 2008).

### *Culture-Centered Approach*

In a culture-centered approach, communication theories develop from within the culture or community instead of originating from outside (Airhihenbuwa, 1995). This approach “suggests that the thrust for constructing and explaining problems should come from within the culture, embodying a community-based approach and epitomizing the interdependence of theory and practice” (Dutta-Bergman, 2005, p.116).

Airhihenbuwa and DeWitt Webster (2004) recognize that in Africa, “culture plays a vital role in determining the level of health of the individual, the family and the community” (p.1). The assertion that culture is central to health is not new. The crux especially in this project is that Western models of behavior change may not be able to entirely capture African ways of knowing. The components of the HBM, TRA/TPB, and EPPM account for the modifying influence of demographics, trait variables and worldview differences on behavior but only on an individual level. Furthermore, they are not central to the theories.

It is thus critical to understand and account for the role of culture in “defining, regulating and maintaining behavior in the context of health in general and HIV in particular” (Airhihenbuwa & DeWitt Webster, 2004). Airhihenbuwa and DeWitt Webster (2004) argue that the reliance on intervention strategies developed for Western countries to ‘solve’ health problems in African contexts owes its origin to institutions of higher learning that train students under the assumption of a universal approach to learning and behavior. Investigators and researchers trained in this way need to engage in “epistemological vigilance” (Mudimbe, 1988). Such an approach involves critically examining Western logic so that a more culturally appropriate strategy is advanced based on a culture’s way of knowing.

“One primary area where Africans have maintained their cultural logic, even though they were exposed to Western ways of knowing, is in the role of the collective rather than that of the individual in health behavior” (Gyekye, 1997 as cited in Airhihenbuwa & DeWitt Webster, 2004, p. 6). The interviews with the PSI staff show that they understood the important role that one’s salient referents play in decision making. The high appeal to subjective norms in the *Nimechill* and VCT campaigns also demonstrates attention to salient referents. However, although subjective norms may target the individual’s evaluation of significant others in their interpersonal networks, they cannot “effectively tap into the complexity of the social fabric that constitute the health behavior” (Dutta-Bergman, 2007, p. 107).

Concepts from social identity theory (Tajfel & Turner, 1986) can help researchers consider the role of group identity in campaign planning and provide insights into why messages may work for some members within a target group and not others. For instance, it is possible that one of the factors that led to poor HIV testing rates after the VCT campaign is that in order to raise audience perceptions of susceptibility, the executions portrayed HIV positive individuals. As the Research Advisor said, this strategy was an attempt to reduce stigma by normalizing those who are HIV positive.

Instead of producing the intended effect, use of HIV positive characters may have lowered target audience identification with the characters. Previous research (Mabachi, 2005) revealed that people have a tendency to draw distinctions between those who are HIV positive and those who are HIV negative because of the moralized discourse surrounding HIV: That is, the healthy self (HIV negative) is seen as moral responsible, and safe, while the unhealthy self (HIV positive) is seen as immoral, irresponsible, and dangerous. From a social identity theory perspective, going for HIV testing would risk one’s membership in the higher status, moral

group, as one could test positive. The individual would not only have to deal with the health implications of testing positive, but also with the moral implications of the test results. Testing positive would have profound identity implications that could lead members of the target audience to engage in the maladaptive fear-based behaviors mentioned earlier: denial and not getting tested.

The same arguments could be made for condom use. In Kenya and many African cultures men are expected to be knowledgeable and experienced about sex, and thus may feel compelled to behave in ways that demonstrate their ‘manhood’ such as having multiple partners. Paradoxically, casual sex, particularly within established relationships, is considered to be immoral and not part of African culture. As a consequence condoms are often associated with promiscuity and, hence, immorality (Amuyunzu –Nyamongo, 2001; Blair, Ojaka, Ochola & Gogi, 1997; Gathenya & Asanga, 2002). Indeed a recent article in the *Business Daily Africa* reported an outcry by religious leaders who claim that Trust adverts “posed the danger of encouraging promiscuity among the youth and urged the state to discontinue their broadcasting” (*Kenya: From Taboo to acceptance*, 2008). Individuals who hold such views would not be receptive to a campaign telling them to ensure they always have a condom. Instead, they would choose to protect their higher status, moral group identity by not buying condoms.

The ability to identify and account for these identity issues during the formation stage of campaigns could benefit planning decisions and ultimately influence a shift from intention to behavior change. A polymorphic approach recognizes the important contribution that individual level theories like HBM, TRA/TPB and EPPM have made to the understanding of health behavior and health campaigns. However, by understanding their limitations we can know how to supplement or integrate them with other theories.

## Towards an Ecological Approach to Campaign Analysis

The process of conducting this research demonstrated the importance of an ecological approach to the analysis of health campaigns. Such an approach goes beyond examination of just the artifacts of the health campaigns, to a consideration of the complex environment in which those artifacts were produced, disseminated and evaluated. An ecological analysis highlights the role that multiple levels of influence play in the conceptualization, design/production, dissemination and evaluation of a health campaign. McLeroy, Bibeau , Steckler , and Glanz (1988) identified five levels of influence when examining health behaviors and conditions: intrapersonal or individual factors, interpersonal factors, organizational factors, community factors and policy factors. These levels can be extrapolated to an ecological approach to campaign analysis.

The intrapersonal level would involve the researcher engaging in the reflexive exercise of recognizing the factors that influence their research decisions. To be reflexive would allow the researcher to produce knowledge that aids in understanding and gaining insight into the workings of our social world and also provides insight on how this knowledge is produced (Pillow, 2003).

