

**AN ASSESSMENT OF THE ROLE OF RADIO CAMPAIGN ON  
VOLUNTARY MEDICAL MALE CIRCUMCISION UPTAKE IN KISUMU  
WEST SUB-COUNTY: A CASE STUDY OF “MIYA NGIMA” CAMPAIGN ON  
RAMOGI FM**

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## DECLARATION

This research project is my original work and no copies of this work have been submitted in part or whole to any other University for any academic award.

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## **DEDICATION**

I dedicate this project to my family who relentlessly encouraged me during my studies particularly when writing this project and more so to my daughter Magdalene Philpina Gillo.

You brought joy in my life though I was never there to see you take your first steps to a classroom. To the best friend I ever came to know, Dinah Dusman. Thank you for giving me Philpina and Timothy.

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## LIST OF ABBREVIATIONS AND ACRONYMS

<b>AIDS:</b>	Acquired Immunodeficiency Syndrome
<b>ART:</b>	Antiretroviral Therapy
<b>VMMC:</b>	Voluntary Medical Male Circumcision
<b>FGDS:</b>	Focus Group Discussions
<b>GoK:</b>	Government of Kenya
<b>HIV:</b>	Human Immunodeficiency Virus
<b>KAIS:</b>	Kenya AIDS Indicator Survey
<b>KBC:</b>	Kenya Broadcasting Corporation
<b>KDHS:</b>	Kenya Demographic and Health Survey
<b>KNBS:</b>	Kenya National Bureau of Statistics
<b>MC:</b>	Medical Circumcision
<b>MCC:</b>	Male Circumcision Consortium
<b>MDGs:</b>	Millennium Development Goals
<b>MOH</b>	Ministry of Health
<b>NASCOP:</b>	National AIDS and STI Control Programme
<b>PSI:</b>	Population Service International
<b>RRI:</b>	Rapid Results Initiative
<b>UNAIDS:</b>	United Nations Programme on HIV/AIDS
<b>UNCDR:</b>	United Nations Centre for Regional Development
<b>UNIM:</b>	University of Nairobi, Illinois, and Manitoba
<b>USAID:</b>	United States Agency for International Development
<b>VCT:</b>	Voluntary Counseling and Testing
<b>WHO:</b>	World Health Organization

## ABSTRACT

This study aimed at assessing the role of radio campaign on Voluntary Medical Male Circumcision uptake in Kisumu West Sub-County. The specific objectives were to establish the knowledge level, perceptions and attitudes of the young male on the *Miya Ngima* spot campaign; to establish the efficacy of *Miya Ngima* spot campaign on the uptake of VMMC in Kisumu West sub County; and to assess the challenges facing the adoption of VMMC in Kisumu West Sub-County. This study employed a mixed method approach and theoretical framework was Limited Effect theory and social cognitive theory. This study used a stratified random sampling technique to select the respondents. The sample size was 368, out of which 336 responses were obtained. Quantitative data was generated through questionnaires while qualitative data was generated through in-depth interviews and focus group discussions. The study used thematic and content analysis to analyze qualitative data and the findings were presented in a prose form. Descriptive statistics were used to analyze quantitative data. And software package called statistical package for the social science (SPSS version 21) was used to help capture and tabulate information from the questionnaires. Research findings showed that the campaign *Miya Ngima* aired on Ramogi radio about Voluntary Medical Male Circumcision was fully understood by most youths in Kisumu West Sub-County. The study also found that the program had widened Luo men knowledge about the spread of HIV/AIDS and especially among uncircumcised men and enabled men to undergo the exercise. Further, the message communicated about male circumcision and its benefit to the society and exposed the risks accompanied by failure to get circumcised. The study also established that the Luo community was not practicing traditional male circumcision and the community members had the perception that the process was painful and led to medical complications. The study revealed that *Miya Ngima* spot campaign had helped to change the negative perception about VMMC and also towards the service. The study further established that through *Miya Ngima* spot campaign, many Luo men had availed themselves for VMMC to lower the risk of HIV infection. In conclusion, the *Miya Ngima* spot campaign had played a significant role in the voluntary medical male circumcision uptake in Kisumu West Sub-County. The study therefore recommends that the campaign should be a continuous event so as to ensure more people are reached by the message. The study also recommends that several channels of communication should be used in the campaign. This should include use of opinion leads and elders, chief barazas, use of social media and use of television. The study further recommends that the campaign should also target women to encourage their husbands to undergo the VMMC. The study recommends that the government of Kenya as well as non-governmental organizations should ensure that resources in the facilities in terms of skilled healthcare professionals and equipment are available.

## CHAPTER ONE

### INTRODUCTION

#### 1.0 Introduction

Since the first case of Acquired Immune Deficiency Syndrome (AIDS) was discovered in 1981 in the United States of America, its impact has been felt most severely on the economies of the developing world. However, the global distribution of the virus is highly varied geographically by age, gender, race, and occupation (UNAIDS 2009).

According to Ondondo et al. (2014), this trend is caused by socio-economic, behavioural characteristics and cultural factors contributing towards the spread of HIV/AIDS. Given that AIDS kills mostly people between 15-59 years of age group, it is uniquely devastating in terms of increasing poverty hence reversing human development achievements (UNDP 2009).

According to Kenya Aids Indicator Survey (KAIS, 2014), Kenya's HIV/AIDS infected population stands at 1.6 million with a record of 98,000 new infections annually, out of which 76 per cent comprise married couples. In Addition, this report puts the national prevalence rate at 6 per cent

And considering that Kenya is an agrarian economy, the negative impact of HIV/AIDS is monumental. Several studies have indicated that HIV/AIDS can impact negatively on the rural household's productive capacity through reduced quality and quantity of household's labour and depletion of the household's financial resources (Evans, 1992; Barnet and Blaikie, 1992; Gillepsie, 1989).

According to Ondondo et al (2014), Kisumu County, where this study is focused, the HIV/AIDS prevalence stands between 20-28 per cent among the people compared to the general population. This poses a serious threat to the fishing industry and the agricultural sector along the Lakeside, considering that Kisumu County performs below the national average on most socio-economic indicators. KNBS (2010) indicates that the County scores 0.49 per cent on the Human Development Index compared to the national average of 0.56 per cent. In addition, poverty is prevalent in the county and manifests itself in other socio-economic outcomes such as poor nutrition, health, education as well as lack of access to basic services.

And following the findings by the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), it was recommended that HIV prevention programs and policies should recognize male circumcision as an additional important strategy to prevent men from acquiring HIV from infected female partners (WHO, UNAIDS, 2007). The intervention was particularly directed at countries with higher HIV prevalence among heterosexual HIV epidemics and areas with low-levels of male circumcision, where male circumcision as an intervention would offer partial protection against HIV and other sexually transmitted infections.

In response, the Government of Kenya launched the Voluntary Medical Male Circumcision as an intervention targeting the Luo community in Nyanza region which has the lowest rate of male circumcision and highest prevalence of HIV infection. Furthermore, due to cultural traditions, the Luo community is known not to practice male circumcision, hence contributing to the highest prevalence rates in the region (UNAIDS, 2009).

This situation is blamed on the lack of knowledge and information about the efficacy associated with the practice of voluntary male medical circumcision (VMMC) in order to control HIV/AIDS infection.

Based on this, health communicators have laid emphasis on the pivotal role of the media in the quick dissemination of scientific information related to the pandemic and viewed the vehicle of the media, especially radio as necessary in curtailing the disease (Uboh and San, 2014). They argue that in developing countries, radio and to some extent, televisions are the most effective tools of communication since they cut across literary boundaries. According to Kupoyini, (2000), radio is one broadcast medium that almost all experts agree is most appropriate for rural and urban emancipation programmes.

Furthermore, radio beats distance and thus has immediate effect. Radio is also affordable to obtain and is widely owned by people due to the advent of the battery-operated transistorized sets (Moemeka, 1993). Due to its widest reach, Population Service International (PSI), a non-governmental organization dealing with the campaign on VMMC in Kisumu County has been running a VMMC radio campaign spot known as *Miya Ngima* on Radio Ramogi with the aim of creating awareness.

The spot was broadcast in a local *dholuo* language with the ultimate aim of creating awareness and, therefore, prevent the further spread of the virus. However, since the announcement of the spot on radio, no research studies had been made to examine the contribution of the station towards the campaign against the spread of HIV/AIDS by encouraging the practice of VMMC among males in Kisumu West Sub-County.

The study is, therefore, an attempt to assess the role of radio in the campaign against the spread of HIV/AIDS through the uptake of voluntary medical male circumcision with a view to identifying where improvement can be made.

