EXPLORING UNINTENDED EFFECTS OF HEALTH COMMUNICATION: A CONTENT ANALYSIS OF ‘*WEKA CONDOM MPANGONI*’ CAMPAIGN

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# APPROVAL PAGE

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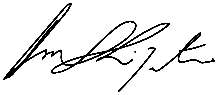
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# DECLARATION PAGE

EXPLORING UNINTENDED EFFECTS OF HEALTH COMMUNICATION: A CONTENT ANALYSIS OF ‘*WEKA CONDOM MPANGONI*’ CAMPAIGN

I declare that this thesis is my original work and has not been submitted to any other college or university for academic credit.

Signed:  Date: 01/11/2020

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**ABBREVIATIONS**

NGO Non-governmental organisation

AIDS Acquired Immune Deficiency Syndrome

APA American Psychological Association

CAQDAS Computer Assisted Qualitative Data Analysis Software

CSM Condom Social Marketing

GBV Gender Based Violence

GOK Government of Kenya

HIV Human Immunodeficiency Virus

KAIS Kenya National AIDS Indicator Survey

KNBS Kenya National Bureau of Statistics

MOH Ministry of Health

NACC National AIDS Control Council

NASCOP National AIDS and Sexually transmitted Infections Diseases Control Program

PEPFAR President’s Emergency Plan for AIDS Relief

PLHIV Persons Living with HIV

PSI-KENYA Population Services International, Kenya

SCT Social Cognitive Theory

SDGs Sustainable Development Goals

STDI Sexually Transmitted Infection Disease

UK United Kingdom

UNAIDS United Nations AIDS program

USAID United States Agency for International Development

WHO World Health Organisation

# ABSTRACT

In spite of the various health communication campaigns, condom advertisement, voluntary testing and counseling, studies have established that, of the groups most at risk of HIV/AIDS are those in marriages and long-term relationships. In 2013, a campaign dubbed ‘*Weka Condom Mpangoni*’ (put condoms in the plan) was developed urging people in marriages and long-term relationships to use condoms in their extra marital and out of relationship affairs to reducing the number of new HIV infections among this target group. This study will explore the unintended effects of health communication through a qualitative analysing of the ‘*Weka Condom Mpangoni*’ campaign. The objective of the study is to explore the unintended effects of health communication through a qualitative analysing of the ‘*Weka Condom Mpangoni*’ campaign. The study will analyse the design, context, and message of the *‘Weka Condom Mpangoni’* campaign; examine the attitudes and behaviours of the audiences towards the *‘Weka Condom Mpangoni’* campaign and explore the unintended effects of the *‘Weka Condom Mpangoni’* campaign on the audiences. It will be guided by the Social Cognitive Theory by Albert Bandura, (1986) and the Diffusion of Innovation Theory by Everett Rogers, (2003), which are social behaviour theories. The explorative study will adopt a qualitative methodology to conduct a content analysis of articles and stories from newspaper published between March 2013 and Sept 2013, which was the campaign duration. Content about and related to the *‘Weka Condom Mpangoni’* campaign will be purposively sampled, as the patterns of emerging themes will be added to a researcher developed code sheet through thematic analysis until data saturation is reached to determine content sample size. The findings will be reported in prose form and narrations and the conclusions will be made to inform research and practice recommendations for future health communication and social behaviour change campaigns.

# CHAPTER ONE

## INTRODUCTION

### 1.0 Overview

This chapter is an introduction of the study and contains the background to the study; health communication campaigns on to Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome HIV/AIDS and effects of health communication campaigns. It also includes the statement of the problem, the research objectives and questions, the significance of the study, key terms are also explained and the chapter summary.

### 1.1 Background

The study is an analysis of the *‘Weka Condom Mpangoni’* (Put condom in the plan) campaign in Kenya, which is a campaign designed to urge spouses and long-term partners with multiple partners side from the main relationship to use condoms in their affairs. The campaign was among the communication efforts created to promote Social Behaviour Change (SBC) to adopt use of condoms to reduce the rate of HIV/AIDS infections among married people and couples in long-term relationships.

The first sample of a human being diagnosed with HIV was a male from Kinshasa in the Democratic Republic of Congo in 1959, but it was not until 1983 that scientists made the discovery that the HIV causes AIDS (AIDS Institute, 2019). Since then, the virus has gone on to be a global pandemic; in 2018, there were 37.9 million People Living with HIV (PLHIV) of which 68%, approximately 25.7 million are in Africa (United Nations AIDS Program, 2018). Almost two million people were infected with HIV in 2018, with about 800,000 deaths in 2018 alone (WHO, 2018). The first case of HIV in Kenya was discovered in 1984 and since then numerous campaigns have been undertaken to contain the spread of the virus. Studies (KAIS, 2012; NASCOP, 2007) indicate that at the height of the epidemic in 1987, Kenya’s prevalence rates stood as high as 41% in some regions. As such governments, NGOs and other stakeholders have put up strategies to campaign against Sexually Transmitted Diseases (STDs) (Stallone, 2012).

This study is a content analysis that seeks to analyse communication as a process to understand the messaging of the HIV/AIDS campaign as well as identify the unintended effects of the *‘Weka Condom Mpangoni’* campaign. This will help inform future communication interventions on health and behaviour change communication.

#### 1.1.1 HIV/AIDS in Kenya

Sub-Saharan Africa has the highest prevalence and incidence of HIV infection worldwide, mostly attributable to heterosexual transmission (UNAIDS, 2008). In Africa, there is increasing evidence that a large proportion of new HIV infections occur in cohabitating couples (Guthrie B. et al., 2007; Dunkle K. et al., 2008), many of whom are unaware of both partners’ sero-status. In East Africa, 40–50% of married or cohabitating HIV-infected persons are in an HIV-discordant partnership (Bunnell R, Mermin J & De Cock K, 2006). In Kenya, Uganda, and Malawi, over 80% of all unprotected sex acts by HIV-infected persons occur with spouses or cohabitating partners (Anand et al., 2009). Consequently, a high proportion of incident HIV infections occur within married or cohabitating heterosexual couples, e.g., in Uganda 65% (Mermin et al., 2008) and in Zambia and Rwanda, an estimated 52 - 93% (Dunkle et al., 2008). HIV transmission in couples has been associated with high HIV viral load (Quinn T. et al., 2000), lack of male circumcision, low literacy (Guthrie et al., 2007), ignorance of self or partner’s HIV status (Bunnell et al., 2008), limited understanding that HIV discordance can exist within couples (Olley et al., 2005), and other sexually transmitted infections. Transmission among couples has been reduced by 80% with effective interventions, including couple-specific counseling, testing and condom provision (WHO (2007). In addition, modeling suggests that HIV transmission in heterosexual partnerships is reduced by antiretroviral treatment (ART) (Wilson D., 2008).

In Kenya, The Ministry of Health (MOH) statistics indicate that 1.5 million Kenyans are PLHIV, with women shouldering more of the disease burden than men (MOH, 2018). Deaths from AIDS related cases in 2017 were about 28,200 representing a 48% decrease since 2010 when the country started giving out free Anti-Retroviral Therapy (ART) to bring down HIV related deaths, and also reduce incidences of the disease (MOH, 2018). The large numbers of PLHIV means that Kenya, Uganda, and Mozambique have the third highest HIV epidemics in the world (AVERT, 2018).

The social and economic costs of the HIV pandemic are heavy. Research put forward by the Kenya National AIDS Control Council (KNACC) prior to the commencement of PSI-Kenya’s HIV prevention campaigns on Concurrent Sexual Partnerships (CSP) painted a grim picture; with the HIV virus not only affecting the genders disproportionately, with women bearing more of the burden, but it negatively impacting the lower occupational categories such as the self-employed more than those in more prestigious occupations (Kenya National AIDS Control Council, (KNACC), 2006). The impact of HIV/AIDS was more severe among low-income groups headed by men with little to no formal education with 79% of all affected households falling under this category (KNACC, 2006). Children also being had by HIV/AIDS, with those from affected households less likely to complete their schooling, and more than 1.6 million children orphaned due to the pandemic (KNACC, 2006).

A strategy widely utilised to fulfill such a purpose in the HIV/AIDS area is the mass communication campaign (Bertrand et al., 2006; The Henry J. Kaiser Family Foundation, 2006; Liskin, 1990; Maibach, Kreps, & Bonaguro, 1993; Palmgreen, Noar, & Zimmerman, 2008) as cited in Noar et al (2009).

#### 1.1.2 Health communication and HIV/AIDS Campaigns in Kenya

Communication involves encoding and decoding acts, as well as formalistic or ritualistic elements that take into consideration human beings as belonging to social systems (Rimal & Lapinski, 2009). Health communication refers to any communication related to health, aimed at improving the health of audiences through the sharing of health-related information (Shiavo, 2014), and is central to HIV/AIDS prevention efforts. Campaigns aim to produce effects that are specific in a large group of individuals within a specified period, and through a coordinated set of communication activities (Rogers, 2003). They employ single or multiple media at the national, regional, and local levels, either as stand-alone efforts or as part of multi-component programmes. This is under the assumption that the public health impact of a programme is a function of both its efficacy and reach (Abrams et al., 1996).

In Kenya, health communication for HIV/AIDS take place in challenging circumstances due to strong religious and cultural beliefs and practices that oppose some interventions, stigma, as well political and economic factors (Korongo et al., 2014). Since the ritualistic or emblematic components of communication are spontaneously activated with each communication act, communicators should carefully consider the channels through which the messages will be disseminated, the audiences’ reactions, and which parts of the messages are likely to have the biggest impact (Rimal & Lapinski, 2009). If not carefully considered and catered for, these factors can increase the possibility that unintended effects for HIV/AIDS communications campaigns can happen in Kenyan interventions.

One popular approach in health communication is the use of social marketing which harnesses conventional marketing techniques with other disciplines to influence and change behaviours for social good (French, 2017). Social action is the attempt by an individual or groups to harness their information, mastery and strength to ameliorate living or social conditions by convincing other members of a society through techniques such as social marketing, to choose one course or direction over another (Dibb & Carrigan, 2013). Social marketing seeks to instigate social action through social action, by influencing the attitudes and beliefs of a society towards certain behaviours or issues with media-based campaigns favoured and appears to be effective in health communication efforts.