The interpersonal level would include analyzing the interpersonal processes and primary groups that influence the health campaign. At this level, the researcher would conduct individual/group interviews with the primary groups that were important to producing the health campaign/s. The methodology at this level would be qualitative in nature and could also include surveys.

The community level would involve the researcher considering and accounting for the institutional/organizational, community, and policy factors. For example, the decision to change the branding strategy of Trust condom to one that was positive and youthful was a result of

decisions made at the upper level of the PSI/Kenya organization and determined the type of campaign that was produced.

The influence of stakeholders also needs to be considered as they can affect the decisions made during campaign planning. Furthermore, maintaining good relationships with them is often important to the success of the campaign, as demonstrated in this study.

Finally, an ecological approach would involve considering *public policy*. That is, local, state and federal policies and laws that regulate or support the activities of campaign planners. This is a factor that was not considered in this study and may have provided some further insights into the external factors that affect campaign planning.

#### Implications for Practitioners and Health Communication Scholars

Communication is at the heart of what public health practitioners do. However, as this study has shown, although organizations like PSI recognize the importance of using academic theory and modeling often the practicalities of their situations prevent them from incorporating them. There are several implications of this finding.

#### *Considerations for Future Campaigns*

Campaign planners need to reconsider their policy on avoiding fear appeals. Green and Witte (2006) acknowledge the prevailing Western opposition to fear appeals. However they argue that these are based on ideological rather than empirical objection. They use the success story of Uganda as an example of appropriately implemented fear appeals.

For instance, the PSI/Kenya campaign planners specifically avoided using the components of threat and fear in their campaigns because they did not want their audience to screen them out. For instance, the VCT planners ensured that any sense of threat and fear that discussions of HIV may raise was countered with messages of hope. However, the high

information load and verbal explicitness about HIV created a sense of susceptibility, thus creating a medium threat level. In this case Witte (1998) would argue that even when we try to stay away from fear, the topic of behavior change may be fear arousing anyway, and thus may cause people to engage in maladaptive behaviors such as denial and not getting tested. The VCT evaluation finding that few couples actually went for HIV testing (Mwagaro, 2006) supports this idea.

Witte (1998) also argued that if we channel this fear in a positive protective direction (positive fear appeal), and promote a high sense of susceptibility, severity, response efficacy, and self efficacy, then the audience will be motivated to act in a positive direction by adopting the recommended behavior. In order to maintain a positive tone to their message, the VCT planners did not follow Witte's recommendation, thus reducing the likelihood that their audience would channel their fear in a positive protective direction and go for testing.

Furthermore, although there are advantages to using positive affect, using emotional appeals encourages *peripheral processing*. To the extent that campaigns use contextual peripheral cues (celebrities, rap music, explicit language) to evoke and elicit affective responses, they promote simplistic judgments about a message's argument (Karson & Korgaonkar, 2001; Petty & Cacioppo, 1986). Central processing, in contrast, encourages the critical analysis of the message itself through inquiry and is more likely to lead to behavior change. Thus campaign planners should consider the use of fear appeals but in a way that is complete and accounts for cultural concerns.

Second, campaign planners need to formally articulate cultural issues when designing their campaigns instead of relying on cultural experience and survey data. This would allow them to gain a better understanding of specific beliefs and attitudes driving their audience's

behavior. For example, if they had formally considered group identity issues in the VCT and Trust campaigns, planners may have been able to target their messages more specifically.

Third, as the discussion has shown, the campaigns may have implicitly reinforced gender norms that have been identified as contributing to the spread of HIV in Sub-Saharan Africa. Thus in the future, campaign planners need to critically examine their campaigns to ensure that they are reinforcing only those norms that deter the spread of HIV.

Finally, campaign planners need to prioritize qualitative research as part of their formative and evaluative activities. The insights gained from this type of research could tap into the underlying factors that prevent their audience from engaging in the recommended behavior.

#### *Responsibilities of Health Communication Scholars to Practitioners*

This research demonstrates that there is a need for health communication scholars to provide theory that reflects the realities practitioners face and is appropriate to the situation in which they operate. As Nzyuko (1996) argued, health communication researchers need to produce theories that lend themselves to answering pragmatic questions instead of being “armchair theorists” (p. 227).

At the same time, it is important that researchers help practitioners recognize the importance of engaging in reflexive practices. This could be done by creating a practitioner friendly “strategies of reflexivity.” These strategies could be adapted from current reflexive strategies that are broadly and commonly used in qualitative research (Pillow, 2003). It was evident that the practitioners did not have time to consider why they made the choices that they did, or the biases, perceptions, attitudes, and cultural mores that could have influenced their “gut” choices. For instance, it was not until the campaign was running that the PSI team realized that, as the Research Advisor said, the *Nimechill* executions “weren’t that strong for girls,”

perhaps because one of the creative team “. . . had a hard time designing these commercials for girls...you know the campaign is really about how the creative guys put it together.” As a Kenyan man, the advertising creative was subject to cultural influences that he could only have recognized if he was reflexive about his design process. However the same can be said of the BCC Program Manager who is Kenyan and thus also subject to the influences of the culture she has grown up in. Furthermore, contrary to the Technical Researcher’s comments, campaigns are not only about how the creative team designs them. They are ultimately about the collaboration between the client and the advertising agency. Thus the fact that the focus on boys was more pronounced in the *Nimechill* campaign was not just due to the proclivities of the advertising agency’s creative staff, but also the PSI staff. This joint influence could possibly have been illuminated by being reflexive.