### **1.1 Background to the study**

The Luo community is mainly found in Kenya's Western and Nyanza regions and in other Counties along the shores of Lake Victoria. The Luo, a Nilotic people are among the few Kenyan tribes that do not traditionally circumcise their males as an initiation into manhood. Male circumcision has been associated with various cultural factors (Auvert et al, 2005). These factors include but not limited to religious sacrifice, rites of passage into adulthood and the promotion of hygiene.

In Kenya, most communities practice male circumcision as part of either religious or cultural rite of passage (Auvert, Buve et al, 2001; NASCOP, 2012). The Luo, Turkana and Teso are the three main tribes of Kenya that do not traditionally circumcise. However, efforts have been made to promote male circumcision amongst Luo men to help control the spread of HIV/AIDS. This is after a number of observational studies indicated that circumcised men had lower levels of HIV infection than uncircumcised men (Bailey et al., 2007).

According to Reining, (1989) and Cadwells', (1996), HIV was spreading fastest in places where male circumcision was not routinely performed and in areas with large numbers of uncircumcised males. Moses et al (1998) found 26 studies that cited a correlation between lack of male circumcision and HIV infection. Similarly, Helperin & Bailey, (1999), observed that sero-conversion, the development of detectable antibodies in the blood that are directed at an infection like HIV, for uncircumcised men ranged between 2.3 to 8.2; while that of circumcised men was approximately 0.5.

These studies provide strong evidence that male circumcision is significantly associated with lower risk of HIV infection.

With the findings pointing towards a new strategy and intervention in the fight against HIV infection in non-circumcising communities, large clinical trials to confirm this association were carried out in Kenya, Uganda and South Africa (Auvert et al., 2005; Iliyasu et al., 2012; Bailey et al., 2007), with the primary objective of determining the impact of Medical Circumcision (MC) on the acquisition of HIV by young men through a randomized, controlled, blindly evaluated intervention trial.

The trials in Kenya were carried out in Kisumu, targeting an area predominantly inhabited by Luo men. Randomized controlled trials of 2784 men aged 18-24 years in Kisumu were assigned to an intervention group who went through circumcision and a controlled group that delayed circumcision (Price et al., 2014; KAIS, 2012). After analysis reviewed by the data and safety monitoring board, it was found that the relative risk of HIV infection in circumcised men was lower and corresponded to a reduction in the risk of acquiring an HIV infection with protective effect of 60 per cent.

In the South African study, randomized controlled trials of male circumcision in 18-24- year- old men (Orange farm trials) was stopped after interim analysis returned a 60 per cent protective effect of circumcision, with 20 HIV infections per 100 person per year in the circumcision group and 49 HIV infections in the uncircumcised group (Auvert, et al., 2005; NASCOP, 2013).

Similar studies carried in Rakai district, Uganda, amongst discordant couples established that there were zero sero-conversions among 50 circumcised male partners

of HIV positive women against an incidence of 17 per cent among the 137 couples whose male partners were uncircumcised (Thirumurthy et al., 2014).

Following the findings, World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) recommended that HIV prevention programs and policies recognize male circumcision as an additional important strategy to prevent men from acquiring HIV from infected female partners (UNAIDS, 2007). The intervention was particularly directed at countries with higher HIV prevalence among heterosexual HIV epidemics and areas with low-levels of male circumcision where male circumcision as an intervention would offer partial protection against HIV and other sexually transmitted infections.

According to the WHO/UNAIDS report (2012), male circumcision was to compliment other already identified interventions that include voluntary HIV counseling and testing, consistent use of condoms by either partners, abstinence, treatment for detected sexually transmitted infections, monogamous relationships and other safer sexual practices.

In view of the large public health benefit of expanding male circumcision services in countries with a higher HIV prevalence among the non-circumcising population, the Government of Kenya, through the Ministry of Health (MoH) rapidly rolled out the medical procedure, through the Voluntary Medical Male Circumcision (KAIS, 2012). The VMMC efforts started in 2008 with the Luo in Nyanza Province, the community with the highest HIV and lowest male circumcision prevalence in the country being the primary target (NAS COP, 2013).

According to KAIS (2007) the national HIV prevalence among uncircumcised men was 13.2 percent compared with 3.9 per cent among circumcised men. This prompted

the Ministry of Health through National AIDS and STI Control Programme (NASCOP) to start implementing the VMMC program with the aim of circumcising a targeted 860, 000 males aged 15 to 49 years by the end of 2013.

Circumcision being a sensitive topic in the Luo community, the roll out called for concerted effort between the government agents, other implementing agencies and other stakeholders in ensuring that the community embraced VMMC initiative (NASCOP, 2013). The Government of Kenya had to engage opinion leaders in the community, like the Luo Council of Elders in Nyanza Province, the custodians of the Luo culture, whose support was key to the uptake of VMMC in the community. Religious leaders and groups from the community consisting of women and youth were engaged in the process of dialogue about the scientific evidence.

The intervention also engaged the mass media through the subcommittee under Kenya's Male Circumcision Consortium (MCC) with wide, balanced and accurate coverage of VMMC programs to help create a supportive environment (USAID, 2013). Kenyan journalists were trained on HIV issues as well as how to report on science behind VMMC from various angles.

The VMMC intervention in the media got heightened with the introduction of a radio spots campaign known as *Miya Ngima*, on Radio Ramogi FM, a very popular vernacular station amongst the *Dholuo* speaking audience residing in Nyanza and other major urban centres in the country. The target audience for Radio Ramogi is male and female, mature and falling between 20 to 49+ years age bracket. The radio spots campaign was aired on Radio Ramogi FM station during morning, midday and afternoon drives and between other running radio programs and given the identity *Miya Ngima*, which if translated would mean, "Give me life".

The Government of Kenya through the Ministry of Health (MOH) and Population Service International (PSI) sponsored the VMMC radio campaign spot from the year 2011 until early 2014 before it was pulled off-air. The VMMC radio spot campaign incorporated the voice of the presenter for the day on transmission segment articulating the benefits of VMMC- improved body hygiene, sexual pleasure and protection against HIV from infected female partner up to 60 per cent, other Sexually Transmitted Infections (STIs) and cervical cancer.

Due to the association of VMMC with lower risk of HIV infection among non-circumcising communities as supported by early studies in Luo Nyanza and the University of Nairobi, Illinois, and Manitoba (UNIM) project, there is evidence that some members of the community have responded to the intervention positively and have undergone VMMC.

## **1.2 Statement of the problem**

Studies undertaken by UNAIDS (2009), WHO (2011) and Njeuhmeli et al (2014) it's estimated that by circumcising about 80% of adult males in priority countries in Eastern and Southern Africa by 2016 and sustaining coverage levels thereafter, could avert 3.4 million new HIV infections within 15 years and save billions of dollars in treatment costs.

In response, the Government of Kenya launched the voluntary medical male circumcision campaigns as an intervention targeting the Luo community in Nyanza region which has the lowest rate of male circumcision and highest prevalence of HIV infection. However, despite the wide spread radio campaigns in various parts of Kenya, the uptake of voluntary medical male circumcision is still low, with Luo Nyanza region having the highest HIV prevalence in both uncircumcised and

circumcised men at 25.9 per cent and 8.1 per cent respectively. This burden of HIV/AIDs affects the economy in terms of production due to deaths and community dependency.

Various studies have been done about Voluntary Medical Male Circumcision in Kenya. However, there is no study that delves into the role of radio campaign on Voluntary Medical Male Circumcision uptake. It is upon this background that the research study sought to assess the contribution of the *Miya Ngima* radio spots campaign on Radio Ramogi FM, to establish the adoption of VMMC among members of the Luo community in Kisumu West Sub-County.

### **1.3 Study Objectives**

The main objective of this study was to assess the role of radio campaign on Voluntary Medical Male Circumcision uptake in Kisumu West Sub-County with a case study of *Miya Ngima* campaign on Ramogi FM.

The study is guided by the following specific objectives:

1. To find out the knowledge level of Luo men on voluntary male medical circumcision campaign, *Miya Ngima* spot campaign, in Kisumu West Sub-County.
2. To investigate the perceptions and attitudes of the Luo men on voluntary male medical circumcision campaign, *Miya Ngima* spot campaign, in Kisumu West Sub-County.
3. To establish the efficacy of *Miya Ngima* spot campaign on the uptake of VMMC in Kisumu West Sub-County.
4. To find out the challenges facing the adoption of VMMC in Kisumu West Sub- County.