Since mass media campaigns are often carried out at the population level, it means that social marketing campaigns can achieve significant health impacts. Despite this, when it comes to condom social marketing (CSM) and its effectiveness, the data is not so forthcoming. A systematic review update of CSM effectiveness in low- and middle-income countries between 1990-2019 concluded there is a dearth of studies over the past decade (Sweat, et al., 2019). Despite this shortage of studies, the possibilities of unintended effects arising from CSM, and related health communication are high. This is due to the real-world adaptations that often involve budget limitations and incorporating of social and political views in developing the campaigns. (Stibe & Cugelman, 2016, p. 66). Thus, changes in execution of campaigns can result in unintended effects the organisers might not have taken into consideration.

NASCOP (2001) says that mass media campaigns have greatly reduced the stigma and the misconceptions associated with the condom hence increased its availability. A generic ‘condom efficacy’ has increased the Kenyans’ faith in the effectiveness of condoms in preventing disease from 50% to over 80, although social marketing contributes only to a relatively smaller share of the total condom supply, its promotion of condoms has resulted in a more active role by commercial-sector participants, as is evident by the fact that eight new brands appeared on the market in 2004. It was reported that Kenya was among the countries in the sub Saharan Africa that had noted a decline in new infections as a proportion to previously uninfected persons. Indications of significant behaviour change have been noted in terms of increased condom use, fewer sexual partners and delayed sexual activity. This favourable trend in behaviour change was attributed to the mass media public campaigns (UNAIDS, 2006). Large numbers of public health prevention campaigns have been launched focused on behaviour change in terms of condom use, abstinence, reduction of sexual partners, and monogamy (Akwara, Madise & Hinde, 2003; Witte et al., 1998).

#### 1.1.3 Effects of health campaigns executed through the media

Media effects are a consequence either fully or partly resulting from the influence of media upon individuals, the public, institutions, or society (Potter, 2012, p.35). It is thus advisable to broaden the scope of evaluation of a media campaign beyond the intended audiences to get a comprehensive picture of the effects from the media, as other audiences exposed to the media might misunderstand these messages (Keller et al., 2008).

Given that the communication process not only involves the sending and receiving of information, but also inherently enmeshes a ritualistic part, it is important to remember three things; that this process is not happening in a social vacuum as the information is being obtained and processed through individual and social lenses that determine what people encounter (selective exposure). Secondly, variations between what is sent out and what is received by audiences can happen due to differences in how the messages are interpreted and understood due to the audiences’ varied experiences, knowledge, beliefs, cultures and social norms, thus placing the onus on communicators to meticulously check the congruity of their messages with the communities’ feedback so as to avoid unintended effects or futile effects.

Thirdly, communication is an ever-changing process where the communicators and audiences often change roles, which places an obligation on health communicators to consistently carry out thorough preliminary evaluations and pre-tests so as to gauge what are the likely effects of their campaigns (Rimal & Lapinski, 2009). Evaluation of the ‘*Weka Condom Mpangoni’* campaign, accordingly, should go beyond the stated audiences; that is men and women engaging in CSP, as the campaign was exposed to multiple audiences through as it was aired during prime time on television.

Media effects can also be felt either directly or indirectly, and be positive or negative (Potter, 2012, p.35). Since health campaigns are designed for social good, Media effects can also happen immediately, or be delayed following media exposure; and be directly observable or concealed (Potter, 2012, p.35). While it is possible to gauge the immediate reactions to the campaign through historical records that are available in the form of print articles from newspapers, journals, blogs, and social media blogs, observation of whether the campaign had direct impact on reducing CSP or increasing consistent condom use among persons engaging is harder. This is because sexual relations between people are culturally sensitive and done in private, so the behaviours are self-reported.

Newspapers can help showcase issues to the public and collect and mirror their opinions and support or otherwise on the issues, by affecting the public’s awareness of an issue and prioritising the issue in the public domain. Thus, including content analysis of newspapers as part of a project’s evaluation can help in gauging attitudes and areas needed for improvement. (Granner et al, 2010). This study will accordingly scrutinise newspaper articles that were penned about the ‘*Weka Condom Mpangoni*’ campaign so as to gauge reactions to the campaign by readers, journalists’ reports and opinion pieces by various columnists.

This paper represents an initial conceptual treatment of the effects of health communication campaigns. It begins with a brief overview of perspectives on effects advanced by scholars in both communication and other sciences. Next, the major dimensions of unintended effects will be distinguished. Understanding the importance of the intended and unintended effects of health communication is crucial for communicators, designers, the government agencies, and policy makers. In that respect studying communication outcomes may greatly benefit behavioural scientists, advertisers and the media in contextual elements that enable a better understanding of social behaviour change.

### 1.2 Statement of the problem

Despite the fact that health campaigns are designed for social good, their intended and unintended effects may result to largely negative outcomes, but usually the unintended effects remain under examined, (Cho and Salmon, 2007). Thus, although the ‘*Weka Condom Mpangoni’* campaign was designed to respond to a public health crisis, the possibility that it might have contributed to some unforeseen consequences and caused public uproar from the society needs to be studied, to inform future campaigns.

Despite media researchers being aware that communication can produce unintended effects since the advent of the first communication theories such as the 1947 Shannon and Weaver model that alludes to the concept of ‘noise’ in the communication process (Krippendorf, K., 2009), media research and theorisation into unwanted effects remains scanty, yet objective assessment cannot be arrived at simply by looking at the intended effects of health campaigns or advertising (Cho & Salmon, 2007; Xu, 2020). This study will find out if campaigns such as ‘*Weka Condom Mpangoni’* are achieving intended health outcomes or if they inadvertently introducing barriers to audiences’ acceptance of the health communications.

KAIS 2012, reports that despite multiple health communication interventions on HIV/AIDS, the rate of new infections among married people and those in long-term relationships remains high at 44%, there is limited knowhow on whether the current HIV communication campaigns are adequately addressing the contextual factors underpinning multiple concurrent partnerships (Were, 2015). This study will analyse the ‘*Weka Condom Mpangoni*’ campaigns design, context, and message to determine factors that may have contributed to the unintended effects on the audiences.

### 1.3 Purpose of the Study

Explore the unintended effects of health communication through a qualitative analysing of the ‘*Weka Condom Mpangoni*’ campaign.

### 1.4 Objectives of the Study

1. To analyse the design, context, and message of the ‘Weka Condom Mpangoni’ campaign.
2. To examine the attitudes and behaviours of the audiences towards the ‘Weka Condom Mpangoni’ campaign.
3. To explore the unintended effects of the ‘Weka Condom Mpangoni’ campaign on the audiences.

### 1.5 Research questions

1. What were the design, context, and message of the ‘Weka Condom Mpangoni’ campaign?
2. What were the attitudes and behaviours of the audiences towards the ‘Weka Condom Mpangoni’ campaign?
3. What were the unintended effects of the ‘Weka Condom Mpangoni’ campaign on the audiences?

### 1.6 Rationale and Justification for the Study

Rationale refers to the core reason one finds it necessary to conduct a study, it responds to the question of why the research is necessary (Ondondo, 2014). Mugenda and Mugenda, 2003, assert that rationale is a statement made about the need and usefulness or benefits of the proposed project. Xu, 2020, suggest that communication efforts should untangle what triggers the receiver’s thinking and interpretive process to deviate from the intended effects, in situations when there is a disconnect between audiences and the communicators regarding the effects. Also, communication campaigns can inadvertently trigger social systems and consequently have unpredicted effects on individuals, meaning the mediating pathways of unintended effects need to be better understood (Sixsmith, Fox, Doyle, & Barry, 2014).

This study is necessary because of the importance and sensitivity of the issue of healthy communication campaigns in our society. In order for campaigns to educate the public about issues, such as the transmission of HIV/AIDS and how to protect oneself from infection research on design and context of these efforts are necessary for informing better practices. It will contribute towards HIV/AIDS policy in Kenya by informing policy makers on unintended effects of health communication campaigns such as CSM carried via the mass media, and consequently how to provide guidance/regulate the activities of health campaign organisers to safeguard public confidence in health communication campaigns.

The findings of the study will guide further research, as there is no academic evidence on how the target audience of the *‘Weka Condom Mpangoni’* campaign responded to the campaign, and it will contribute to the body of knowledge already available with its potential contribution to existing literature on sexual reproductive health campaign messaging for academic purposes.

To date, there are unfortunately few studies on the contribution of social marketing towards HIV prevention campaigns, with the limited evidence showing that although there are success stories, significant socio-cultural and economic barriers can inhibit health communication campaigns (Awasthi & Awasthi, 2019). This study will seek to avail evidence and information on an area that is not well studied, that is, the unintended effects of health campaigns that rely on communication through mass media, so as to inform future designs of similar HIV prevention campaigns.

The study is significant to the various stakeholders, namely the HIV and AIDS NGOs with information on the new communication-based approach of dealing with condom use for HIV and AIDS prevention among the married and partners in long-term relationships. Its finding will assist both the county and national governments when developing policies to deal with the problem of low condom use in the prevention of HIV and AIDS. For HIV and AIDS researchers, the youth and health communication professionals, it will act as a guide to the development of more effective communication model used in promoting behaviour change by various organisations or institutions that are engaged in the provision of HIV and AIDS support services.

### 1.7 Assumptions of the study

For this research to be successful, the researcher assumes that he will be able to generate an appropriate sample that can provide good quality data. If done correctly, analysis of newspaper texts can be a fountain of valuable data that can provide crucial insights about a campaign (Kleinheksel, et al, 2020). The researcher also assumes that additional themes or codes will emerge from scrutiny of the data since he will be using an inductive approach to examine the data, and that he will be able to explain his findings through the use of the Social Cognitive Theory.