Finally, this study has shown that in order to be heard and taken seriously by practitioners, it is important for scholars to create research that is accessible to practitioners. Accessibility can be created through the appropriate packaging of research and conducting training workshops or seminars.

Health communication researchers must package their work in a manner that will motivate practitioners to read and heed the recommendations and advice. This can be done by using language that is accessible to practitioners, which requires translating theoretical and statistical jargon (i.e., academic speak) into language that will resonate with practitioners. Furthermore, health communication researchers need to consider how their research is disseminated to practitioners. Although academic journals are the prime outlets for scholarship, they are not readily accessible to practitioners. Thus, it is important to disseminate research through venues that are more likely to reach practitioners such as trade journals, the press, and

newsletters. For example, this study will be shared with the PSI team in an executive brief format that facilitates quick information processing, but maintains the integrity of the research findings. This format is very similar to how they currently disseminate news and research findings within their organization.

Organizations like PSI often have opportunities for their staff to participate in seminars, workshops, and conferences. Researchers can take advantage of these opportunities to have direct contact with practitioners and offer training or instructional seminars. This presents the chance to create a dialogue between research and practice that could be invaluable for theory development and campaign design.

#### Limitations, Strengths, and Directions for Future Research

As with any research, this study has some limitations which should be noted. The primary limitation is that only three individuals involved in planning the campaigns were interviewed to address the first research question. Due to post election violence in Kenya, the principle investigator was unable to interview the advertising agency's creative staff or other relevant stakeholders. Thus this study cannot address the extent to which individuals involved in these aspects of the campaigns build on the health behavior change theories or consider cultural influences. However the three individuals who were interviewed were the lead planners on the campaign teams, the ones with the greatest influence on the campaign goals and the executions. The insider knowledge that they were able to share about the campaign development and execution process provided valuable insights into the key questions of this study.

A second limitation is that the campaigns examined were designed and run in Kenya by one social marketing company. PSI/Kenya was the only organization willing to share the range of documents required for the study, limiting the generalizability of the findings to the Kenyan

context and this company's approach to campaigns. As a major international social marketing organization, it is certainly likely that the procedures and strategies described for these campaigns are similar to those utilized in other campaigns in other contexts and by other organizations. However, this can only be confirmed by additional research.

These limitations must be weighed against the strengths of this research. First, by including interviews with the campaign planners, this study provided rare insights into the campaign planning process that can inform health communication theory. Second, rather than focusing on one isolated campaign, it examined three campaigns with three different types of messages (abstinence, condom use and HIV testing) that were part of an overall HIV/AIDS prevention/intervention agenda. In doing so, this study revealed both the benefits and limits of the individual-based behavior change theories/models, emphasizing the importance of considering the cultural and structural factors that can enhance or impede behavior change.

Thus this study fulfills three out of Noar's (2006) four recommendations for mass-mediated health campaign research: (a) discuss the implications of campaign findings for theory development, (b) report more fully on message design strategies in campaign articles, and (c) conduct more studies on one to two channel efforts that attempt to effect health behavior change.

#### *Recommendations for Future Research*

The results of this study reveal a need for more research that employs a polymorphic approach to the study of public health campaigns. This can only be realistically achieved through collaboration among communication scholars from the various sub-disciplines (interpersonal, small group, organizational, and mediated) with different paradigmatic approaches (positivist, interpretivist, and critical). In order to help reduce the divide between theory and practice, this collaboration should also include practitioners. This would hopefully produce research that is not

only of interest and value to practitioners, but would also expand academic knowledge through the generation of practical theory.

Two research questions central to the polymorphic approach deserve attention in future research: (1) How can current behavior change theory be adapted to formally reflect cultural and structural concerns? (2) What cultural and structural concerns should researchers and campaign planners consider as integral to behavior change regardless of context? Formally integrating cultural and structural factors into existing health models is important as it removes ambiguity and centralizes the role of culture and structure in the theory/model. Researchers and practitioners would be provided with a clear means to account for culture and structure in their procedures and methodology when constructing health messages. Furthermore, by discovering which cultural and structural factors should be present regardless of context we are increasing the generalizability of the theories/models and their applicability in different contexts. Although the theories/models may have to be further adjusted to fit the unique situation, having core cultural and structural features allows the researchers and practitioners to have a clear base from which to proceed.

Answering these research questions will require that health communication researchers conduct campaign analysis research following an ecological model. Although time intensive, an ecological approach allows the researcher to have a three dimensional view of a campaign. Such an approach would ensure that the researcher considers the intrapersonal, interpersonal, and institutional/organizational factors that affect and influence campaign planning, providing them with an in-depth and rigorous analysis of the campaign planning process. This can yield rich insights that can contribute to both theoretical and practical advancements.

## Conclusion

This study found that individual-based health behavior change theories have limitations when applied in collectivist cultures. The focus of these theories on the individual ignores the influence of the wider socio-cultural context of the community on behavior. The study also demonstrated a clear gap between theory and practice. Although the practitioners did rely on some pretest research and surveys, they did not formally consider theory or socio-cultural and group identity concerns. The planners and the resulting campaigns avoided any fear appeals, considered barriers and benefits to behavior change, provided a sense of self-efficacy, and appealed to subjective norms – all components of behavior change theories. However, much of their attention to these components in their planning was intuitive and informal. Consequently, the campaigns reflected many of the implicit assumptions and cultural backgrounds of the campaign teams. Although evaluation studies of the *Nimechill* and VCT campaigns showed that they had high reach, high recall, increased sense of self efficacy and intention to follow recommended behavior, no behavior change could be reported. The thematic analysis of the campaigns revealed the presence of cultural beliefs/practices such as gender norms (that promote the inequality of women and the sexuality of men) that are barriers to behavior change and could have affected the success of the campaigns in terms of the move from intent to behavior change.