#### **1.4 Research Questions**

The study sought to answer the following research questions:

1. What is the knowledge level of Luo men on voluntary male medical circumcision campaign, *Miya Ngima* spot campaign, in Kisumu West Sub-County?
2. What are the perceptions and attitudes of the Luo men on voluntary male medical circumcision campaign, *Miya Ngima* spot campaign, in Kisumu West Sub-County?
3. What is the contribution of *Miya Ngima* spot campaign on the uptake of VMMC in Kisumu West Sub-County?
4. What are the challenges facing the adoption of VMMC in Kisumu West Sub-County?

#### **1.5 Justification of the Study**

The sixth goal of Millennium Development Goals (MDGs, 2009) is to combat HIV/AIDS, malaria, and other diseases. KAIS report (2014) estimates the prevalence of HIV/AIDS at 6.1 per cent hence affecting the development and economic objectives of Kenya due to huge losses of human life that have occurred due to the disease for the last 30 years since the first case was reported. Despite the use of various strategies by the government, such as the Kenya National HIV/AIDS Strategic Plan and the National Health Sector Strategic Plan II, the prevalence of HIV/AIDS still remains high.

In 2014, the Ministry of Health ranked Kisumu County number three in having the highest adult HIV prevalence levels of 19.3 per cent after Homa Bay (25.7 per cent) and Siaya (23.7 per cent). In an effort to reduce the prevalence of HIV/AIDS, various

campaigns have been launched to increase the adoption of Voluntary Male Medical Circumcision. Such campaigns include radio spot like *Miya Ngima* spot campaign. However, the role of these radio campaigns on Voluntary Medical Male Circumcision has not been assessed. This study therefore seeks to assess the role of radio campaign on Voluntary Medical Male Circumcision uptake in Kisumu West Sub-County.

### **1.6 Significance of the Study**

The newness of the male circumcision to the target population in the Sub-County will help in understanding to what extent the mass media and radio in particular influences perceptions, attitudes and practices that may be associated with the uptake of VMMC. In addition, the findings of this study would be useful to both public health advocates and campaigners in curbing the spread of HIV, sexually transmitted infections and other communicable diseases. This could be through sensitizing health experts in the country on the benefits of using radio as a tool for mass campaign on health issues besides other interventions like condom use during sexual intercourse.

Furthermore, the government may also benefit from this study by supporting the use of electronic media as a tool for behavioral change campaign on health issues, such as malaria, environmental health, polio eradication and Tuberculosis treatment. The devolved government may also benefit by rigorous use of media to bring developmental health issues closer to the people in regard to behavior change and benefits accrued in embracing change.

### **1.7 Scope of study and Limitations**

This study was based in Kisumu West Sub-County, in Kisumu County and targeted the 5 wards that form the Sub-County namely, South West Kisumu, Central Kisumu, Kisumu North, West Kisumu and North West Kisumu. The study focused on VMMC

uptake among the Luo males living in the Sub-County and who listen to Radio Ramogi FM.

The study examined the role of radio campaigns on VMMC uptake based on the radio spot campaign *Miya Ngima* in Kisumu West Sub County. Various limitations faced the study: The homesteads were far apart and hence a lot of time was required to access them. Because of distance and limited time, the researcher did not conduct the survey and questionnaire distribution to all males. To mitigate this challenge, the researcher did not interview all the males in the Sub-County but was limited to a sample size of 368. Second, there was no local literature on the impact of vernacular radio campaign on VMMC. To mitigate this challenge, the study used data from similar studies conducted in developing countries both in Africa and outside Africa.

Confidentiality was a big disadvantage of descriptive research. Respondents that were questioned were not always truthful and instead gave answers that they thought the researcher wanted to hear. To mitigate this challenge the researcher assured the respondents of confidentiality of the information provided. In addition, the respondents were not compelled to write their names on the questionnaires.

Male circumcision is a very sensitive topic in the Luo community. The practice has been highly ethnicized and the community has sometimes been mocked for not practicing male circumcision. The study, therefore, took into account the cultural aspects of the Luo and their viewpoint on VMMC. The study faced some challenges in getting information from people in the community and in particular those against VMMC practice.

## **1.8 Definition of terms**

In this study these terminologies were used to denote;

**Male Circumcision:** The removal of the foreskin of the penis through operation as a preventive measure for female-male HIV/STIs transmission.

**Intervention:** This is a programme or measure that aims to increase awareness by changing peoples' attitudes, by bringing a change in an identified behavior.

**Knowledge:** This is the acquaintance with or understanding of male circumcision and its importance.

**Perceptions:** It is the opinion and conviction that a person holds with regard to risk of HIV infection or protective effect of male circumcision.

**Campaign:** This is a series of actions or events that are meant to achieve a particular result, like adoption of voluntary male circumcision.

## **1.9 Summary**

This chapter looked at the introduction and background to the study, the statement of the problem, the objective of the study, research questions, the purpose of the study, significance of study, justification, scope, limitations and definition of terms as used in the study. Chapter two looks at the available literature on the role of radio as urgent of change in HIV/AIDS prevention.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter takes a critical look at the available literature in the area of VMMC study. First it provides the general overview of the role of radio in developmental campaigns, the contribution of radio towards community health, and knowledge, perceptions and attitudes on VMMC campaigns. The study takes a look at efficacy of radio campaigns on the uptake of VMMC and challenges facing the adoption of VMMC. Lastly, the study provides the theoretical framework which has been used to illuminate the perspectives of the research.

#### **2.2 The role of Radio in development Campaigns**

Many development oriented communicators have pointed that radio is the medium of the people and the only one that reaches a wide audience even in the poorest rural settings (Okigbo, 1995). Accessibility to radio among the rural poor in terms of financing is affordable, making the medium a source of information for many people (Buckley et al, 2008; Hatzold *et al.*, 2014). According to Moemeka (1994) the effectiveness of radio depends on how it is used and for what purpose and not so much on its intrinsic qualities. Since radio messages reach more people at the same time than other media, it is therefore a powerful agent of communication and change in society. In Communication for Development Roundtable report (UNCDR, 2010), it is noted that Radio still remains the most widely available and affordable mass medium for disadvantaged groups and in rural areas. It is often the only mass medium available. It can reach large numbers of isolated populations over widespread and geographical areas. The report further notes that in some rural areas it is the only

source of information about agricultural innovations, weather and market prices. According to Pavarala (2003) radio is an inexpensive medium with simple technology, and more suitable for the less educated people living in communities and societies more characterized by oral and folk traditions.

According to Weber and Orengo (2008) in a study conducted in Madagascar, where Andrew Lees Trust Radio had been set up to alleviate poverty, it was established that radio's cost-effectiveness, non-formalness and transiency helped to transmit vital development information to all members of the community irrespective of their age, gender, or beliefs.

In Ghana, a study by Al-Hassan et al (2013) to assess the role of radio Simli towards the improvement of the livelihood of people, it was found that the station improved the awareness creation by addressing community problems that ranged from culture, rural development, education, hygiene, agriculture and local governance.

And in Siaya County, a study by Anduvate (2014) on the role of Sauti FM community radio in rural development, it was observed that rural communities in Kenya have been relegated to the periphery of the regular mainstream socio-economic and political development discourses. The study established that their voices remained muted and their core political and social economic concerns have been largely excluded from the core resource planning and allocation processes. And radio offered a platform for remedying this situation as it was widely regarded as the ideal media for development communication. In this vein Sauti FM was found to be a major contributor to the promotion of local culture, civic education, health education, behavior modification, business and social networking.

### **2.3 Contribution of radio towards Community Health**

Studies by Pavarala (2007) and Ngilangwa (2007) clearly posit radio can play a significant role in increasing and promoting participation and opinion sharing, improving and diversifying knowledge and skills in advocating for better health and cultural needs especially in the underdeveloped countries. In Kenya, following the recommendation by WHO/UNAIDS (2011) to include circumcision as one of the HIV prevention methods, the country responded positively and swiftly to WHO's recommendation. According to NASCOP (2013), the National Guidance for Voluntary Male Circumcision in Kenya, the first national male circumcision policy in Sub-Saharan Africa, was drafted and approved in 2008.

To complement the work of the Kenya national male circumcision task force, NASCOP engaged Kenyan media to help accelerate the scale up of VMMC programs. Assessment of health facilities in Nyanza was conducted to determine the province's preparedness to provide VMMC services. Gaps were identified and remedied with support from international donors. While work on the national policy document was proceeding, the Kenyan government took steps to engage the Luo Council of Elders in Nyanza Province in the scale-up of medical male circumcision. To gain the support of these protectors of Luo culture for medical male circumcision scale-up, the government needed to explain to them why medical male circumcision would be recommended for HIV prevention and how medical male circumcision was biologically protective against the HIV virus (Iliyasu et al., 2012).