### 1.8 Scope of the Study

The Study will analyse newspaper articles concerning the ‘*Weka Condom Mpangoni’* campaign that will include letters to the editors, reports by journalists and opinion pieces by various columnists that were made to the leading Kenyan newspapers by circulation in 2013. These newspapers include the Nation, Standard, Taifa Leo, The Star and People Daily. Evaluation of newspapers is prudent as they often serve as forums for the public and their leadership to air their opinions, and through the large network of journalists’ newspapers employ, this enables newspapers to be able to provide indigenous contextualisation of issues and elevate them in the public’s priorities (Granner, et. al, 2010).

### 1.9 Limitations and delimitations

The ‘*Weka Condom Mpangoni’* generated great interest and debates in different media including radio talk shows, television broadcasts within and out of the country, social media generated a huge of amount of data that would need to be obtained with the necessary permissions, transcribed, and analysed. To address this, the study will be confined to newspapers since their content is in the public domain. Selection bias refers to systematic inaccuracies brought into sampling or experiments through choosing or preferring one effect or solution to others (Merriam-Webster Dictionary, 2022).

### 1.10 Definition of terms

**Effects:** This is- the results of a particular influence (Oxford dictionary, 2019). In this study, effects refer to the results of the *‘Weka Condom Mpangoni’* campaign on the audiences’ knowledge, attitudes, perceptions, and actions regarding CSP, HIV/AIDS and CSM.

**Health communication:** Involves learning and deployment of communication tactics via different channels from mass media to interpersonal interactions, to increase knowledge and influence audiences’ decisions about their health (The Community Guide, 2020). In this study, health communication refers to the messages and channels used to promote consistent condom use amongst audiences for HIV prevention by the ‘*Weka Condom Mpangoni*’ campaign.

**Self-efficacy:** This is the notion an individual has that they can successfully carry out a behaviour (Pajares, et al., 2009). In this study, self-efficacy will refer to the confidence the audiences had after being exposed to the ‘*Weka Condom Mpangoni’* campaign to reduce their risks of HIV infection by initiating and sustaining condom use with their CSP or stopping to have CSP.

**Social context:** This means the specific circumstances or general environment that serves as a social framework for individual or interpersonal behaviours (APA, 2020). In this study, social context will refer to the prevailing socio-cultural environment relating to sexual relationships outside of marriages and use of condoms under which the ‘*Weka Condom Mpangoni*’ campaign took place.

**Unintended effects:** Refer to any outcomes, whether positive or negative that the communicator did not set out to achieve when initiating an intervention ((Stibe, & Cugelman, 2016). In this study, unintended effects will refer to any effects other than increasing consistent condom use amongst persons engaging in CSP, which arose from the ‘*Weka Condom Mpangoni’* campaign.

**Vicarious learning:** This is the development of standards or rules for subsequent behaviour that an individual makes after scrutinizing the actions or behaviours of other people (Pajares, et al., 2009). In this study, vicarious learning will mean the intentions or subsequent behaviours of the audiences as pronounced through their comments following the viewing or hearing of the actors’ positions and situations regarding CSP as depicted in the advertisements for the ‘*Weka Condom Mpangoni*’ campaign.

**Mpango Wa Kando**: It is a Kiswahili word meaning side arrangement. In Kenya, it is used to refer to Concurrent sexual partners and commonly refers to the married people.

**Nimechill:**  It is a ‘sheng’ word (a language that combines English and Kiswahili or any other Kenyan languages) It is a slogan commonly used by the youth to show abstinence visually illustrated by a two finger salute. The word is coined from the Kiswahili morpheme ‘nime- ‘, which stands for I have, and the English word Chill. It is commonly used in the campaign against premarital sex targeting the Kenyan youth.

**Condom social marketing:** Aims to enhance accessibility, affordability, and acceptability of condoms targeted audiences (National Research Council, 1996, p.156). In this study, CSM will refer to the ‘*Weka Condom Mpangoni’* campaign’s efforts to promote consistent condom use by persons engaging in Concurrent Sexual Partnerships (CSP) as a tool to reduce HIV infections within marriages.

### 1.11 Summary

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

# CHAPTER TWO

## LITERATURE REVIEW

### 2.0 Overview

This section reviews relevant previous researching on health communication, of challenges caused by HIV/AIDS and the condom adoption and effectiveness of campaign messages. The theoretical framework is looked at in depth, and a conceptual framework for the proposed research is presented.

In this chapter, a literature review regarding the magnitude of challenges caused by HIV/AIDS is discussed, as well as various tactics health communicators employ to reduce new HIV infections, including social marketing.

### 2.1 Background

Health communication involves the use of various strategies and disciplines to reach individuals and societies with health information that stimulates the adoption and maintenance of behaviours that improve and safeguard their health (Schiavo, 2007). Media effects include theories that explain how the mass media influence the attitudes and perceptions of audience members, and are central to communication research (Borah, 2016). Over the years, researchers have grappled on whether media have significant or minimal effects on audiences. Neuman & Guggenheim (2011) explain that communication effects research has three distinct stages. The first is seen in the 1920s-1930s where early theories from scholars such as Harold Laswell attribute direct and significant effects to media and the first media effects theories of the hypodermic needle and magic bullet armpangonie developed.

In HIV/AIDS health communication, the use of mass media is common, and evidence suggests that it can be effective due to of their reach (Jessica, et al., 2014). TV is more effective than other mass media such as radio or newspapers when it comes to HIV/AIDS awareness, knowledge, and behaviour changes (Li, et. al, 2009). Studies in South Africa and Kenya have also found a dose-response relationship between levels of media exposure and the impact of mass media for HIV/AIDS campaigns (Peltzer, et al. 2012, Muli & Lawoko, 2014).

Social marketing combines marketing concepts with other disciplines such as research and theory, with the altruistic aim of influencing individuals and communities for the greater social good (French, 2017). Cho and Salmon, 2007 contend that the popularity of social marketing might be as a result of unintentional effects of health communication. The need for knowledge and skills in designing and delivering communication programmes for promoting personal health may correlate with the growth of the industry of social marketing. Social marketing is effective in influencing behaviour changes; with a systematic review of 125 social marketing campaigns from 1995 to 2013 showing that more than half of them recorded measurable impact, although few had evidence to demonstrate they had applied behaviour change theories to achieve their results. (Firestone, et al., 2017).

*‘Mpango wa Kando’* (side chick) refers to multiple concurrent sexual relationships. Mah and Halperin (2008) define multiple concurrent patnerships as a situation where “an individual has overlapping sexual relationships with more than one person. Since 2009, Population Services International (PSI), now PS-Kenya, has been using the slogan *‘Wacha Mpango wa Kando’* (stop the concurrent sexual relationships) in its efforts to highlight faithfulness, condom use and the negative consequences of concurrent sexual relationships. This phenomenon is not unique to Kenya and has been a subject of discussion, study and interventions across Sub-Saharan Africa, which can be attributed to a number of factors. A survey by Infotrack Research and Consulting (2013) suggests a number of possible reasons that lead to spouses engaging in concurrent sexual relationships. According to the survey, women could be driven by fears in their marriage such as conflicts, sexual deprivation or inadequate financial resources. Many psychologists and sociologists believe that marital problems are generally believed to occur because of lack of or poor communication about sex or emotional issues. It is this situation that drove PSI Kenya, in conjunction with the government of Kenya, to initiate the '*Wacha Mpango wa Kando’* health communication campaign to create a national discourse. It is the failure of this campaign that the *‘Weka Condom Mpangoni’* campaign was developed to then urge the people in marriage and relationships who have other partners to use condoms to protect themselves and their partners from HIV/AIDS.

#### 2.1.1 The PSI HIV/AIDS Campaigns

Population Service International Kenya (PSI Kenya), which rebranded to Population Service Kenya (PS Kenya), is an NGO that uses social marketing to promote health services and products and has been in operation since 1989 (PSI-Kenya, 2019). As part of the private sector approaches, it uses, PSI Kenya has over the years become synonymous with media heavy communications campaigns on HIV/AIDS, malaria, diarrhoea, and Family Planning. PSI-Kenya’s well-developed adverts can rival any from the big companies such as Safaricom, EABL and Coca Cola in gaining the audiences’ attention. PSI-Kenya’s extensive use of media research and media placement companies also enables her to air her advertisements at the best times for wide viewership, increasing her reach and ostensibly her impact. In 2009, PSI Kenya’s ‘*Wacha Mpango wa Kando’* (stop having extra-marital relationships) campaign targeting concurrent sexual partnerships, was awarded as the best campaign by the Marketing Society of Kenya (Mann Global Health, 2015).

PSI-Kenya follows the organisation’s social marketing formula of products such as condom use, services like HIV/AIDS testing that are similar across all countries (Bailey et al.2007). PSI has been at the core of prominent HIV/AIDS campaigns including Trust condom, Voluntary HIV/AIDS Counseling and Testing (VCT), and abstinence promotion. According to Agha (2003), PSI Kenya develops branded and generic mass media campaigns.

According to Agha (2003), Trust condom mass media campaign was begun by PSI in 1997 because of reluctance on the part of Kenyans to freely discuss condom use with their sexual partners because of fear of losing trust and being accused of infidelity. As a result, a brand mass media communication was developed to address the issue of trust and encourage the use of condoms, resulting to aggressive campaigns in radio and television spots. The low level of condom use attributed to the fear of sexual partners to lose trust and being accused of infidelity compelled the PSI Kenya to launch a branded HIV/AIDS campaign to address the trust issue. The campaign was given the name *Trust* for the social marketing to mean condom as the condoms were called “Trust Condom” and the second meaning was to address the issue of trust between partners. People were encouraged to talk about condoms with openness on television and radio spots during 1997 and 1998. The double meaning in the campaign was to attain the maximum impact for the HIV/AIDS message on condom use. The branded campaign encouraged openness in the discussion about condom use with a partner to develop an image that condom is associated with trusting one’s partner. According to Agha & Van (2002), similar lifestyle oriented approaches have been appropriate and successful in other marketing interaction in sub-Saharan Africa.