A polymorphic approach to theory offers a way to address the limitations of individual-focused behavior change theories/models. However, a polymorphic approach does not mean researchers and practitioners must discard current behavior change theories. Instead by making cultural and structural concerns central to the theories/models and by integrating or supplementing them with other theories, they can address the theories' individualistic biases and apply them in collectivist contexts.

In addition to a polymorphic approach to theorizing, future research would benefit from an ecological approach to campaign analysis that accounts for intrapersonal, interpersonal, and institutional/organizational factors needs to be adopted in future research. These approaches will encourage not only increased rigor in the analysis of health campaigns, but also help to bridge the gap between theory and practice.

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## APPENDIX A

### INDIVIDUAL INTERVIEW PROTOCOL

Note: Questions related to research may not be relevant if talking to participants from an Advertising agency. Questions in italics are prompt questions and reminders for the principle investigator that were not necessarily asked directly.

#### Section A

Preliminary questions designed to get a bit of background information on the participant and get the ball rolling:

1. What is your official title?
2. What does your job entail?
3. Tell me a bit about you experience in the field of health campaigns

#### Section B

This section consists of questions pertaining to the health campaigns. Depending on who is being interviewed these may address all the campaigns or specific ones the participant worked on:

1. Tell me a bit of the background of the \_\_\_\_\_ campaign/s
  - a. What were the considerations that went into its conceptualization?
2. What were some of the factors that went into your choice of
  - a. Target audience?
  - b. Media channel?
  - c. Message design?
3. What were some of the decisions that went into your choices when choosing the components of the \_\_\_\_\_ campaign/s? *Did you use: HBM, EPPM, TPB? Or if you did not use a specific model were there certain appeals that you made sure to include in the \_\_\_\_\_ campaign/s? (The questions in pink are prompts for me if they are needed)*
4. To what extent did you conduct formative research before constructing the \_\_\_\_\_ campaign/s
  - a. What kind of formative research did you employ?
  - b. Would you add another element next time or do you feel it provided the right kind of information that was needed?
5. *For agency: To what extent did formative research/creative brief guide your decisions when constructing the \_\_\_\_\_ campaign/s?*
  - a. *How did it guide your design decisions?*
  - b. *How did it guide the copy decisions?*

6. I understand that organizations such as yours always have stakeholders e.g. donors, do they play a role in the decision making process when constructing health messages. If so what is their typical role?
7. When constructing the story lines in the campaigns is your goal to create as realistic as possible a scenario or are you trying to construct an ideal for the target audiences to aspire to? Or is it a mixture? How do you discern what is realistic?
8. To what extent did you conduct process evaluations (*the monitoring and collection of data on fidelity and implementation of campaign activities. Helpful for informing campaign planners why certain outcomes of the campaign were not achieved*) as the \_\_\_\_\_ campaign/s were running?
  - a. Did you track campaign exposure rates?
  - b. What other things if any?
  - c. If process evaluations were conducted did they cause any changes to be made in the \_\_\_\_\_ campaigns?
9. What other methods do you use in order to determine the success of your \_\_\_\_\_ health campaigns?
  - a. *Did you use pre-test - post test? If so, did you have control group designs?*
  - b. *Post campaign surveys?*
  - c. *Time series designs?*
  - d. *Any other designs?*
10. Research indicates that one the hardest barriers to overcome when carrying out interventions/preventions is socio-cultural and economic factors. To what extent were you thinking about these issues when you were constructing \_\_\_\_\_ campaign/s?
  - a. *Cultural issues such as:*
    - i. *Superstitious beliefs,*
    - ii. *Myths about HIV*
    - iii. *Practices such as polygamy, wife inheritance*
    - iv. *Taboos about discussing sex (culture of silence)*
    - v. *Issues of group identity be they peer related, tribal, regional etc*
  - *Social issues such as:*
    - i. *The stigma of the disease*
    - ii. *Power differentials e.g. between men and women*
    - iii. *The influence of religion*
    - iv. *Tensions between the rural and urban, traditional and modern, older and younger generation*
11. Lastly, could you share with me some of the main lessons you have learned from implementing these campaigns?
  - a. If you could do it over would you change anything?
  - b. What is the main advice you would give to anybody implementing a full health campaign?

APPENDIX B  
INDIVIDUAL INTERVIEW ANALYSIS FRAMEWORK

Interview Thematic Analysis Theory Frame

The interviews were analyzed to see if the campaign planners explicitly or implicitly considered health behavior theories, or components of health behavior theories when conceptualizing and constructing the campaigns.

Table B1:  
*Definitions of health behavior change theories/models and their components.*