In Kisumu County, a study by Kibira (2014) on the assessment of the impact of voluntary medical male circumcision campaign on curbing the spread of HIV and AIDs, it was established that communication or reasons for circumcision in various

campaigns, including radio programmes, was not well stipulated; a shortfall that has kept away the older population, as the already circumcised believe transmission was due to the foreskin, hence removal thereby meant lowering risk.

In a study conducted by Ochichi (2014) on the assessment of community radio in the context of rural development in Kenya, and which employed cross-sectional mixed method design and participatory communication, it was established that community radio in Kenya had made a moderate contribution in rural development and facilitated the process of sharing of development information

And in Zambia, Panos (2008) observed that the liberalization of media in Zambia had an immediate impact on the way information was disseminated. Radio suddenly became critical in stimulating public debate, promoting awareness, encouraging responses and challenging long established norms that had prevented changes in behavior, such as conservative attitudes towards sex and the position of women in the society.

In a study by Naqvi et al. (2011) on Fm radio and social change, it was established that radio played a significant role in stimulating citizens' thoughts and actions when it came to setting the social change agenda by putting emphasis on public health and pointing at negative consequences of outdated cultural practices.

In Zambia, the success in response to HIV and AIDS has been pointed to the role of radio in promoting debate and dialogue and breaking the silence over the epidemic. Dearing and Rogers (1996) holds the assertion that in countries where HIV/AIDS-related issues have risen up the agenda of key influential media, radio has influenced public debate and even policy agenda.

For example, Zambia National radio broadcast programme “Millennium Development Goals and HIV and AIDS”, which targets policy makers, the government and members of the civil society have enabled discussions on HIV and AIDS and how Zambia can best attain the MDGs with regards to HIV/AIDS (Polonsky & Waller, 2010)

Similarly, a study by Lawrence (2012) on health programming and community-based radio stations in Sub-Saharan Africa, established that a community-based radio station had the potential for significant positive impact on the health of a community by providing important information about health to its listenership. Lawrence argued that this influence was particularly important in rural areas of low and middle-income countries where such stations serve as the only practical form of communication.

Tanzania’s VMMC was initiated in Iringa region as a result of high adult HIV prevalence at 15.7 per cent compared to 5.7 per cent nationwide. The region recorded lowest male circumcision prevalence rates in the country (Cullinan, 2008). Through multiple reinforcement of campaign messages, especially radio advertisements and public service announcements to the target population, response to VMMC services increased. Once it became clear that demand was extremely high, radio campaigns were halted.

Sgaiera et al. (2015) conducted a study to evaluate Voluntary Medical Male Circumcision in 7 of the priority countries for VMMC, which included Kenya, Malawi, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe. The authors established that media work had included training Kenyan journalists to report accurately on the science behind VMMC; use of radio magazine broadcasts in Zambia incorporating key messaging on VMMC, and radio spots and print materials tailored

to different regions of Tanzania, featuring the voices of “satisfied customers” and local health experts. They further observed that implementers working through the radio had sought more resources to roll out campaigns and to achieve greater coverage. In Malawi, campaigns were ramped up to correspond to periods of increased supply.

However, Iliyasu et al (2012) argues that in some instances radio programs design have fallen short of passing health message on VMMC and HIV. The first observation made is that many country programs have attempted to reach all audiences with a standard set of promotional materials and application of general messaging in all demand generation activities.

Secondly they point out that, most demand generated messaging has focused on the programmatic and public health imperatives of VMMC, emphasizing prevention of HIV and other STIs, rather than the values, perceived needs, and aspirations of men.

Third, programs have often been rolled out individually to address specific barriers to demand, rather than forming part of a package of interventions that holistically address all the touch-points along the behavior change continuum for VMMC.

Finally, many programs would benefit from paying more attention to the value of discussion between prospective clients, as opposed to direct messaging, in driving the development of supportive social norms around VMMC.

#### **2.4 Knowledge Level on VMMC Campaigns**

Various studies conducted in different countries show the knowledge level of community members on VMMC differ with communities, educational level, cultures and place of residence. In South Africa, Hoffman et al., (2015) conducted a study on

the perceptions and knowledge of voluntary medical male circumcision for HIV prevention in traditionally non-circumcising communities. They established that most of the community members had heard of circumcision and had heard of some health benefits from the practice. However, detailed knowledge of the relationship with HIV infection was lacking: some community members mistakenly believed one could not get HIV after being circumcised, while others did not know of any relationship between HIV and MC.

In Tanzania, Mahler et al. (2011) did a study on matching demand and supply with quality and efficiency in a high-volume VMMC Campaign in Iringa Region. The study found that community mobilization and bringing client preparation tasks (such as counseling, testing, and client scheduling) out of the facility and into the community helped to generate demand. In addition, Mahler observes that campaign approach using radio, television and promotion campaigns can be used to provide high-volume quality VMMC services without compromising client safety, and provides a model for matching supply and demand for VMMC services in other settings.

Mahler's findings are further reinforced by Kibira (2014), who in a study in Kisumu County recommends enhancement of VMMC communication campaigns in radio and television to reach the public and to clarify what the intervention can achieve and what cannot be guaranteed.

In a study on the factors affecting knowledge and awareness of VMMC for HIV prevention, Polonsky and Waller (2010) recommended that less educated people, women, and youth, as opposed to adults, should increasingly be targeted by information campaigns about the positive health effects of VMMC. This is because

they are less likely to be aware of VMMC as a protective factor for HIV than those who are educated.

### **2.5 Perceptions and Attitudes on VMMC Campaigns**

Various studies outline the perceptions and attitudes of community members on voluntary medical male circumcision campaigns. In a study by Hoffman et al. (2015) in South Africa to evaluate the attitudes, perceptions and practices of medical male circumcision (MC) of 104 community members exposed to promotional campaigns for VMMC for five year, it was observed in the study there were significant barriers to the uptake of the practice, including misperceptions and fear of complications commonly attributed to traditional, non-medical circumcision. However, 88.8 per cent of participants believed circumcision was an acceptable practice, and community-specific promotional campaigns increased uptake of the service.

Similar study conducted in Tanzania by Tarimo et al. (2012) on the perceptions of male circumcision as a preventive measure against HIV infection and considerations in scaling up of the services, it was deduced that informants perceived male circumcision as a health-promoting practice that may prevent HIV transmission and other sexually transmitted infections. The qualitative study was done among police officers in Dar es Salaam, Tanzania where the content analysis informed by the socio-ecological model was used to analyze the data. It further indicated that male circumcision promoted sexual pleasure, confidence and hygiene or sexual cleanliness. In addition, the study opined it was a religious ritual and a cultural practice that enhanced the recognition of manhood in the community. However, the study expressed challenges with the cost involved in male circumcision and cleanliness of instruments used in medical and traditional male circumcision. Further challenges

were the shame of undergoing circumcision at an advanced age and pain that could emanate after circumcision. The participants advocated for health policies that promote medical male circumcision at childhood, specifically along with the vaccination program.

Obure et al. (2009) explored psychosocial factors that influence male circumcision among the Luo people. According to their findings, the most frequently mentioned obstacles to promoting male circumcision were culture, pain and healing complications, costs, behavioral dis-inhibition, stigma and discrimination, and sexual satisfaction factors. They say non-circumcision was mentioned by most participants as a significant cultural characteristic that distinguished the Luo from other communities, and some expressed fear that introducing circumcision could cause loss of this cultural identity. In another study, Westercamp and Bailey (2007) observed that most participants mentioned that fear of excessive pain during circumcision and healing complications could be a major obstacle to seeking the procedure. In addition Obure et al (2009) established that apart from the actual cost of the procedure, there were a myriad of additional associated costs that could obstruct circumcision-seeking behavior in the community. These included expenses for wound dressing, medications, and transport costs to visit the health facility. Moreover, circumcision was least among household priorities and its effects long-term. Their findings also revealed that there was an expressed perception among most participants that promoting male circumcision would lead to a misconception that male circumcision was some —magic bullet against HIV, which could have an adverse effect on other preventive methods.

In Kenya, a study done by Kiptoo (2014) on community perception of Male Circumcision with reference to HIV/AIDS Prevention in Nyando Sub-Location, Kisumu County, indicated that the Luo have not been practicing circumcision. However, the community has been made aware of Voluntary and Informed Medical Male Circumcision and its importance in the prevention of HIV and AIDS. Members of the community fully support and appreciate VIMMC can reduce the spread of HIV and AIDS. The key informants were sampled purposively from the neighboring health facility since Nyando Sub location does not have a health facility. The data gathered was analyzed for the most important responses that were in line with the hypothesis and objectives.