Since 2002, PSI has been dealing with campaigns on VCT promotion and general prevention of HIV/AIDS via mass media. It has created an alliance with churches to reduce stigmatisation and pass HIV/AIDS message. The campaign on VCT was called *‘Onyesha Mapenzi Yako’* (Show your love). This was an extension of ‘*Chanukeni Pamoja*’ (get smarter together), this campaign encouraged the Kenyans to get tested and know their HIV status. Lack of national information management posed a challenge to collecting nationwide data so as to tell the impact of the campaigns, however, an evaluation indicated that the campaign achieved most of its goals (Luchters et al., 2007).

In 2004, PSI launched a campaign called “Nimechill” (Kiswahili slang for “I have chilled” or “I have abstained”), *Ni Poa Kuchill!* (It’s Cool to Abstain). The youth-oriented campaign used a cartoon logo of a yellow hand giving a "V" or a "peace" sign as its brand and the phrase "Nimechill". The campaigns persuasion strategy was based on positive affect (the messages were positive and encouraging rather than risk based) and positive deviance as the youths were portrayed to be defying early sexual norms.

In 2007, the World Health Organisation (WHO) endorsed male circumcision as an effective strategy of HIV/AIDS prevention. In response to consistent research findings and the WHO/UNAIDS policy statement, in 2008, the government of Kenya launched the Voluntary Medical Male Circumcision (VMMC) Programme in Nyanza province. This is because there was low male circumcision but high prevalence of HIV/AIDS rate as heterosexual sex is the primary mode of transmission. The circumcision was not meant to replace other preventive measures like abstinence, faithfulness among others and cultural neutrality was emphasised: circumcision was a medical strategy and nothing to do with identity and culture. According to Change (2011), there was use of posters, radio spots leaflets, handbooks, and flipcharts. For example, the message on post card was “It’s a question of Health. Help Reduce HIV by getting circumcised today.” “A message to the Faith Leaders in Nyanza: Help reduces HIV by encouraging Voluntary Medical Male Circumcision (VMMC) Today” The campaign materials were also available in Luo, Teso and Turkana languages. Since October 2008, more than 290,000 males have been circumcised in Nyanza with the support of Rapid Response Initiative (RRI) in 2009 and 2010 that boosted the overall number of VMMCs allover Kenya (NASCOP, 2010).

In 2009, the government of Kenya took the cue from the Southern Africa Development Corporation (SADC) to recognise CSP as a major contributor towards the HIV epidemic in the country (Knopf, 2014) and PSI Kenya launched the ‘*Wacha Mpango wa Kando’* (stop having side plans) targeting married men and single women who have CSPs. This campaign was developed together with the Ministry of Health (MOH), National AIDS and Sexually Transmitted Diseases Program (NASCOP) and the Kenya National AIDS Control Council (KNACC); and according to the PSI-Kenya Deputy Director of HIV, Lucy Maikweki, was necessitated by the increasing numbers of infections in marriages (The New Humanitarian, 2020). The *‘Wacha Mpango wa Kando’* campaign ran over a period of two years on television, radio, daily newspapers, and monthly publications like ‘*Parents’* and ‘*True love’* magazines until 2011 when it was refreshed using a new tactical approach (Maikweki, 2020). Overall, the ‘*Wacha Mpango wa Kando’* campaign aimed at increasing awareness amongst persons engaged in CSP that their secret lovers probably had other secret lovers and consequently they were at higher risk of HIV infection from these unwitting networks (Thomson Reuters Foundation News, 2011).

In 2011, PSI-Kenya launched ‘*fanya hesabu, Wacha Mpango wa Kando’* (do the maths, stop having side plans), as a continuation of the efforts to reduce CSP; and continued to air adverts on television, radio, and print mediums (Maikweki, 2020). The insight PSI-Kenya was trying to exploit was that extra-marital affairs were costing those involved in them so much in terms of finances, emotional toll, and the increased risk of getting infected with HIV, thus if the audiences could engage in some introspection, they would see these affairs were really not worth it. Just like in the preceding campaign for ‘*Wacha Mpango wa Kando’*, the ‘*fanya hesabu, Wacha Mpango wa Kando*’ campaigns were spearheaded by Jimmy Gathu, a well-known media personality who hosted news and music shows on KTN, Kenya’s most popular independent television station at the time, who was selected as the face of the campaign due to his wide appeal as a media personality and his status as family man (Maikweki , 2020).

In 2013, PSI-Kenya continued collaborating with then Ministry of Public Health and Sanitation through NASCOP and KNACC with funding from United States Agency for International Development (USAID) and the United Kingdom (UK) through UK AID to launch the third and last of the CSP campaigns dubbed ‘*Weka Condom Mpangoni*’ (put a condom in that plan).

#### 2.1.2 The ‘Weka Condom Mpangoni’ (put condoms in the plan) Campaign

The ‘*Weka Condom Mpangoni’* campaign was developed to promote consistent condom use among married men and women with their CSP and among single women who have CSP regardless of marital status and to increase condom use in these relationships (Maikweki, 2020). The ‘*Weka Condom Mpangoni’* campaign was launched during a period when Kenya sadly was witnessing a surge in PLHIV, with numbers increasing from 1.4 million in 2009 to 1.6 million in 2013 (KNACC, 2014). Worryingly, other statistics showed that 44% of the new infections were occurring in marriages against a backdrop of only thirty five percent of women and forty nine percent of men reporting using condoms with casual/non-marital sexual partners (NASCOP, 2012).

The ‘*Weka Condom Mpangoni’* campaign that features two women discussing the affair one is having with a younger man created a lot of controversy leading to the withdrawal, albeit temporarily, of the campaign. Some have argued that the major contention was that it featured an African woman openly cheating on her spouse, something unacceptable in the African culture. This claim is perhaps supported by the fact that the campaign featuring two men discussing their 'side dishes‟ did not attract any controversy or condemnation. These are among the gender and cultural issues that this section of the study addressed. Gender issues and their influences on various social issues have been extensively studied (Jana et al, 2007; Rweyemamu & Fuglesang, 2008; Shisanya, 2007).

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

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

The ‘*Weka Condom Mpangoni’* was to be the most controversial and talked about of PSI-Kenya’s CSP campaigns featuring as a talking point on local and international media such as the Cable News Network (CNN) questioning the campaign (CNN, March 22, 2013). The British Broadcasting Corporation (BBC), and Aljazeera. Eventually, PSI-Kenya suspended the airing of the adverts in early March 2013 due to public outcries that necessitated a crisis meeting of the KNACC board (Daily Nation, March 24, 2013). The ‘*Weka Condom Mpangoni*’ campaign was a marked departure from PSI-Kenya’s previous campaigns ‘*Wacha Mpango wa Kando’* (stop having extra marital relationships) and ‘*fanya hesabu, wanya mpango wa kando*’ (do the maths, stop having extra marital relationships) in that it only explicitly implored persons engaging in CSP to use condoms as the previous two campaigns had not achieved much in reducing CSP (Maikweki, 2020). An evaluation conducted in 2012 showed that the previous campaigns of ‘*Wacha Mpango wa Kando’* and ‘*fanya hesabu, Wacha Mpango wa Kando’* were not successful in reducing the numbers of men and women reporting to be engaged in CSP (Daily Nation, 2013).

The *‘Weka Condom Mpangoni’* campaign faced challenges of the message being misinterpreted by the audience. BBC News, 20 religious’ body, the Council of Imams, and Preachers of Kenya (CIPK) condemned television stations for showing. The adverts made their way back to the airwaves and print mediums after PSI-Kenya amended the campaign tagline from ‘*Wakinge uwapendao, chochote umeamua, Weka Condom Mpangoni*’ (protect the ones you love, whatever you have decided to do, put a condom in that plan) to now say ‘wakinge uwapendao, Wacha Mpango wa Kando la sivyo, tumia condom’ (protect the ones you love. Stop having side partners. If not, use a condom’) (Maikweki, 2020).

The essence of this study therefore is to establish the actual unintended effects and reasons for the failure of this campaign to achieve the purpose for which it was intended.

#### 2.1.3 Effects of mass media in health communication and Social marketing

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

Previous research demonstrates that some campaigns have been rated as successful while others have failed Mabachi (2008), for example, argues that although evidence suggests that mass media campaigns do work, particularly when the principles of effective campaign design are followed, Noar, (2006), argues that donors and practitioners are still frustrated at evaluators inability to answer the question: of what makes some campaigns more effective than others (Bertrand, 2006).

Most public campaigns designed to promote social and behavioural change has been fashioned upon the best practices borrowed from the commercial advertisement and marketing industry. Although “social marketing intervention is the main stay of global HIV prevention efforts” (UNAIDS, 2002 as cited in Agha, 2003.p.750) it difficult to apply this to evaluate health campaigns designed to advocate for behaviour and social change (Bertrand, et al. 2006). Awareness on HIV and AIDS through TV messaging was 100% because many of the programmes they watched had a message on HIV/AIDS but in varied proportions. However, it shows that TV viewership and behaviour change were not in direct correlation; implying that TV viewership did not necessarily translate into behaviour change. Change behaviour through watching TV messaging created awareness on HIV/AIDS but on the ground, girls still engaged in risky behaviour and new HIV infections continue to be reported.

As pointed out by Wyss (2001), mass media messages are an important source of knowledge regarding HIV and AIDS, but this knowledge alone does not translate to behaviour change. Other issues underlying HIV and AIDS infection are not considered and new infections continue to be reported (UNAIDS 2006). Wyss (2001) points out that mass media is a source of knowledge regarding HIV and AIDS, but positive behaviour change cannot be realised by this knowledge alone. New infections continue to be recorded because other issues underlying HIV and AIDS infection among vulnerable groups have not been addressed (UNAIDS 2006). As much as the study says knowledge doesn’t translate to behaviour change, there was necessity to dig deep into the behaviour change catalyst in relation to how the *Mpango Wa Kando* Messages were conveyed and packaged.

***2.1.4 Unintended effects of health communication***

The literature review also shows that communication research into unintended effects is relatively nascent, with public health lacking studies into unintended effects when compared to clinical practice (Lorenc & Oliver 2014). However, in recent years, communications researchers in addition to seeking to demonstrate that media do have significant effects, are also focusing on unintended effects when the outcomes of health communication different from the stated communication objectives.