Theory/model of behavior change	Description
Health belief model(HBM)	<p><b>A. Threat:</b> consist of  <i>Perceived susceptibility to health threat:</i> The degree of vulnerability, personal relevance, or risk of experiencing a threat.  <i>Perceived severity of health threat:</i> The significance or seriousness of a threat. The degree of physical, psychological, or economic harm that can occur.</p> <p><b>B. Barriers:</b> consist of  <i>Perceived barriers to performing recommended behavior:</i> anything that inhibits one from carrying out a recommended response like money, time, different language, cultural differences.</p> <p><b>C. Benefits:</b> consist of  <i>Perceived benefits of performing recommended behavior/ response efficacy:</i> The rewards or positive consequences that occur from performing a recommended response.</p> <p><b>D. Cues to action:</b> consist of  <i>External</i> (e.g., PSA's, informational flyers) <i>Internal</i> (e.g., symptoms of an illness,) pieces of information that trigger decision-making actions</p> <p><b>E. Efficacy</b>  <i>-Self-efficacy:</i> The degree to which the audience perceives that they are able to perform the recommended response to avert the threat  <i>- Response efficacy:</i> The degree to which the recommended response effectively averts the threat from occurring</p>
Theory of reasoned action/planned behavior (TRA/TPB)	<p><b>A. Attitudes:</b> An evaluation of an object, recommended response, or a belief. Predicted by: Behavioral beliefs &amp; Evaluation of outcomes</p> <p><b>B. Subjective norms:</b> <i>One's motivation to comply with what one believes his or her important referents believe. Predicted by:</i> Normative beliefs &amp; Motivation to comply</p> <p><b>C. Perceived Behavioral Control:</b> Degree to which an individual has volitional control over their behavior. Predicted by: <i>Control beliefs &amp; Perceived power</i></p>
ExtendedParallel Process Model (EPPM)	<p><b>A Perceived Threat</b></p> <p><b>b. Fear:</b> High level of emotional arousal caused by perceiving a significant and personally relevant threat that could motivates both protective and maladaptive action, depending on the circumstances</p> <p><b>B. Perceived Efficacy</b></p>

### Interview Thematic Socio-Cultural Frame.

The interviews were analyzed to determine if the campaign planners considered the socio-cultural and group identity concerns of their audience. These concerns can either be barriers or enhancers to individuals engaging in recommended behavior. The themes below were identified in previous research as important to socio-cultural considerations. This analysis sheet particularly addressed question ten on the interview protocol.

Table B2:  
*Definitions and examples of socio-cultural theme categories*

<b>Theme</b>	<b>Definition</b>	<b>Example</b>
Silence	Direct or Indirect Statements/phrases that indicate thought given to how people talk or do not talk about: HIV/AIDS SEX	"People use all kinds of euphemisms to refer to aids"
Stigma	Statements/phrases that indicate an understanding that those with HIV/AIDS have a "spoiled identity" value laden or judgmental statements that separate HIV positive from HIV negative	"and I guess people that have the disease don't want to be uh:: tied to that so they try to keep it secretive or say they have fever or a bad case of uh fever or something else"
Proverbs	Statements/phrases that are relatively short, generally witty experience or tradition based expressions usually associated with wisdom	"a man like a bull cannot be confined to one Kraal"
Simile	Statements/phrases that use a comparison using like or as, usually comparing two dissimilar objects	"sometimes they are treated just as lepers were their time"
Metaphor	Statements/phrases comparing between two things based on resemblance or similarity without using the word like or as	War metaphors - "the war on AIDS" or "the fight against AIDS"
Dialectical tension	Statements/phrases that demonstrate a tension or potential for tension between two concepts. These could be a tension between: Rural vs. urban, Traditional medicine v. western medicine, Public vs. private, HIV positive vs HIV negative, Older generation vs. Younger generation	"There is a very high level of HIV particularly western parts of the country"

<b>Theme</b>	<b>Definition</b>	<b>Example</b>
Superstition	<p>Statements that demonstrate the awareness and understanding of effects of superstitious beliefs in society. These are beliefs or practices resulting from ignorance, fear of the unknown, trust in magic or chance, or a false conception of causation - a notion maintained despite evidence to the contrary. They could be on:</p> <ul style="list-style-type: none"> <li>- Contraction of the disease</li> <li>- Cure of the disease</li> </ul> <p>Spread of the disease</p>	<p>“ People believe in what the witch doctors tell them”</p>
Myths	<p>Statements that demonstrate awareness and understanding the presence of myths about HIV/AIDS in society. A myth being a popular belief or tradition that has grown up around something or someone; <i>especially</i> one embodying the ideals and institutions of a society or segment of society - an unfounded or false notion. It could be a myth about</p> <ul style="list-style-type: none"> <li>- Contraction of the disease</li> <li>- Cure of the disease</li> </ul> <p>Spread of the disease</p>	<p>“some people think that in order to cure the disease ...one would have to sleep with somebody that didn't' ...to purify himself or herself”</p>
Cultural Practices	<p>Statements that demonstrate awareness of cultural practices that enhance spread of HIV/AIDS</p>	<p>“There is also the issue of polygamy which is more rampant in rural areas”</p>
Religion	<p>Statements on HIV/AIDS that demonstrate thought given to influence of religion on beliefs</p>	<p>“ Religion has played a big role in the abstinence policy”</p>
Power	<p>Statements that demonstrate an awareness and consideration of power plays in relation HIV/AIDS. These could be related to issues that are;</p> <ul style="list-style-type: none"> <li>- Economic</li> <li>- Social</li> <li>- Gender related</li> </ul>	<p>“Women often find it difficult to negotiate condom use”</p> <p>“Some people feel they cannot afford condoms even if they are available”</p>

APPENDIX C  
CAMPAIGN ANALYSIS FRAMEWORK

Campaign Content Analysis Framework

A qualitative content analysis was conducted using the principles of effective campaign design as identified by Noar’s (2006), Johnson Nath Rimal’s (1997) and Wongthongsri’s, (1984). Table C1 refers to the principles of effective campaign design that could not be ascertained from examining materials that is, background principles of effective campaign design and message production.

Table C2 presents the principles of effective campaign design that can be ascertained by examining the campaigns. The principles are based on, Noar’s (2006), Johnson, Flora and Nath Rimal’s, (1997) and Wongthongsri’s, (1984), lists of message production values. They were used to construct the content analysis code book used to examine the campaigns.