In Turkana County, a study conducted by Macintyre et al., (2013) focusing on attitudes, perceptions and potential uptake of male circumcision among older men in Turkana County, where twenty focus group discussions and 69 in-depth interviews were conducted with circumcised and uncircumcised men and their partners to elicit their attitudes and perceptions toward male circumcision, the study established that barriers to circumcision included stigma associated with VMMC, the perception of low risk for HIV for older men, cultural norms, poor communication and a lack of health infrastructure. The study suggested that the use of radio and mass media programs would help to increase the level of knowledge on the health benefits of VMMC and its uptake as well.

Although various studies show community members perceptions and attitudes on VMMC campaigns, these studies do not focus on perceptions and attitudes on radio campaigns. In addition, the findings by Tarimo et al. (2012) and Hoffman et al. (2015) cannot be generalized to Kenya. Studies conducted in Kenya were limited to

perceptions and attitudes on VMMC, which is different from perceptions and attitudes on VMMC radio campaigns.

## **2.6 The efficacy of Radio campaign on the uptake of VMMC**

A study by Ida et al. (2013) in Kenya indicated that early and ongoing engagement with journalists in Kenya had paid off with frequent, accurate media coverage of VMMC, which had helped to create a supportive environment for scale-up. The study argues that when all elements of the 'communications ecology' are connected and each plays its distinct part, their impact is magnified. Content analysis used in the study revealed that frequent, accurate coverage of VMMC requires ongoing engagement with a cadre of journalists who already know the basic science of HIV and can be nurtured as specialist health reporters. The study, therefore, lays emphasis to another case study by NASCOP (2013) which observed that engaging journalists at the beginning of a programme sets a positive tone for ongoing collaboration between project staff and journalists during the life of the project. Consistent attention to interpersonal relations between journalists and government officials helps prevent the escalation of issues - allowing for rapid outreach to allies who can provide correct information when necessary.

A study on the assessment of the effectiveness of radio information campaigns on HIV/AIDS awareness and behavior change in Swaziland, Mthembu (2010) established that the dissemination of information on radio by various organizations that were involved in the control and spread of the AIDS epidemic seemed to be confusing to most people. In construction of these messages, there was the Family Life Association of Swaziland, the AIDS Support Centre, Swaziland National AIDS Programme and other health advocacy groups. According to the study, the professionals involved in the design and dissemination of these information

campaigns, brought along their own meanings which were likely to have diverse interpretations by the audience. The study argues that although diversity is appreciated, there should in this case be some form of control at a particular point in the formulation and production of these messages, so as not to produce various meanings to the different segments of the population.

## **2.7 Challenges Facing the Adoption of VMMC**

Various studies have outlined challenges facing the adoption of VMMC campaigns globally. Mutabazi et al. (2014) conducted a study on how to circumcise a nation with case study of Rwanda. The authors considered Rwanda one of the priority countries that were facing a number of challenges to successful scale-up. The challenges outlined include the complexity of the procedure and lack of healthcare infrastructure and resources. They also indicated that there has been concern that VMMC would not be well received by men in many regions of Africa, given the low prevalence of traditionally practiced circumcision.

Marya et al. (2013) conducted a study on the social and individual factors affecting adult attendance at voluntary medical male circumcision services in Tanzania. The authors conducted 16 focus group discussions, stratified by sex and age, with 142 purposefully selected participants in 3 districts of Iringa and Njombe regions. The study revealed that social and personal barriers to obtaining VMMC among adult men included shame associated with seeking services co-located with younger boys and perceived inappropriate of VMMC after puberty, particularly after marriage and after having children. Additional barriers included concerns about partner infidelity during the post-surgical abstinence period, loss of income, and fear of pain associated with post-surgical erections.

Georgea et al. (2014) did a study on barriers and facilitators to the uptake of voluntary medical male circumcision (VMMC) among adolescent boys in KwaZulu–Natal, South Africa. Focus group discussions with both circumcised and uncircumcised boys were conducted in 2012 and 2013. Analysis of the data was done using the framework approach and was guided by the Social Cognitive Theory focusing on both individual and interpersonal factors influencing VMMC uptake. Cognitive barriers related to the fear of HIV testing (and the subsequent result and stigmas), which preceded VMMC. Further barriers related to the pain associated with the procedure and adverse effects. The need to abstain from sex during the six-week healing period was a further prohibiting factor for boys.

Studies conducted on the challenges facing VMMC have been conducted in other countries and hence their findings cannot be generalized to Kenya. For instance, Mutabazi et al. (2014) conducted their study in Rwanda, Marya et al. (2013) conducted their study in Tanzania and Georgea et al. (2014) conducted their study in South Africa. This study, therefore seeks to fill this gap by outlining the challenges facing the adoption of VMMC in Kisumu West Sub-County.

## **2.8 Theoretical Framework**

### **2.8.1 Introduction**

Bryant and Zillman (2002) argues that because of the influential role that the mass media plays in society, understanding the psychological mechanisms through which communication and in particular, radio influences human thought and affect every action is of considerable import. Bandura (2002) observes that human behaviour can be explained in terms of unidirectional causation in which behaviour is shaped and controlled either by environmental influence or internal dispositions. In this case,

environmental events operate as interacting determinants that influences each other bi-directionally.

Second, according to Bandura (2001), human nature is a vast potentiality that can be fashioned either by direct or observational experience into a variety of forms within certain biological limits. And by considering that VMMC is both a personal and community choice, it's important to consider how social cognition determines and influences personal and community perceptions and behaviour towards the uptake of the new practice

### **2.8.2 Limited Effects Theory**

According to Baran and Davis (2006), the limited effects theory was fronted by scholars Carl Hovland and Paul Lazerfeld between 1930s-1950s. The paradigm emerged from Harold Lasswell's "Hypodermic needle" or bullet theory which held the notion that if the message reached its target (individual), then its persuasive effects would be immediate and evident.

Lasswell (in Newman & Guggenheim, 2011) posited an all-powerful government propagandist, who manipulated passive and atomized audience members who lacked independent sources of information. The theory is also associated with a notion of a mechanical transmission model of direct effects linked to early theorists of information engineering, such as Claude Shannon (Neuman & Guggenheim, 2011).

However, in a study, Carl Hovland and Paul Lazerfeld later sought to determine how the press and radio affected the people's choice for the upcoming presidential elections (Griffin, 2000; Baran & Davies, 2009). And contrary to the then accepted hypodermic needle model of media influence, the researchers found little evidence

that voters were swayed by what they read or heard. According to Griffin, the media seemed merely to reinforce the decisions of those who had already made up their minds.

It was established that the effects of the media were quite limited “only affecting a few people or influencing rather trivial thoughts or actions” (Baran and Davis, 2006). The theory holds that media have minimal or limited effects because these effects are mitigated by a variety of mediating or intervening variables. It was found that most people were influenced by others rather than by the media and in this case, the opinion leaders, friends and family members in every community and at every level of society were responsible for guiding and stabilizing politics (Baran & Davis, 2006).

Similarly, Neuman & Guggenheim (2011) argues that the audience’s motivations and prior beliefs influenced the interpretation of persuasive messages, and that messages were often discussed among opinion leaders and friends, leading to mediation via a Two-step flow of communication.

Carl Hovland and Paul Lazerfeld, therefore concluded that print and electronic media influenced masses of people only through an indirect “two-step flow communication” (Baran & Davies, 2009). The scholars hold the view that the first stage of communication is the transmission of information to a small group of people who then stay well informed. In the second stage are opinion leaders who pass on and interpret the messages to others in a face to face discussion (Griffin, 2000).

This approach set to evaluate how classic studies that heralded the growing importance and utility of the limited effects perspective set to produce findings that had immediate practical role of media (Baran & Davis, 2006). Following the examples set by Carl Hovland and Paul Lazerfeld, Robert Merton (in Baran & Davies,

2006) came up with the functional analysis approach, which set to examine the contribution of the media to society- a system that is in balance and typically neutral (Griffin,2000).

Merton argues that society consists of complex sets of interrelated activities, each of which supports the others, and every form of social activity is assumed to play some part in maintaining the system as a whole. However, as Merton puts it, media content can be functional or dysfunctional for society as a whole, for specific individuals, various groups and culture.

According to Baran and Davis (2006), proponents of the middle-range effects perspective such as Joseph Klapper argue that media are rarely the sole cause of effects and are relatively powerless when compared with other social factors such as the family, group membership, strongly held attitudes, levels of education and so forth.