Cho & Salmon in 2007 in addition to describing five dimensions of unintended effects also classified the types of unintended effects into 11 types. Some are felt more at the individual level (such as obfuscation, dissonance, boomerang, epidemic of apprehension and desensitisation), whereas others such culpability, opportunity cost, social reproduction, social norming, enabling, and system activation have more impact at the society level (Cho & Salmon, 2007, p. 299). Also, some unintended effects such as enabling, and system activation can be positive or have negative impacts.

##### *2.1.4.2 Types of unintended effects in advertising*

Xu, 2020, discusses nine types of unintended effects that can arise from advertising. a discussion of these follows below: The first type of unintended effect is confusion (also referred to as obfuscation by Cho & Salmon, 2007, whereby audiences misunderstand the messages. In advertising, confusion ultimately centers on misunderstanding that relates to the brand (Xu, 2020). A brand can be summarised as all things an individual thinks or feels about a particular product or service. Branding is at the centre of social marketing efforts as it provides visibility in terms of logos, catchy slogans, and role models, and helps audiences connect with products and services.

The second type of unintended effect is the stimulation of materialism especially amongst younger audiences (Xu, 2020), while the third type of unintended effect regards idealisation, which can lead to lower self-esteem. Both materialism and idealisation can be problematic for campaigns such as ‘Weka Condom Mpangoni’ if they manifested themselves, for example if audiences ended up thinking using condoms was ‘cool’ or having a ‘side kick’ was okay if you felt unloved in your relationship.

The fourth type of unintended effect relates to the reinforcement of social stereotypes based on gender, race, and age (Xu, 2020). The ‘*Weka Condom Mpangoni’* campaign featured two very similar adverts but with different characters; in one of the advertisements, two women discussed the extra-marital relationship one of them was having at a marketplace, while in the other advertisement, two men in a night club also discuss an extra-marital affair one of them is having. It is of interest to this proposed study to see what if any stereotypes regarding men and women and extra-marital relationships manifested themselves. Unintended effects in gender issues have already been documented in other countries; for example, a campaign dubbed ‘Open your eyes’ designed to raise awareness about domestic violence and to prevent abuse resulted in men’s attitudes towards the issues worsening or not moving at all (Keller, Wilkinson, & Otjen (2010). Also, an STI reduction campaign called ‘*Man Up Monday’*, reified harmful aspects of hegemonic masculinity such as male dominance and subordination of women that other programmes were working on to change” (Fleming, Lee & Dworkin, 2014, p. 1029).

The fifth type of unintended effect is the boomerang effect, where the advertising produces the opposite result to what the advertisers intended. Boomerang effects are particularly concerning for any advertisers or health communicators and represent a nightmare scenario. For example, in the ‘*Weka Condom Mpangoni’* campaign, boomerang could result in more people choosing to engage in extra marital relationships or people in extra marital relationships choosing not to use condoms for protection against HIV/AIDS. Media research into unintended effects is showing that boomerang effects are not as uncommon as one might think; for example, campaigns designed to promote healthy behaviours (such as self-examination for breast cancer, healthy eating, practicing safer sex, rape interventions and anti-aggression media campaigns) produced the opposite effect (Byrne, Linz, & Potter, 2009). Also, a tobacco industry sponsored anti-smoking campaign that encouraged parents to lecture their children on not smoking triggered more youth to smoke (Healey & Zimmerman, 2009).

Drawing from SCT, observational learning refers to the fact that a message may, unintentionally, offer associations that demonstrate rewards for engaging in negative behaviour (Hart, 2014). He also points out the activation of social norms may also result in unintended effects. Among the message strategies in health communication campaigns, fear appeals have been the most notorious for their potential for producing boomerang effects (Cho & Salmon, 2007). With the message ‘nearly 50% of new HIV infections are happening in marriages’ the ‘*Weka Condom Mpangoni’* campaign had strong fear appeal facets (with the implied message that many married people were now having extra-marital relationships) and thus increased potential for a boomerang.

The sixth type of unintended effects relates to violence, with limited research studying violence issues related to commercial media content and the role it may play in fostering violence (Xu, 2020). National data reveals high Gender Based Violoence (GBV) prevalence in Kenya with variations cutting across typologies and geographic locations; with women and GBV, (National Policy for response and prevention of GBV, 2014) disproportionately affects girls. With a social context of GBV being rife, it is therefore prudent to examine if the ‘*Weka Condom Mpangoni’* campaign might have inadvertently contributed to this due to the strategic execution it took. The seventh type of unintended effect described by Xu is in relation to creativity; that is how the messages are packaged or delivered in advertisements; for example, the PSI Kenya ‘*Weka Condom Mpangoni’* campaign included an advertisement of what can be construed as ordinary Kenyans- two middle aged women in a market place that can be just about anywhere in the country, having a conversation that cannot be called very ‘normal’ about extra-marital relationships. Indeed, while creativity can produce positive impact that goes beyond the advertiser and benefits others, (Xu, 2020, p. 8), the possibility of creativity having negative effects should not be discounted. The seventh type of unintended effect is opportunity cost which arises due to competing interests for the public’s attention and resources; that can sometimes see the elevation of smaller issues such as fewer people smoking crack being elevated over bigger problems like alcoholism, as happened in the ‘wars against drugs’ campaign (Cho & Salmon, 2007).

The eighth type of unintended effect is social reproduction where instead of changing existing social norms, attitudes and behaviours, the campaign ends up making them stronger in those who already have them, while having minimal if any impact on those who don’t. Social reproduction is often linked to education and income levels, with those higher up more likely to take up the promoted behaviour (Cho & Salmon, 2007). The ninth type of unintended effect is social norming, whereby campaigns instead of contributing towards a culture of social togetherness, end up leaving individuals vulnerable to isolation and humiliation (Cho & Salmon, 2007).

The tenth type of unintended effect is enabling whereby inadvertently campaigns end up promoting the growth of industries. If the industries that end up being spurred into growth are allied to the campaigns objectives, even if this was not the intention that can be seen as a positive, even though unintended effect. However, the industries that grows might be the very ones contributing towards the issues the campaign sought to address in the first place, such as entrenching tobacco or alcohol companies, in which case the unintended effect must be seen as negative (Cho & Salmon, 2007). The eleventh type of unintended effect is system activation, where campaigns end up having effects at multiple levels of society, and these can sometimes extend beyond the scope of the original campaign. For example, Minnesota’s Heart Health Program not only ended up in bans of cigarette sales through vending machines in the treatment city of Bloomington, but spread to other cities (Cho & Salmon, 2007).

### 2.2 Theoretical Framework

Theory plays numerous roles in helping both scholars and practitioners understand the communication process, they describe the complex world in which we live in and in doing so, renders them comprehensive (Maibach & Parrot, 1995). Several theories of message design are outlined by Maibach &Parrot (1995) in their book, Designing Health Messages, which covers three major and broad issues; theory-driven approaches to health message design, audience centered strategies for health message design and combining theory and practice.

The Social Cognitive Theory (SCT), by the Albert Bandura and the Diffusion of Innovation (DOI), by Rogers, (2003), which have been selected due to their appropriateness, ease of application, and explanatory powers of the issues (Gabriel, 2013) will guide this study.

#### 2.2.1 Social Cognitive Theory (SCT)

Bandura’s contribution to the field of behavioural theories can be traced to 1963 when together with Walters, they developed the Social Learning Theory (SLT) that broadened thinking on classical conditioning or learning by association; and operant conditioning, that is, rewards and punishments (McLeod, 2016) by adding the dimensions of mediation and observational learning. SLT posits that human learning is not just based on direct stimuli but that human beings are capable of learning by observing the actions of models; and that there are mediating processes that take place between stimulation and human responses. In 1986, Bandura refined the SLT further and renamed his theory to Social Cognitive Theory (SCT) due to its emphasis on the role of cognition (human agency) in people’s capability to make independent decisions and act accordingly (Nabi & Clark, 2008). From the literature, SCT is seen as having four distinct pillars, which are discussed in detail as below:

##### *2.2.1.1 Human agency*

Human agency is seen in the ability of every person to make independent decisions, show initiative, reflect on his or her actions, and set standards for his or her behaviour such as self-pride or self-censure as the case might be. However, this human agency is usually exercised within the boundaries of social contexts (Bandura, 2009). Accordingly, going by the concept of human agency, it means that audiences exposed to the *‘Weka Condom Mpangoni’* campaign could accept or rejecting the messages sent out by PSI-Kenya, due to their own assessments as individuals or due to social pressures; or even modifying their behaviours in private per the messages received by using condoms with extra-marital partners but in public not agreeing with the messages. This is because people who are not much committed to personal standards adopt a pragmatic orientation, tailoring their behaviour to fit whatever the situation seems to call for (Bandura, 2009).

##### *2.2.1.2 Human capabilities*

Humans can symbolise by deriving meaning from their environment, improve by learning from past actions; and share and store information (Bandura, 2009). Symbolisation can also be applied proactively, enabling people to anticipate outcomes of their actions, and whether they can successfully complete tasks (Pajares, et. al, 2009). Hence, people are shapers of their own experiences. Social marketing, with its strong focus on individuals and their behaviours seems to target symbolisation, with strategies such as education-entertainment that enable audiences to closely follow characters who model positive and negative traits, and to then anticipate what would be the outcomes of the characters’ actions.

##### *2.2.1.3 Vicarious learning*

Vicarious learning, also known as observational learning, refers to the ability of humans to learn lessons from the mistakes or achievements of others, and make their own life decisions based on those observations. What attracts attention by individuals is determined by factors such as how drawn to the model the individual is (attraction), the cognitive abilities of the observer; and how hard or easy (complexity) it is to do the modelled behaviours (Pajares, et. al, 2009). The notion of vicarious learning is important when assessing unintended consequences of communications. Since the ‘*Weka Condom Mpangoni’* campaign was aired on primetime media, the messaging was available to not just people having extra marital affairs, but also to their spouses and children. What possible effects might there be for example, with minors receiving messages meant for adults? Unintended effects in children (though not well studied in keeping with the whole field of unintended effects being underexplored) do happen; for example, an anti-violence media campaign for children resulted in the children who viewed the campaign’s clip being more likely to be aggressive compared to children who did not see the clips (Byrne, Linz, & Potter 2009).