Table C1:  
*Background principles of effective campaign design present or absent in campaigns.*

	<b>Definition</b>	<b>Types</b>
Formative Research	Strategies employed by campaign planners in order to understand their target audience in terms of <ul style="list-style-type: none"> <li>▪ The problem behavior at hand,</li> <li>▪ Their message preferences</li> <li>▪ And most promising channels to reach them</li> </ul>	Did they: <ol style="list-style-type: none"> <li>1. Analyze archival data</li> <li>2. Conduct surveys</li> <li>3. Conduct focus groups</li> <li>4. Conduct Qualitative interviews</li> <li>5. Pretest messages</li> </ol>
Process Evaluations	Monitoring and collection of data	Did they do this <ol style="list-style-type: none"> <li>1.during implementation of campaign activities</li> <li>2.after implementation measuring: message exposure, reach and frequency</li> </ol>
Sensitive Outcome Evaluation Design	Evaluation designs that reduce threats to internal validity and permits firm causal conclusions about the campaign’s influence on attitudes and behaviors to be made	Did they: <ol style="list-style-type: none"> <li>1. One time or multiple pretest/post test campaign surveys</li> <li>2. One group pretest/post test designs</li> <li>3. Pretest/post test control group designs</li> <li>4. Post test only control group designs</li> <li>5. Time series designs</li> </ol>
Channel Selection	Strategically positioning campaign messages within selected channels	Did they use: <ol style="list-style-type: none"> <li>1. TV</li> <li>2. Radio</li> <li>3. Pamphlets</li> <li>4. Billboards/ bus signs</li> <li>5. Print Media</li> <li>6. Internet etc</li> </ol>

Table C2:  
*Principles of effective campaign design and message/production values*

Message and production values	Definition	Type
Information Load	How much information is provided in the PSA? Can have high, medium or low	<b>Is there:</b> <b>1. Low</b> – only one theme <b>2. Medium</b> –mentions a couple <b>3. High</b> –provides several pieces of information. E.g facts about condoms, limiting sexual partners, hiv transmission routes, available medical treatment
Slogan	A well-known catch phrase expressing the aims or nature of recommended behavior or product in acts (wherever and whenever it is shown, printed, spoken or in the song in the PSA).	0. there is no slogan 1. there is a slogan
Color	The color that is used in ads.	0. Black and white 1. Soft color: light color such as cream or pale colors 2. Medium color: moderate color or normal color that are not pale or strong color and not colorful; many commercials will receive this code because it indicate regular, normal color. 3. Strong color: colorful or contrast color and also very bright color are used in ads such as red, yellow, orange, and blue. 4. Mostly black and white, except product and/or other key elements in ad are in color. 5. Mostly soft color, except product and/or other key elements in PSA are in color.

Message and production values	Definition	Type
Way PSA is being promoted	How PSA is being promoted	<p><b>-Product/service shown:</b> the product is shown in PSA.</p> <p><b>-Product/service shown in use:</b> the product/service is shown in everyday use in PSA</p> <p><b>-Product/service demonstrated:</b> the product/service is put through a demonstration that is not everyday use.</p> <p>- <b>Image advertising:</b> the PSA is designed to enhance prestige of /product/service without really giving concrete details about the product/ service.</p> <p>- <b>Slice-of-life:</b> This usually plays out as a mini-drama. People encounter one another ( in the kitchen, on the street, etc.), talk about their problem, discover that the product is somehow related to the solution, and part happily</p> <p>- <b>Physiological:</b> an appeal to physiological needs includes hunger, thirst, shelter, sex, and other bodily needs.</p> <p>- <b>Safety:</b> an appeal to safety needs includes security and protection from physical and emotional harm.</p> <p>- <b>Social:</b> an appeal to social needs includes affection, belongingness, acceptance, and friendship.</p> <p>- <b>Esteem:</b> an appeal to external and internal esteem. External esteem factors such as status, recognition, and attention.</p> <p>- <b>Self-actualization:</b> an appeal represented by the drive to becoming; includes growth, achieving one's potential, and self-fulfillment.</p>
Verbal Explicitness about sex	How much <b>verbally</b> does the PSA refer to sex	<p><b>1.Low explicit</b> – no hint made</p> <p><b>2.Moderately explicit</b> – alluded indirectly to sex</p> <p><b>3.High explicit</b> –directly referred to sex</p>
Verbal explicitness about HIV	How much <b>verbally</b> does the PSA refer to HIV	<p><b>1.Low explicit</b> – no hint made</p> <p><b>2.Moderately explicit</b> – alluded indirectly to HIV</p> <p><b>3.High explicit</b> –directly referred to HIV</p>
Visual Explicitness	How <b>visually</b> explicit is the campaign in referring to sex	<p><b>1. Low explicit</b> – clothes on, no touching</p> <p><b>2.Moderately explicit</b> – touch suggesting sexual closeness showing kissing on cheek, clothed embrace, holding hands</p> <p><b>3. Highly explicit</b> – showing male or female genitalia and some nudity, naked embrace, kissing lips to lips</p>
Type of Appeal	Are the PSA's primarily informational (rational appeal) or dramatizations(emotional appeal)	<p><b>1.More informational than emotional</b> – there is more factual information than appeals to feelings</p> <p><b>2.More emotional than informational</b> - they use more feelings such as appeals to friendship, love, attractiveness, entertainment, family, and sex than factual information of product/service in advertisement.</p>
		<p><b>Type</b></p>