This paradigm is relevant to this study because it examines the effect of media towards the users. And considering that this study endeavours to assess the role of radio towards the uptake of voluntary medical male circumcision in Kisumu West Sub County, this paradigm provides a three- fold approach to determine the uptake of VMMC. First, the research study was set to determine whether or not the uptake of VMMC was as result of the media based messages on the hypodermic needle theory.

Second, as Griffin (2000) puts it, media have minimal effects because these effects are mitigated by a variety of mediating variables. And by extension, this study examined the contribution of variables such as the family members, the church, opinion leaders, attitudes and perceptions of the residents of Kisumu North sub-county towards VMMC in what is known as the two-step flow theory. And finally, as

Robert Merton posits, the media can be viewed in terms of a functional approach and as to whether or not it has immediate practical role towards the uptake of VMMC in the area of study.

### **2.8.3 Social Cognitive Theory**

The social cognitive theory is associated with Albert Bandura and stemmed from the social learning theory, which has a rich historical background dating back to 1800's Bryant and Zillman (2002). The social cognitive theory has its origins in the discipline of psychology, with its foundation being laid by behavioural and social psychologists.

Bandura posits that human behaviour has often been explained in terms of unidirectional causation in which behaviour is shaped and controlled either by environmental influences or by internal dispositions. In this transactional view of self and society, personal factors in the form of cognitive, affective and biological events; behavioural patterns; and environmental events all operate as interacting determinants that influence each other bi-directionally. The theory explains how people acquire and maintain certain behavioral patterns while at the same time providing the basis for intervention strategies (Bandura, 1977). They posit that if one were motivated to learn a particular behavior, then that particular behavior would be learned through clear observations. Bandura incorporated reinforcement and observational learning (modeling) to explain a wide variety of behaviors.

The underlying assumption of the theory is that a dynamic relationship between a behavior, an individual and the environment occurs. The three continuously interact with one another and as one change, so do the others (Doyle et al., 2010).

Bryant and Zillman (2002) concurs that social cognition provides humans with a powerful tool for comprehending their environment and creating and regulating environmental events that touch on every aspect of their lives. They further argue that the cognitive factors will determine which environmental events will be observed and what meaning will be conferred on them.

Bandura (1986) observes that in doing this, however, people do not perceive their lives in individual autonomy; they work together to secure what they cannot accomplish on their own. This implies that a culture could never transmit its language, mores, social practices, and requisite competencies if they have to be shaped by response consequences without the benefit of models to exemplify the cultural patterns. Bandura further notes that whereas modeling influences were previously confined to the behavior patterns exhibited in one's immediate environment, accelerated growth of media has equally accelerated the range of models to which members of a society are exposed to day in day out. This implies that new ideas, values, behaviour patterns, and social practices are now rapidly being diffused by symbolic modeling in ways that foster global, regional and community consciousness.

As Bandura (1986) puts it, "of the many cues that influence behaviour, none is more common than the actions of others." The theory suggests that people learn from one another by observing, imitating and modeling. Bandura argues that by observing others, people acquire knowledge of rules, skills, strategies, beliefs and attitudes. Furthermore, individuals learn about the usefulness and appropriateness of behaviours by observing models and the consequences of modeled behaviours and they act in accordance with their beliefs concerning the outcomes of the actions.

Doyle et al. (2010) identifies components required for behavior change and include: First is raising awareness and knowledge which involves convincing people that they are in a position to change and adopt a new behavior. For example, this may involve people creating awareness among themselves about VMMC as a model of change.

Second, is self-efficacy, which is based on the belief that humans have the ability to implement the necessary safe behavior with full knowledge that they can play a part in encouraging partners to go for male circumcision. Third is outcome expectancies where it's believed that individual beliefs have potential outcomes of a behavior hence reducing chances of HIV infection.

The above arguments makes the theory relevant to the VMMC campaign because it puts emphasis on the relationship between humans and the environment in which they live as a key factor in the HIV and AIDS behavior change communication. It also gives impetus to the role environmental factors play in evaluation of HIV behavior change campaign (uptake of VMMC). It also recognizes the role of communication (radio campaign) in influencing community and societal change like building consensus on community agenda on crucial health challenges and thereby allocating both human and financial resources to influence behavior change programs.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter discusses the methodology that was used in gathering and analyzing the data. The chapter presents various sections which include the research design, study area, population of the study, sample size and sampling technique. In addition, the chapter presents the data collection tools, reliability and validity measurement instruments, data analysis and interpretation techniques, triangulation of data and the ethical considerations that were observed.

#### **3.2 Research design**

This study used mixed methods approach that involved collection of both qualitative and quantitative data. The use of mixed methods has advantages such as minimizing bias. According to Mugenda and Mugenda (2003) both methods supplement each other in that qualitative method provides the in-depth explanations while the quantitative method provides hard data needed to meet required objectives. Data collected using qualitative approach helped in portraying the general feeling of the target population towards VMCC. Quantitative design helped in interpretation of the data to guard against biases. The mixed research methodology balance both strengths and weaknesses of qualitative and quantitative research (Creswell, 2006).

#### **3.3 Study Area**

This research study was carried out in Kisumu West Sub-County in Kisumu County, Nyanza region. Kisumu West Sub-County lies approximately 20 Kilometers West of Kisumu town and covers an area of approximately 213 square kilometers (KNBS,

2013). The County has a population of 131,146 (KNBS, 2013). The County is bordered by Seme-Sub County to the West, Vihiga Sub-County to the North, Kisumu Town Sub-County to the East, Kisumu East Sub-County to the East and Emuhaya Sub- County to the North West (KNBS, 2013). Kisumu West Sub-County is composed of 5 administrative wards namely, Central Kisumu, Kisumu North, North West Kisumu and West Kisumu. The residents of Kisumu West Sub-County practice small scale farming, with the majority being subsistence farmers, small scale businessmen and fishermen. The area is a rural setting and the residents have access to a variety of radio stations that broadcast in Dholuo language. The three main Dholuo language stations that are accessible by the residence are: Radio Ramogi FM, Radio Lake Victoria FM and Nam Lolwe FM and KBC's Mayienga.

Being a Sub County within Kisumu County, the area for this study has constantly experienced high level HIV prevalence among adults and adolescents age 15-64 years (KAIS, 2012). HIV prevalence is highest in both urban and peri-urban centres. Kisumu County adult HIV prevalence is estimated at 18.3 per cent, showing that the Sub County's population is in great danger of losing its economic development through HIV related sicknesses.

VMMC efforts began in 2009 with the Luo in Nyanza Province, the community with the highest HIV and lowest male circumcision prevalence in the country. Circumcision has been a sensitive topic in the Luo community. In Kenya's highly ethnicized politics, the Luo have sometimes been mocked for not practicing male circumcision. According to the KAIS (2012), male circumcision among men aged 15-64 years in Kisumu was at 18 per cent. Circumcision was a taboo in this part of the country then, but today it's the norm (Bailey, Moses & Parker, 2007).

### 3.4 Population of the study

The population of this study was all the males in Kisumu West Sub-County and the target population was all males aged 18 years and above. The target population of this study was therefore 24,700 Luo men (KNBS, 2013).

**Table 3. 1: Target Population.**

<b>Wards</b>	<b>Males (18years and above</b>
Central Kisumu	6,478
Kisumu North	5,515
North-West Kisumu	4,471
West Kisumu	3,920
<b>Total</b>	<b>24,700</b>

**Source: KNBS (2013)**

### 3.5 Sample Size and Sampling Technique

#### 3.5.1 Sample size

The sample size was determined using Fisher et al. (2003) formula. This formula was used to obtain a representative sample of the target population. The target population is estimated at 24,700 males aged 18 years and above in Kisumu West Sub County.

$$n = \frac{z^2 pq}{d^2}$$

Where,

- n = the desired sample size (if the target population is > 10,000).
- Z = is the standard normal deviation at the required confidence level.
- p = is the proportion in the target population estimated to have characteristics being studied. According to the Ministry of Health (2014), the prevalence of male circumcision in Kisumu County was 60 per cent. p will therefore be 0.6

- $q = 1 - 0.6 = 0.4$ .
- $d =$  the level of statistical significance set = 0.05
- $Z =$  Assuming 95% confidence interval  $Z = 1.96$

$$n = \frac{1.96^2 * 0.6 * 0.4}{0.05^2}$$

$$n = 363 \text{ Males}$$

### 3.5.2 Sampling Technique

This study used a stratified random sampling technique to select the sample size. The strata were the wards in Kisumu West Sub-County, which included South West Kisumu, Central Kisumu, Kisumu North, West Kisumu and North West Kisumu. To obtain a sample size in each of the strata (wards) proportionate stratification was used. In proportionate stratification, a random sample from each stratum is taken in a number proportional to the stratum's size when compared to the population (Greener, 2008). These strata subsets were then pooled to form a sample size.