##### *2.2.1.4 Self-efficacy*

This is the confidence or belief a person has that they can carry out behaviour and is the foundation of human agency because it provides the motivation to act (Bandura, 2009). The ‘*Weka Condom Mpangoni’* campaign was targeting self-efficacy on a sensitive topic initiating a discussion with a sexual partner on condom use. In health promotion and communication, boosting self-efficacy whilst at the same time heightening a person’s self-risk perceptions is a common tactic, with fear appeals concentrating on these two beliefs (Cho & Salmon, 2006). Fear appeals evoke dread but also aim to provide self-efficacy as an escape route from the calamity, with the idea being that audiences will be sufficiently scared and motivated to take preventive action.

##### *2.2.1.5 Outcome expectations*

This refers to what the individual thinks will be the likely consequences of engaging in a behaviour for him or herself or their societies; and can be powerful motivator or not to carry out a behaviour (Bill & Wientt, 2007). Together with self-efficacy, outcome expectations directly influence and help individuals to regulate their behaviours (Anderson, Winett, & Wojcik, 2007). The ‘*Weka Condom Mpangoni’* campaign was a HIV infection campaign that targeted increased awareness by audiences of the high rate of infections within marriages due to extra marital affairs, with the expectation that audiences would reduce the risks by engaging in protected sex.

##### *2.2.1.6 Applicability of SCT to this study*

SCT is still highly suitable for this study because, as pointed out by Mattson and Basu (2010), the messaging process is not restricted to message variables that are created and disseminated. It also represents the constantly transformative process of contextual meaning making that involves cultural participation. Given that this study assumes that social contexts due to culture or religion can give rise to unintended effects, working with a theory such as SCT that enables the researcher to analyse how individuals and their social systems can be affected by CSM campaigns is important.

Also, social marketing relies on theories whose objectives are to help motivate behaviours, and thus relies heavily on SCT and the Health Belief Model (Wymer, 2011), in developing interventions including for CSM. Using SCT to understand the unintended effects of campaigns such as ‘*Weka Condom Mpangoni’* thus provides coherence from start to finish in application of the theory. Since SCT offers a comprehensive understanding of how people learn behaviours in a range of contexts, including those based on media exposure (Pajares, et. al, 2009), it will help to meet the research objective of understanding the social contexts in which the ‘*Weka Condom Mpangoni’* campaign was taking place. The effects of ‘*Weka Condom Mpangoni’* are likely to have shown themselves in psychological terms, a well-constructed theory grounded in psychology is of immense value in understanding these effects. (Pajares, et al., 2009).

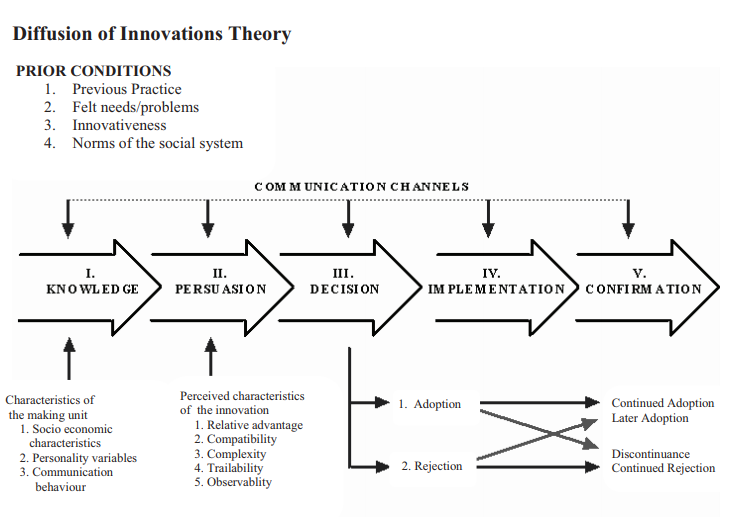
Since SCT looks at the interplay between personal and social structural influences within the larger societal context (Bandura, 2009), it provides a more vibrant background against which to evaluate campaigns not just for intended but also for unintended effect amongst multiple audiences. SCT rejects a duality between human agency and social structure. People create social systems, and these systems, in turn, organise and influence people's lives (Bandura, 2006).

#### 2.2.2 Diffusion of Innovation (DOI)

Everett Rogers, (1995) is best known for his “diffusion of innovation” theory and for introducing the term “early adopter”. Rogers, (2003) defined diffusion as “the process by which an innovation is communicated through certain channels over time among the members of a social system” DOI is important because it is hard to develop useful knowledge (Rogers, 2003). Diffusion of Innovation is an important theory in information system, which explains how and why technology spread through cultures (Rogers, 2003). According to Rogers, DOI is largely a social process, which means that innovations are “gradually worked out through a process of social construction” (Rogers, 2003,). The four components of diffusion of innovation are *The Innovation*, *Communication Channels*, *Time* and a *Social System* (Knowlton, 2008; Rogers 1995; Rogers, 2003).

##### *2.2.2.1 Innovation*

Rogers described an innovation as an idea, practice, or object that is perceived as new by an individual or others (Rogers, 1995, 2003). This could be both technical (i.e., new technologies) and administrative (i.e., new procedures and policies) (Van de Ven, 1986). The innovation does not have to be objectively new but merely perceived as new to the people involved. There are five stages to diffusion of innovation: *Knowledge, Persuasion, Decision, Implementation, Confirmation*.



*Figure 1: Stages of Diffusion of Innovation*

The five characteristics that determine the rate of adoption of innovation are: *Relative advantage* - “the degree to which an innovation is perceived as better than the idea it supersedes” (Rogers, 2003). It does not matter so much if an innovation has a great deal of objective advantage, Rogers & Scott, (1997) explained that what is important is that the individual perceives the innovation as advantageous; *Compatibility* – “the degree to which an innovation is perceived as consistent with the existing values, past experience, and needs of potential adopters” (Rogers, 2003); *Complexity* “the degree to which an innovation is perceived as difficult to understand and use” (Rogers, 2003). Excessive complexity of an innovation is a vital obstacle in its adoption since it negatively correlates with the rate of adoption (Sahin, 2006); *Trialability* - “the degree to which an innovation may be experimented on a limited basis” (Rogers, 2003). An innovation that is trial able presents less uncertainty to the individual who is considering adopting its use; *Observability* - “the degree to which the results of an innovation are visible to others” (Rogers, 2003). The easier it is for individuals to see the results of an innovation, the more likely they are to adopt it.

##### *2.2.2.2 Communication Channels*

Communication is the process whereby participants create and share information with each other to reach shared understanding (Roger, 1995; Rogers, 2003). It is the heart of ‘diffusion of innovation’ theory. A communication channel is how messages are transferred from one individual to another (i.e., through ICT). “The diffusion process is the information exchange through which one individual communicates a new idea to one or several others” (Rogers, 2005). Rogers identified two categories of communication channels: *Mass Media and Interpersonal Communication* (Rogers, 2003; Sahin, 2006). The role of mass media and internet are considered the best channels to create awareness among users i.e., TV, radio, or internet. On the other hand, “diffusion is a very social process that involves interpersonal communication relationships” (Rogers, 2003).

##### *2.2.2.3 Time*

The element of time has three phases: *Innovation-Decision Process; Innovativeness; and Innovation Rate* (Rogers, 1995, 2003). The **Innovation-Decision Process** includes the five mental stages or steps that the individual passes through which are *Knowledge, Persuasion, Decision, Implementation and Confirmation* (Rogers, 2003) and **Innovativeness,** as the degree to which a member or members of a social system adopt an innovation earlier than others, within the same social system. Rogers, (1995) identified five adopter categories that reflect relative innovativeness: *Innovators, Early Adopters; Early Majority; Late Majority and Laggards*. It is believed that at the initial stage a few individuals adopt an innovation. Later the diffusion curves climb up as the innovators; early adopters and early majority adopt the innovation. The highest peak is somewhere between the early majority and late majority, and finally it slopes down to the laggards.

##### *2.2.2.4 Social System*

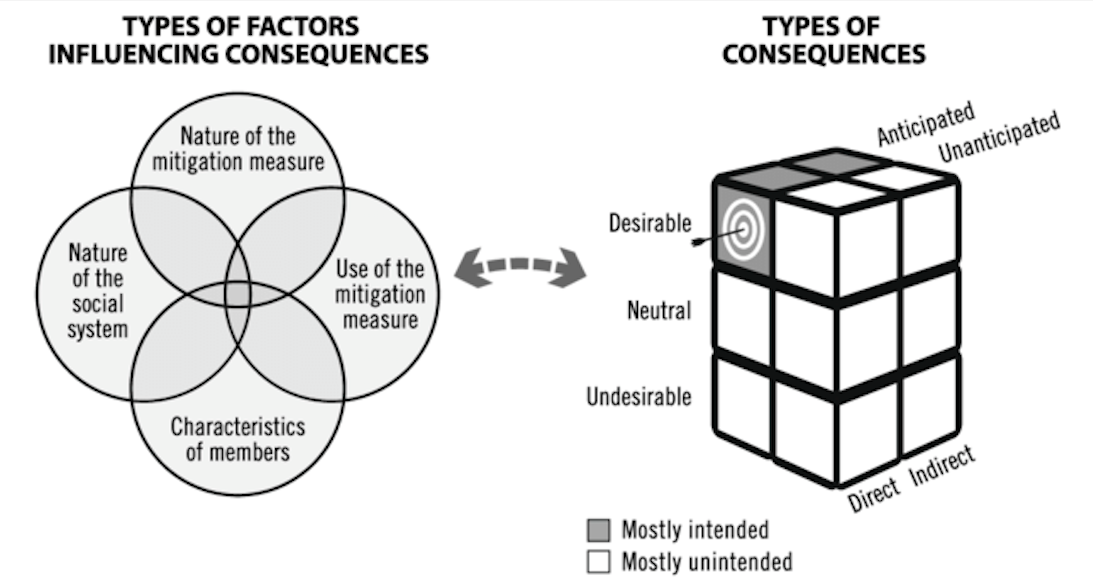
Roger (2003, p. 23) defined the social system as “a set of interrelated units that are engaged in joint problem-solving to accomplish a common goal”. An innovation “diffuses” within the boundary of a social system (Rogers & Scott, 1997). Rogers (1995; 2003) noted that the structure of a social system could facilitate or hinder the diffusion process. The social system is a norm, which influences “the establishment of behaviour patterns of the members” (Rogers, 2003, p. 37). Therefore, it may take time to learn new ICT technologies due to the social system.