Message and production values	Definition	
Sources	Types of people the information is coming from	<p><b>1. Proximal (non-expert)</b>-people who are HIV positive, their friends, family. Peers, lay person</p> <p><b>2. Professional (expert)</b>- physicians, medical personnel, government officials, celebrities</p> <p><b>3. Anonymous narrator</b> i.e. voice over</p> <ol style="list-style-type: none"> <li>a. male voice</li> <li>b. female voice</li> <li>c. chorus</li> <li>d. male and female voice (individually)</li> <li>e. Child or children voice</li> <li>f. Male and child or children voice (individually, not at the same time)</li> <li>g. Female and child or children voice (individually, not at the same time)</li> <li>h. Male and female and child or children voice (individually, not at the same time)</li> <li>i. Male youth</li> <li>j. Female youth</li> </ol>
Target Audience	Target audience as defined by the PSA's primary character's gender and demographic characteristics and type of situation portrayed	<ol style="list-style-type: none"> <li>1. heterosexuals</li> <li>2. homosexuals</li> <li>3. rural</li> <li>4. urban</li> <li>5. Working class/lower class: An individual who does not have the necessities of life, or just barely has the necessities and no luxuries. He/she may be unemployed and on public assistance.</li> <li>6. middle-class-An individual who works for a living has all the necessities and some luxuries, but is dependent on his/her working for his/her livelihood.</li> <li>7. upper-class-An individual who is well-to-do or moderately well to do; this individual typically has a high level job, and will not be dependent on his/her weekly or monthly income in order to live.</li> <li>8. Age <ol style="list-style-type: none"> <li>a. Unable to determine (e.g., robot, alien)</li> <li>b. 0-10 years old</li> <li>c. 11-16 years old</li> <li>d. 17-20 years old</li> <li>e. 21-35 years old</li> <li>f. 36-50 years old</li> <li>g. 51-75 years old</li> </ol> </li> </ol>

		h. 76 years old and up 9.male 10.female
Female Characteristics	How are women portrayed in the campaign executions	<b>1.Positive roles</b> – a. responsible, b. safe, c. HIV negative, d. empowered e.knowledgeable, f. educated <b>2.Negative roles</b> – a. irresponsible, b. ignorant, c. subservient, d. HIV positive, e. dangerous, f. un-educated
Male Characteristics	How are men portrayed in the campaign executions	<b>1.Positive roles</b> – a. responsible, b. safe, c. HIV negative, d. empowered e. knowledgeable, f. educated <b>2.Negative roles</b> – a. irresponsible, b. ignorant, c. subservient, d. HIV positive, e. dangerous, f. un-educated
Social Roles	The relationships between characters are indicated in PSA as well as the role	- friend - child - parent - spouse - boyfriend/girlfriend - other relative (e.g., grandparent, aunt, uncle, etc.)

### Campaign Thematic Analysis Framework

It is important to consider the socio-cultural and group identity concerns during campaign planning. These themes were identified as potentially important and were thus used in the thematic analysis of the campaigns.

Table C 3:

<b>Themes</b>	<b>Definition</b>	<b>Types</b>
Linguistic devices	Linguistic Strategies used in the campaigns to create emphasis, and interest	<p>1.<i>Proverbs</i>: Statements/phrases that are relatively short, generally witty experience or tradition based expressions usually associated with wisdom</p> <p>2.<i>Similes</i>: Statements/phrases that use a comparison using like or as, usually comparing two dissimilar objects</p> <p>3.<i>Metaphors</i>: Statements/phrases comparing between two things based on resemblance or similarity without using the word like or as</p> <p>4.<i>Coloquialisms</i>: Statements/ phrases that use colloquial or slang terms</p>
Cultural beliefs	Strategies used in the campaigns that demonstrate an understanding or consideration of cultural beliefs and practices and how they affect the audience's understanding of HIV/AIDS as well as their attitudes and behaviors	<p>Do they address:</p> <p>1. <i>Traditional Practices</i>: cultural traditions practiced that are considered a factor in the spread of HIV/AIDS</p> <p>2. <i>Superstition</i> Beliefs or practices resulting from ignorance, fear of the unknown, trust in magic or chance, or a false conception of causation - a notion maintained despite evidence to the contrary.</p> <p>3.<i>Myth</i> Myths about HIV/AIDS in society. A myth being a popular belief or tradition that has grown up around something or someone; <i>especially</i> one embodying the ideals</p> <p>4. <i>Silence/secretcy</i> Reluctance to discuss HIV or sexual issues due to cultural taboos</p>
Economic Issues	Strategies used in the campaigns that address economic issues that may hinder condom use, HIV testing	<p>Do the campaigns address: Pricing of products e.g. condoms or price comparisons</p> <p>Detailing the accessibility HIV testing centers and cost vs. the benefits of HIV testing</p>
Identity Issues	Strategies used in the campaigns to address issues of social identity that may hinder the audience from carrying out the recommended behavior or seeing themselves as the target audience	<p>Do the campaigns address: Peer pressure</p> <p>In group out group dichotomies e. g. HIV/Positive vs. HIV negative</p> <p>Tribal and other group affiliations?</p>