#### 3.5.2.1 Sample size for Quantitative data

Purposive sampling technique was used to identify specific individuals and groups of those who listened to the VMMC spot or have practiced voluntary medical male circumcision. According to Engel and Schutt (2010), purposive sampling method is useful in surveys that target individuals who are knowledgeable about issues under investigation.

The sample size in each of the wards was determined by use of the following formula;

$$n_h = (N_h / N) * n$$

where;

$n_h$  is the sample size for ward  $h$ ,

$N_h$  is the stratum  $h$  population size,

$N$  is total population size,

and  $n$  is total sample size.

**Table 3. 2: Sample Size**

<b>Wards (h)</b>	<b>Males 18 years and above (N<sub>h</sub>)</b>	<b>Sample size (n<sub>h</sub>)</b>
Central Kisumu	6,478	97
Kisumu North	5,515	82
South-West Kisumu	4,471	67
North-west Kisumu	4,316	64
West Kisumu	3,920	58
<b>Total</b>	<b>24,700 (N)</b>	<b>368 (n)</b>

**Source: KNBS (2013) and Researcher (2015)**

### **3.5.2.2 Sample size for Qualitative data**

There were two (2) groups of respondents in each ward. This comprised the youths between 18-25 years of age, followed by adult males between 26-35 years of age. From the 5 wards, a purposive sample technique was used to identify respondents for the focus groups and particularly to respond to the question of perceptions and attitudes of the Luo men on voluntary medical male circumcision. In addition, the study employed key informant interview techniques to obtain information from opinion leaders and medical staff involved in the VMMC programme. One (1) opinion leader from each ward and two (2) healthcare givers were selected purposively for the in-depth interviews. Therefore, the study used 7 key informant interviews.

### **3.6 Data collection Tools**

In order to achieve high quality research conclusions, this study made use of a mix of research tools to collect primary data. The researcher in this study was guided by study objectives when constructing these tools. This study used questionnaires, interviews and focus groups to collect primary data, as discussed below:

#### **3.6.1 Questionnaires**

A questionnaire is a data collection tool with list of questions prepared by the researcher to be answered by the respondent (Mugenda & Mugenda, 2003). A questionnaire has the ability to collect a large amount of information in a quick time. The study used both structured open and closed-ended questionnaires to generate quantitative data. The questionnaires were designed to address specific objectives. The questionnaires were administered purposively to individuals who listened to *Miya Ngima* spot campaign or have used the information in one way or another.

#### **3.6.2 Interviews**

The study used interview guides to collect data from key informants. The researcher in this study adopted the use of semi structured interviews and open ended questions to maximize data collected and its accuracy. An interview guide is an instrument of collecting information through a series of questions and observations. It is a one-on – one dialogue with an individual or a number of individuals (Mugenda & Mugenda, 2003). In order to avoid bias and certify the study, the researcher conducted 7 in-depth interviews with key opinion leaders and healthcare givers in the sub County. The researcher used purposive sampling to target, opinion leaders, and healthcare givers as they have been used to spearhead VMMC campaign. The researcher preferred the interview because it allowed the researcher to have a dialogue at the research site. It

also allowed the researcher to follow-up on issues that arose as well as probe where there was need to further interrogate an issue.

### **3.6.3 Focus Groups**

The study used FGD as a data collection technique. Respondents for the FGDs were chosen purposively and consisted of males in Kisumu West Sub-County. The participants in the FGDs were divided into age groups. FGDs are a strategy for understanding peoples' attitudes and behavior. Respondents were interviewed simultaneously in a relatively unstructured discussion about the topic under investigation (Kothari, 2004). The researcher held five (5) FGDS, with each FGD consisting of 8 participants per each ward. Settings were in their own context, such as churches, market centers, family compounds and youth centers. Interview guide was used and were reinforced by probing questions.

### **3.7 Reliability and Validity**

Reliability refers to a measure of the degree to which a research instrument yields consistent results or data after repeated trials and are the accurate representation of the total population under study (Orodho, 2007). The study used Cronbach's alpha, known as a good measure of reliability. Its values ranges from 0 to 1 with Cronbach's alpha values between 0.8 and 1.00 indicating a considerable reliability, values between 0.70 and 0.80 indicate an acceptable reliability while values below 0.70 are considered less reliable and unacceptable. The results from reliability analysis helped to determine whether questionnaire should be reformulated or not.

On the other hand, validity refers to the accuracy and meaningfulness of inference, which are based on the research results (Ngechu, 2004). It is the degree to which results obtained from the analysis of the data represents the phenomenon under

investigation. According to Orodho (2010) there are two types of validity: content validity and face validity. Face validity refers to probability that a question is misinterpreted or misunderstood. On the other hand, content validity, also known as logical validity, refers to the degree to which a measure depicts all facets of a given social construct. In this study, the content validity was improved by seeking the opinions of experts in the field of study, particularly the supervisor. Also, the face validity of the research instrument was improved by carrying out a pilot test using a group of 10 youths and changing any unclear and ambiguous question upon getting responses.

### **3.8 Data analysis and interpretation**

Kothari (2004) argues that the primary mission in the analysis of data is to look for patterns in the data by looking for and noting similarities and differences. Analysis covers the assembling, cleaning and examining of the data, whereas interpretation is making sense of data that the researcher has generated (Greener, 2008).

Qualitative data was obtained from focus group discussions and interview guides. When the researcher returned from the field, collected data using digital audio recorder was re-listened to for relevance. Then the researcher inserted memory stick from the digital audio recorder into a computer and then played back, paused and took notes of what participants said in the discussion. Transcribed raw data was sorted out and organized into themes based on study objectives and various subjects that came up during interviews for easy management. Similar responses to various questions were categorized together for easier identifications. These included things like perceptions on VMCC and attitudes towards the intervention. Thematic content

analysis was then used to analyze qualitative data. Then the researcher merged the themes with research questions. The results were then presented in form of a prose.

Descriptive statistics was used to analyze quantitative data. Quantitative data inform of categorical data, was obtained from closed ended questions in the questionnaires. Descriptive statistics included frequencies, percentages and mean. For quantitative data, software package called statistical package for the social science (SPSS version 21) was used to help capture, analyze and tabulate information from the questionnaires. The study drew conclusions, recommendations and suggestions for further studies based on the findings.

### **3.9 Triangulation of Data**

Triangulation refers to a situation where two kinds of evidence are required in respect to that which is being studied (Ngechu, 2004; Greener, 2008) and aims at converging the findings from more than one source. In this study, information from interviews, focus groups and questionnaires were converged in order to lend complementary support to the explanation. Triangulation borrows from the idea that looking at something from multiple points of view improves accuracy.

There are several types of triangulation and for the purposes of validity and reliability, this research study used two types of triangulation namely; triangulation of method and triangulation of measures (Cooper & Schindler, 2006). Triangulation of method means mixing qualitative and quantitative styles of research and data in order to fully understand the nature of the research problem. Quantitative and qualitative approaches are complimentary, and where appropriate, they should be combined to maximize their strengths and minimize their limitations (Orodho, 2007).

### **3.10 Ethical Consideration**

The researcher was guided by ethical considerations of confidentiality and respect for all the participants in the process of research. In this particular study, before the researcher departed for data collection, he got an introductory letter from the University of Nairobi to take to the necessary authorities in the field.

Another ethical consideration which guided the researcher included voluntary participation by the respondents. Data was only collected from willing respondents. The potential respondents in this study were duly informed that the research was solely for academic purpose. Strict confidentiality was adhered to, where no information was given to any unauthorized persons. In addition, the respondents were not required to indicate their names. This helped to ensure the confidentiality of the information given.

## CHAPTER FOUR

### DATA PRESENTATION, ANALYSIS AND INTERPRETATION

#### 4.1 Introduction

This chapter presents the results and findings of the study based on the research objectives. The purpose of this study was to assess the role of radio spot campaign on voluntary male medical circumcision uptake in Kisumu West Sub-County with a case study of *Miya Ngima* campaign on Ramogi FM. The study also sought to find out the knowledge level of Luo men on voluntary male medical circumcision campaign, *Miya Ngima* spot campaign; investigate the perceptions and attitudes of the Luo men on voluntary male medical circumcision campaign, *Miya Ngima* spot campaign; establish the efficacy of *Miya Ngima* spot campaign on the uptake of VMMC in Kisumu West Sub-County; and find out the challenges facing the adoption of VMMC in Kisumu West Sub-County.

##### 4.1.1 Response Rate

The sample size of this study was 368 Luo males aged 18 years and above in Kisumu West Sub-County. Out of 368 respondents 336 filled and returned their questionnaires. This gave a response rate of 91.3 per cent.