##### *2.2.2.5 Application of the theory to the study*

DOI has been chosen because it provides a deeper explanation the way new entities and ideas disseminate through social system in health are communicated and adopted. The researcher chooses to use the DOI theory since it is known and proven concept that has been widely used in health information and technology research. The social side is important to understand the process of the condoms use in any of the community groups of a society. This aspect will help to explain the relevance, perception, and effects of the *‘Weka Condom Mpangoni’* campaign by the audiences.

In applying theories of behaviour change to the *‘Weka Condom Mpangoni’* campaign messages, the study describes the context within which these messages are developed and disseminated as well as the outcomes that the campaign designers had predicted. The study also explains and seeks to answer the question of why the *‘Weka Condom Mpangoni’* campaign messages have not had the desired effects.

### 2.3 Conceptual Framework

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*Figure 2: Framework for studying unintended consequences: (Adapted from (Rogers, 2003; Bloomrosen et al, 2011* *& Turcotte-Tremblay et al*. *2017; 2018; 2020).*

According to this framework, four categories of independent variables interact to influence consequences of new prevention measures. First, it is important to consider the *nature of the prevention measures*. This refers to their attributes, such as their relative advantage, compatibility with local needs, and complexity (Rogers, 2003). Second, researchers should consider the *characteristics of members of the social system* to understand the unintended consequences that emerge. Such characteristics include their socioeconomic status as well as their perceptions and attitudes towards suggested measures. Third, examine the *nature of the social system* within which the prevention measure is introduced to understand its consequences. This includes local norms as well as the inner and outer environment. Fourth, the *implementation* of prevention measures also influences the consequences that emerge.

The consequences arising from prevention measures can be classified into three dimensions (Rogers E., 2003). First, they can be desirable, neutral, or undesirable. This depends on whether the effects of prevention measure tend to be functional for the social system (i.e., positive, producing additional benefits, helping the system work properly), or dysfunctional (i.e., negative, causing harm, not helping the system work properly). Second, consequences can be direct or indirect, depending on whether the changes to a social system occur as an immediate response to an innovation or as a second-order result of the direct consequences. Third, consequences can be anticipated or unanticipated, depending on whether the changes are recognised by the members of a social system.

These types of consequences tend to be unintended by programme planners: undesirable/anticipated, undesirable/unanticipated, and desirable/unanticipated. Our rationale for classifying these consequences as unintended is that programme planners are not likely to purposefully target changes, they consider undesirable or that they have not anticipated. Bloomrosen et al., 2011, consequences that are desirable/anticipated (e.g., limiting the spread of HIV/AIDS among married people and couples) are the intended outcomes. Jabeen, 2018 argues that programme planners trying to promote a mitigation measure are likely to have listed and exhausted all desirable outcomes that they foresee in the objectives.

### 2.4 Summary

The chapter provides a review of relevant theories and the role of theory in message design, multiple concurrent partnerships, which have been shown to be an issue of public and academic concern in the context of HIV/AIDS, owing to the high rate of new infections among people in marriages and long-term relationships. A literature review of media effects and unintended effects was carried out and discussed, enabling the researcher to develop an initial conceptual framework that would guide the research methodology in chapter three.

# CHAPTER THREE

## RESEARCH METHODOLOGY

### 3.0 Overview

This chapter details the research methodology employed in this study. It starts by describing the philosophical paradigm on which the study is anchored followed by the research approach and the research design employed. It goes on to describe the study population, the sample and sampling procedure; the data generation and analysis techniques engaged. Also discussed in the chapter are the challenges faced in the data generation process. The chapter also discusses the validity and reliability of the study as well as key ethical considerations.

### 3.1 Philosophical Paradigm

A research study should also be guided by clear philosophical ideologies or worldviews, which need to be clearly stated (Creswell & Creswell, 2018). Social constructionists claim that meaning is constructed by interactions between people and their environment; and thus, their diversity allows people to make sense of the same reality in reasonably different ways (Morse & McEvoy, 2014).

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

This possibility of different interpretations to the same campaign is in line with the purpose of this study, where the audiences understood the campaign differently due to variations as individuals and based on their social contexts. The experiences, attitudes and perceptions of the target audiences also influenced how they received, perceived, and acted on the messages. Since the study is, to a large degree, of social nature, the leaning towards relativist tradition is the most appropriate approach.

### 3.2 Research Design

Research design is the plan of action, structure and strategy framework used to investigate or in obtaining feedback on research questions and the control variance Ogula, (2005). This qualitative study will employ an Exploratory Design whose major emphasis is on gaining ideas and insights into a research problem.  Qualitative data will be collected through reviewing existing literature on the ‘*Weka Condom Mpangoni’* campaignfrom newspapers published in March 2013 to August 2013.

The exploratory research design is the ideal when there is limited information and the researcher desires for pliability to later probe other dimensions of the phenomena (Polonsky & Waller, 2005; Cooper & Schindler, 2006). An exploratory design is suitable for this study because of its appropriateness in fact finding, and that it results in the formulation of important principles of knowledge. It will provide a deeper foundational understanding of the unintended effects of health communication campaigns and provide insight that will inform future endeavours.

### 3.3 Study approach

Creswell and Plano Clark (2007) defined inductive research as one that uses the respondents’ views to build broader themes and generate clear links between the objectives of the research and the results of interconnecting the themes.

This study will employ an inductive research approach to conduct a thematic analysis of qualitative data collected to explore the unintended effects of the *‘Weka Condom Mpangoni’* campaign. The researcher will develop a code sheet of the underlying structure of experiences and themes that are evident in the raw data, which will aid in comparing reliable and valid patterns in the context of focused evaluation questions. The codebook and data extraction form will be developed iteratively between October and November 2022, informed by articles on the *‘Weka Condom Mpangoni’* campaign. The researcher will conduct two rounds of inter-rater reliability (IRR) assessments during the title screening.

### 3.4 Study Methodology

A qualitative research method will be used, where qualitative data will be collected through content analysis and analysed through thematic analysis. Qualitative research provides in-depth explanations to approach research objectives (Mugenda & Mugenda, 2003). This method is used to study natural experiences in their settings; attempts to make out sense or construe meanings people bring forth (Denzin & Lincoln, 2005).

**3.5 Study Area**

The research will be restricted to newspaper articles that were published from March 2013 to August 2013, because that is when the campaign aired.

### 3.6 Study Population

The population refers to the complete set of elements (persons or objects) that possess some common characteristic defined by the sampling criteria established by the researcher (University of Missouri-St. Louis, 2020). The papers will be selected, and articles will be obtained from libraries, databases, as well as independent newspaper archives for newspapers not included in the database. Every newspaper article published from March 2013 to August 2013 will be collected and analysed for the study.

### 3.7 Sampling Technique

Sampling in qualitative research is the selection of specific data sources from which data are collected to address the research objectives (Gentles, et al. 2015). From the literature review, the ‘*Weka Condom Mpangoni’* generated a lot of debates that were reflected by articles in Kenyan newspapers. The Dailies included in this are the Daily Nation, The Standard, The Star and Taifa Leo, and People Daily, while the Weekly Publications include the Sunday Nation and Sunday Standard. These publications will be chosen based on their daily circulation, with the Daily Nation having a 40% market share, Standard Newspaper 20%, Taifa Leo 10% and the People Daily 8% (Geopoll, 2015). The criteria for inclusion into the study will be articles specifically discussing the *‘Weka Condom Mpangoni’* campaign from journalists, opinion pieces from columnists and letters to the editor. From the literature review, the date range for these articles to be eligible will six months from March 2013 when the campaign started airing to August 2013. This is when most discussions about this campaign took place, culminating in the campaign being taken off air briefly before being allowed back on air after making changes (Mbugua, 2013).

### 3.8 Sample Size

This study will determine the number of samples that will be anlysed when through the stopping criterion when data saturation will be reached. Some qualitative researchers posit that it is not necessary to set out a sample size because for example in some situations even a single sample can provide reliable indications for the directions in which future research can go or provide perspectives on a research problem by deepening understanding (Boddy, 2016). Some research contends that a minimum sample size needs to be set out at the beginning of the research to guide the researcher; and then specifying how many samples will be analyzed without new ideas or themes emerging (stopping criterion) to find out an adequate sample size. This concept is also known as saturation (Creswell & Creswell, 2018).

### 3.9 Data Collection Procedure

This study will involve the identification of print and documents that can help answer the research questions by scouring newspaper databases generated as from when the campaign was launched in 2013. Electronic and hard copies of the newspapers will be examined, with the latter being scanned and converted into electronic versions for purposes of their being analysed using Computer Assisted Qualitative Data Analysis Software (CAQDAS).

Once a dataset viable in addressing the research objectives is located, it will be evaluated to ensure the appropriateness for the research topic (Dale et al., 1988 & Smith, 2008). The advantage is that the data already exist in some form and will be evaluated for appropriateness and quality in advance of actual use (Stewart & Kamins, 1993). Stewart and Kamins (1993) propose a reflective approach to evaluate the data in a “stepwise fashion” (Stewart & Kamins, 1993). The results will be used to guide the researcher to understand the unintended effects of the *‘Weka Condom Mpangoni’* campaign.

### 3.10 Content Analysis

When it comes to data analysis, self-questioning, and self-confidence both seem like worthy qualities of a researcher (Silverman 2013). At the data analysis stage in this study, self- questioning will be more prominent than self-confidence. Mayring (2003) process of content analysis will be employed this study. It is comprised of; determination of the material, analysis of the situation in which the text originated, the formal characterisation of the material, definition of the unit of analysis, analysis of the material (summary, explication, and structuring). The themes will then be used to determine categories in relation to the research questions. The themes will then be uses to make conclusions on the study variables to analyse the intended and unintended effects, which will inform the results determined and reporting.