APPENDIX D  
PRINT EXECUTIONS

Nimechill Print 1: Girls



Nimechill Print 2: The *Matatu*



Nimechill Print 3: School Boys





Print 5: Boy with Basketball



VCT Print 1: Loving Mother

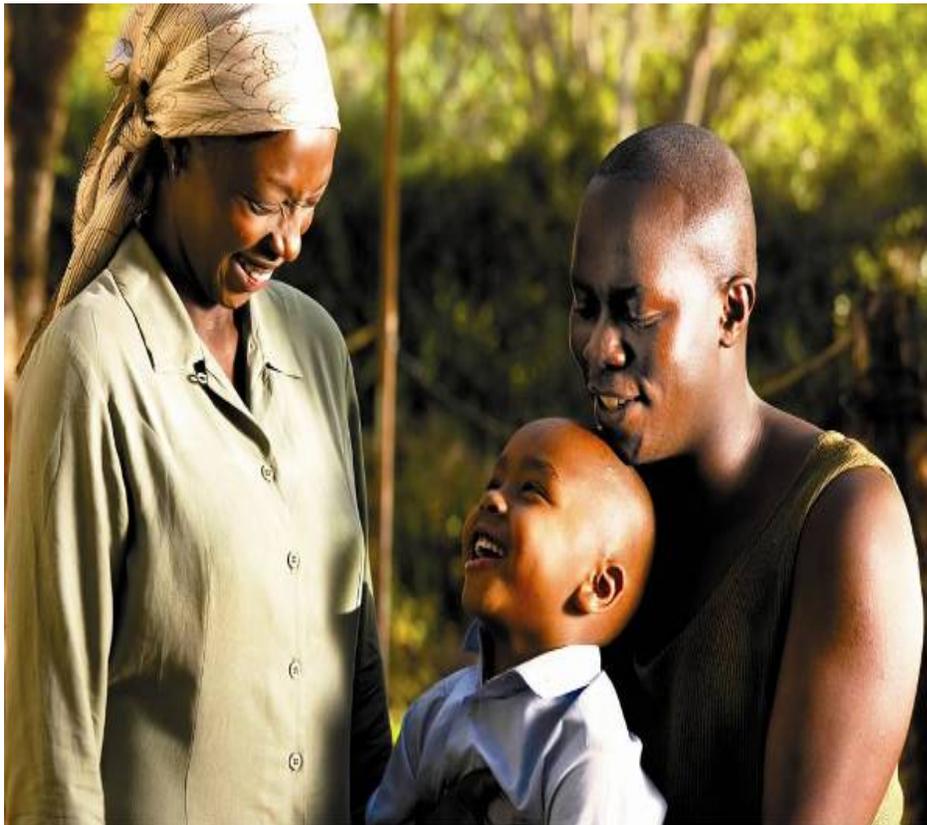


ONYESHA  
MAPENZI YAKO

“I took an  
HIV test  
because I love  
my family”.

CHANUKENI  
PAMOJA  
**VCT**  
VOLUNTARY COUNSELING  
AND TESTING CENTRES

VCT Print 2: Loving Father



**ONYESHA  
MAPENZI YAKO**

“I am a loving  
father because  
I know my  
HIV status”.

**CHANUKENI  
PAMOJA**  
**VCT**  
VOLUNTARY COUNSELING  
AND TESTING CENTRES

VCT Print 3: Loving Family



**ONYESHA  
MAPENZI YAKO**

"My family  
know I'm HIV  
positive and  
they are grateful  
I found out".

**CHANUKENI  
PAMOJA**  
**VCT**  
VOLUNTARY COUNSELING  
AND TESTING CENTRES

## APPENDIX E

### Translation 4: VCT radio

Female voice: Honey nimkua nikifikira  
Honey I've been thinking

Kissing sound in background.

Female voice: Ahh tuwache mchezo, (playfully said)  
Ahh lets stop playing!

Male voice: nani ancheza?  
Who is playing?

Female voice : sikiza nafikiria ni wakati tuanzishe familia  
Listen, I think it is about time we started a family

Male voice: haya tuanze basi!  
Sure then, let's start!

Female voice: ngoja! (laughing) kuna kitu moja tunafa kufanya kwanza  
Wait! (laughing) there is one thing we need to do first

Male voice: ni nini tena? Una taka busu nyingine?  
What is it again? Do you want another kiss?

Female voice: Hapana siyo hiyo! (laughing)  
No, that's not it! (laughing)

Male voice: Tunafaa kufanya test ya HIV au siyo?  
We need to go for HIV testing don't we?

Female voice: Mara moja. Hatukufanya moja kabla ya kuoana na inawaza  
Kama tuko na HIV inaweza kupitishwa kwa mtoto yetu nikiwa  
mja mzito au ninapozaa, au ninamponyonyesha, Tukitembelea  
katika kituo cha VCT yani Voluntary Counseling and Testing  
Center, wanaweza kutueleza chochote tunachotaka kujua juu  
ya HIV na kutounyehs vile tunaweza kulinda mtoto wetu  
kuambukizwa.

At once. We did not go for one when we got married and if we  
have HIV it can be passed to our child when I am pregnant, or

when I am giving birth, or when breastfeeding. If we go to a VCT center that is Voluntary Counseling and Testing center they can tell us all we need to know about HIV and they can show us how to protect our child from being infected

Male voice: na kama hatuna HIV?  
And if we do not have HIV?

Female voice: well, tunawaza kuenda mbele na kuanzisha majami mara moja  
Well, we can go ahead and start trying for a child immediately

Male voice: ok twende!  
ok lets go!

Female voice: hey! Tunaenda wapi?  
Hey! Let's go where?

Male voice: kwa kituo cha VCT!  
To a VCT center!

Female voice: sasa?  
Now?

Male voice : ndio!  
Yes!

Female voice: ahh nyinyi majamaa!  
Ahh you men!

**MALE VOICE OVER: Kama unawapenda walinde dhidhi ya HIV.  
Onyesha Mapenzi yako.**

**If you love them, protect them against HIV, show  
your love**