### 3.11 Trustworthiness

Creswell & Miller (2000) concurs, arguing that terms abound in qualitative literature that addresses validity, such as trustworthiness, authenticity, and credibility. Creswell (2014) adds “validity is one of the strengths of qualitative research and is based on determining whether the findings are accurate from the standpoint of the researcher, the participant or the readers of an account”. Bassey (1999) defines trustworthiness as ensuring that the research process is truthful, careful, and rigorous enough to qualify to make the claims that it does. The researcher will ensure that the process is truthful by purposively selecting stories from credible media sources for analysis and employed the knowledge of effective data generation and analysis recommended by various scholars. The topic chosen is related to a national issue; the HIV/AIDS epidemic and is, in many ways, in the public domain. This ensures that other researchers and scholars have access to the facts of the epidemic and the various interventions. Data and information on the epidemic and related health campaigns can be collaborated, which is available to the public through PSI, NACC, NASCOP and other agencies.

### 3.12 Data Management

Data will be collected on personal computer or in paper, and then be later transferred to the personal computer through typing or through mobile scanning for the written texts. The data collected will be shared with institutions where data will be collected i.e., PSI Kenya as agreed, the licensing body that is the National Commission for Science, Technology, and Innovation (NACOSTI). It will also be shared with the University of Nairobi, scholarly institutions, or publishers at the discretion of the researcher and in relation to ethical guidelines of the study.

### 3.13 Ethical Considerations

Ethics is of great significance as it provides assurances to the participants of any research and their representatives’ organisations, seeing to it that their rights and welfare are protected and wholesomely protecting the standards of research governance (Resnik 2011). This study will adopt a code of ethics to promote the highest standard of ethical awareness and behaviour throughout the period of this study. The researcher will obtain a research permit from the National Commission for science, technology, and Innovation (NACOSTI). Data will be collected from Daily Nation, The Standard, The Star and Taifa Leo, and People Daily, which are published public resource, with the intention for academic use only. Permission will be sought to access media houses’ libraries for newspaper copies. The researcher will obtain a certificate of fieldwork, from Daystar University, that will be presented to the relevant offices for data collection. He will also seek permission from the librarians to be able to access newspapers at the library.

### 3.14 Summary

This Chapter has detailed the philosophical paradigm that guided the study, the research design, approach, and methodology used. It has detailed the sampling and data generation techniques employed as well as the data generation process. The chapter has also outlined the data generation process, data analysis, trustworthiness, and ethical considerations.

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# APPENDIX A

## THESIS TIMELINE 2020-2021

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2020 | | | | | 2021 | | | | |
| ACTIVITY | **SEPT** | | **OCT** | **NOV** | **DEC** | **JAN** | **FEB** | **MAR** | **APR** | **MAY** |
| Literature review |  | |  |  |  |  |  |  |  |  |
| Chapter One |  | |  |  |  |  |  |  |  |  |
| Chapter Two |  | |  |  |  |  |  |  |  |  |
| Chapter Three |  | |  |  |  |  |  |  |  |  |
| Proposal defense |  | |  |  |  |  |  |  |  |  |
| Corrections |  | |  |  |  |  |  |  |  |  |
| ERB approval |  | |  |  |  |  |  |  |  |  |
| Data collection & preparing the data |  | |  |  |  |  |  |  |  |  |
| Defining the unit of analysis |  | |  |  |  |  |  |  |  |  |
| Developing categories & coding schemes |  | |  |  |  |  |  |  |  |  |
| Pre-testing the coding scheme |  |  | |  |  |  |  |  |  |  |
| Coding the text |  |  | |  |  |  |  |  |  |  |
| Assessing consistency of the coding |  |  | |  |  |  |  |  |  |  |
| Drawing conclusions |  |  | |  |  |  |  |  |  |  |
| Reporting the methods & findings |  |  | |  |  |  |  |  |  |  |
| Final defense |  |  | |  |  |  |  |  |  |  |

# APPENDIX B

## RESEARCH BUDGET

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ITEM | Notes | Unit | Qty | Rate (Kes) | Total |
| 1. Research Equipment |  |  |  |  |  |
| * 1. Laptop computer |  | Each | 1 | 35,000 | 35,000 |
| * 1. Back up hard drive |  | Each | 1 | 6,500 | 6,500 |
| * 1. CAQDAS software license | 6-month student license | Each | 1 | 10,000 | 10, 000 |
| 1. Communications |  |  |  |  |  |
| * 1. Internet connectivity | For literature review, downloads, software updates, cloud back up | Monthly | 9 | 2,000 | 18,000 |
| * 1. Air time | Supervisor liaison | Monthly | 9 | 300 | 2,700 |
| * 1. Transport |  | Monthly | 9 | 2,000 | 18,000 |
| 1. Printing |  | Quarterly | 2 | 1,000 | 1,000 |
|  |  |  |  |  |  |
| **Grand Total** |  |  |  |  | **91,200** |

# APPENDIX D

## *‘WEKA CONDOM MPANGONI*’ CAMPAIGN, MEDIA ARTICLES

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE** | **PUBLICATION** | **PAGE** | **HEADLINE/SUBJECT** | **Article type** | **AUTHOR** |
| Friday, March 15 | The Standard | 15 | Safe health practices include condom use | Columnist | Mwende Ndung'u |
| Tuesday, March 19, 2013 | Business Daily | 2 | Religious leaders want advert withdrawn | Journalist reporting | Galgalo Bocha |
| Tuesday, March 19, 2013 | Daily Nation | 11 | Advert on condom use causing a storm | Journalist reporting | Galgalo Bocha |
| Wednesday, March 20, 2013 | Daily Nation | 14 | Condom condemn | Letter to editor | Dennis Lumiti |
| Thursday, March 21, 2013 | Business Daily | 11 | Withdraw offending advert from TV screens | Letter to editor | Dennis Lumiti |
| Thursday, March 21, 2013 | The Standard | 16 | Condom mpangoni the right way to go | Letter to editor | Dennis Atika |
| Friday, March 22, 2013 | The Standard | 12 | Top of the tweets (Weka Condom Mpangoni tops trends again after being taken off air) | Journalist reporting |  |
| Monday, March 25, 2013 | The Standard | 12 | Married but starved | Columnist | Oyunga Pala |
| Tuesday, March 26, 2013 | Daily Nation | 13 | Live and let live | Letter to editor | Anne Mwangi |
| Tuesday, March 26, 2013 | Daily Nation | 14 | Consider family values in advertising condoms | Letter to editor | Nandoya S. Erick |
| Tuesday, March 26, 2013 | Taifa Leo | 9 | Viongozi wa kidini wasipuuze tangazo (religious leaders should not dismiss advert) | Columnist | Mike Kalama |
| Wednesday, March 20, 2013 | The Standard | 12 | Top of the tweets (condom advert raises heated discussions) | Journalist reporting |  |
| Wednesday, March 20, 2013 | The Standard | 16 | Advert on condom use is simply outrageous | Letter to editor | Dennis Lumiti |
| Tuesday, March 26, 2013 | The Standard | 16 | No need to slam AIDS advert | Letter to editor | Njeri Mureithi |
| Wednesday, March 27, 2013 | Daily Nation | 13 | Moral crusaders against condom ad are part of the problem in AIDS war | Letter to editor | Kimani wa Njuguna |
| Thursday, March 28, 2013 | Business Daily | 11 | Don't complain about condom advert, counsel your children instead | Letter to editor | Naftary Mwangi |
| Thursday, March 28, 2013 | Daily Nation | 14 | Condom ad spot on | Letter to editor | Heho Mbiro |
| Thursday, March 28, 2013 | Daily Nation | 17 | Condom ad set to go back on air after talks | Journalist reporting | Jeremiah Kiplangat |
| Wednesday, May 8, 2013 | Daily Nation | 6 | Catholics criticise condom advert | Journalist reporting | Nation reporter |
| Monday, May 13, 2013 | Daily Nation | 2 | Numbers that drive the bold campaign for condom use | Journalist reporting | Peter Oduor |
| Monday, May 13, 2013 | Daily Nation | 3 | Group rubbing the Catholic church the wrong way | Journalist reporting | Peter Oduor |
| Thursday, March 21, 2013 | The Star | 21 | The new condom advert on TV is very offensive | Letter to editor | Dennis Lumiti |
| Sunday, March 24, 2013 | Sunday Nation | 9 | Crisis meeting called over condom use advert on TV | Journalist reporting | Tom Mosoba |
| weekend, March 23/24, 2013 | The Star | 16 | Ad doesn't sponsor immorality | Letter to editor | Grace Guya |
| March, 24-30, 2013 | The Truth, Weekly |  | Weka Condom Mpangoni ad is on point | Columnist | Suffocate Mkenya |
| Monday, March 25, 2013 | The Star | 28 | Our inconvenient truths | Columnist | Caroline Mutoko |
| Thursday, March 28, 2013 | The Standard | 6 | High new HIV infections spurred contentious ad | Letter to editor | Peter Orengo |
| Friday, March 29, 2013 | The Star | 29 | weka Condom' ad only told the truth | Columnist | Jerry Okungu |
| March 31-April 6, 2013 | The Truth, Weekly |  | Ngoma cia aka (xxx) back in a whirlwind | Journalist reporting | Mbuthia wa Mbuthia |
| Thursday, August 22, 2013 | The People | 14 | Weka Condom Mpangoni ad should have remained | Letter to editor | Lydia Chesoni |
| Sunday, August 11 | Sunday Nation | 14 | What's good for the goose | Letter to editor | E. Stanley |

# APPENDIX C

## CODE SHEET

Coder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Unit of analysis | Impacted | | Negative impact | | | | | | | | | | | | Positive  Impact |
|  |  | Individual | Society | Models | Confusion | Apprehension | Desensitisation | Dissonance | Boomerang | Culpability | Opportunity cost | Social  Reproduction | Social norming | Enabling | System activation |  |
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