#### 4.2 Demographic information

The demographic information in this study comprised of the respondents' ward of residence, age, gender, ethnicity, marital status, level of education, and whether they were residents of Kisumu West Sub-County.

As part of the demographic information, the respondents were asked to indicate the ward in which they came from. The results were as shown in table 4.1.

**Table 4. 1: Respondents' Ward of Residence.**

	<b>Frequency</b>	<b>Per cent</b>
Kisumu Central	97	28.87
Kisumu North	55	16.37
South West Kisumu	67	19.94
North West Kisumu	64	19.05
West Kisumu	53	15.77
<b>Total</b>	<b>336</b>	<b>100.00</b>

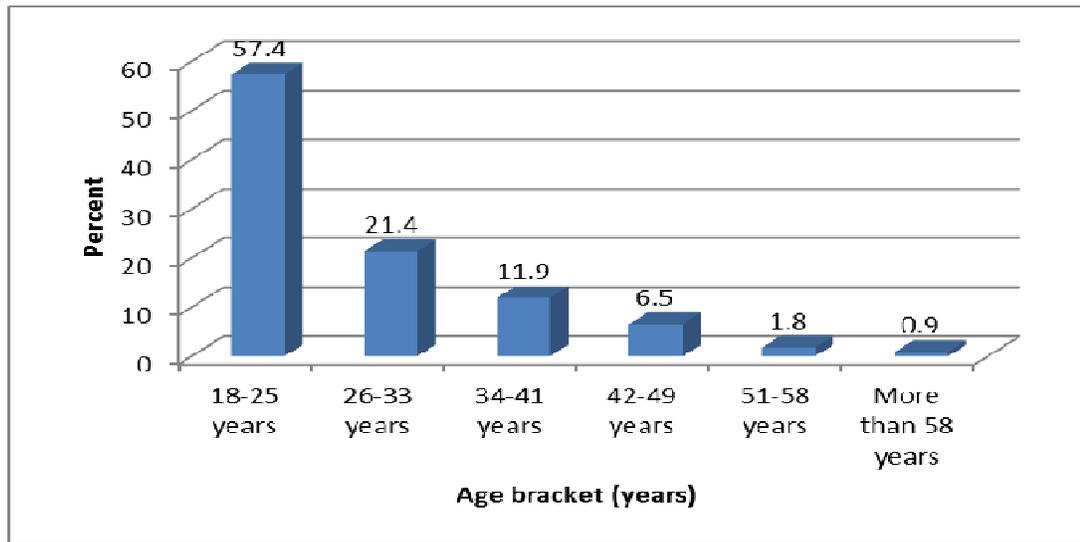
**Source: Researcher (2015)**

#### **4.2.1 Respondents' per Ward Response Rate**

From the findings, 28.87 per cent of the respondents indicated that they came from Kisumu Central ward, 19.94 per cent indicated that they came from South West Kisumu, 19.05 per cent indicated that they came from North West Kisumu, 16.37 per cent indicated that they came from Kisumu North and 15.77 per cent indicated that they came from West Kisumu. This shows that most of the respondents came from Kisumu Central. This can be explained by the fact that Kisumu Central had the highest population.

The respondents were also asked to indicate their age bracket. The results were as shown in figure 4.1.

**Figure 4. 1: Respondents' Age Bracket.**



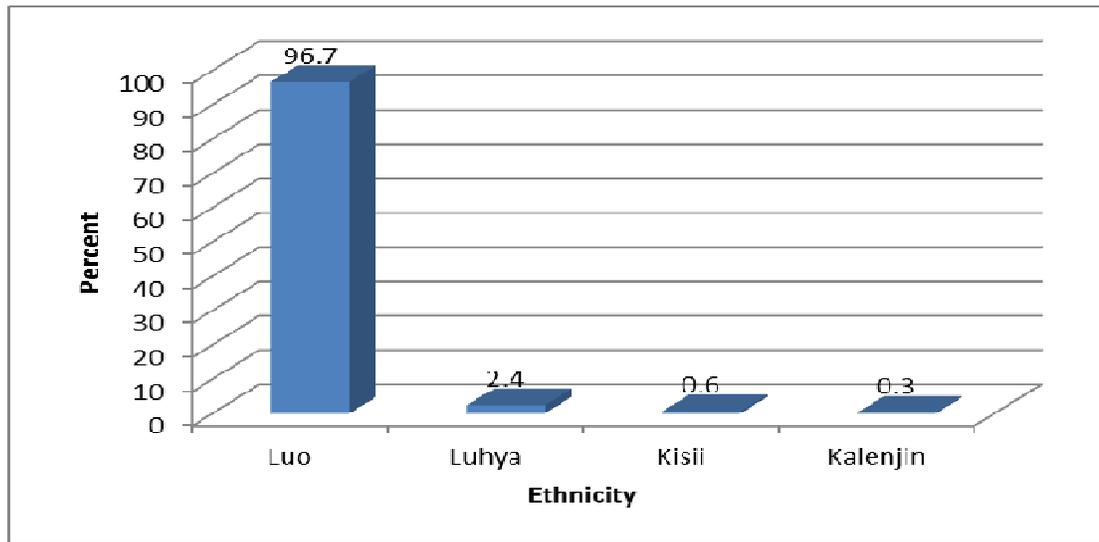
**Source: Researcher (2015)**

#### **4.2.2 Age Bracket of the Respondents**

From the findings, 57.4 per cent of the respondents indicated that they were aged between 18 and 25 years, 21.4 per cent indicated they ranged between 26 and 33 years, 11.9 per cent indicated between 34 and 41 years, 6.5 per cent indicated between 42 and 49 years, 1.8 per cent indicated between 51 and 58 years and 0.9 per cent indicated above 58 years. This shows that most of the respondents were aged between 18 and 25 years.

Since different cultures differ in terms of cultural practices related to circumcision, the respondents were asked to indicate their ethnicity. The results were as shown in figure 4.2.

**Figure 4. 2: Ethnicity of the Respondents.**



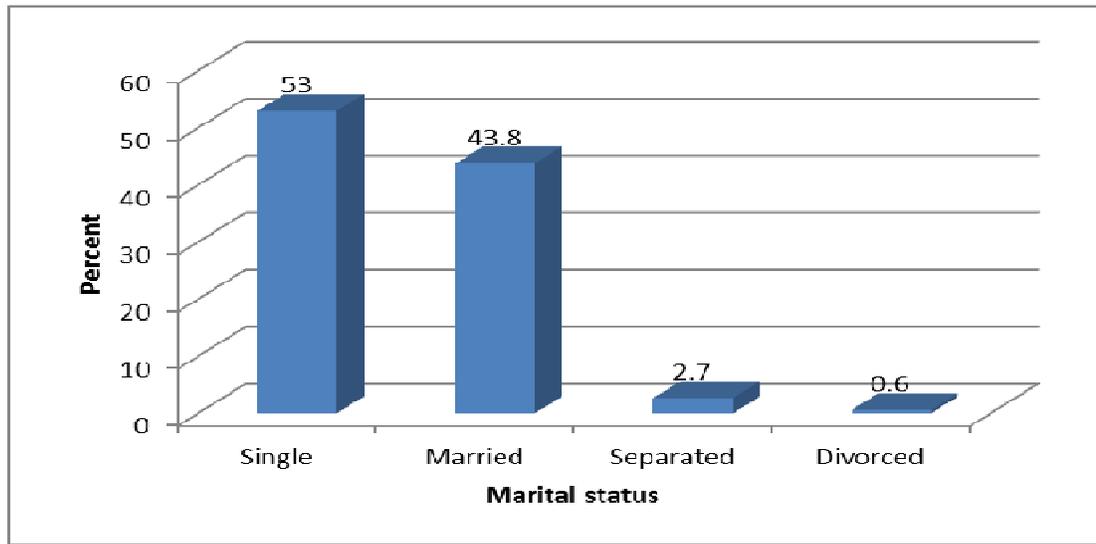
**Source: Researcher (2015)**

#### **4.2.3 Ethnicity of the Respondents**

From the study findings, 96.7 per cent of the respondents indicated that they were from the Luo community, 2.4 per cent indicated that they came from the Luhya community, 0.6 per cent indicated that they came from the Kisii community and 0.3 per cent indicated that they came from the Kalenjin community. This shows that most of the respondents were from the Luo community, which was the target population.

The respondents were requested to indicate their marital status. The results were as shown in figure 4.3.

**Figure 4. 3: Marital Status of the Respondents**



**Source: Researcher (2015)**

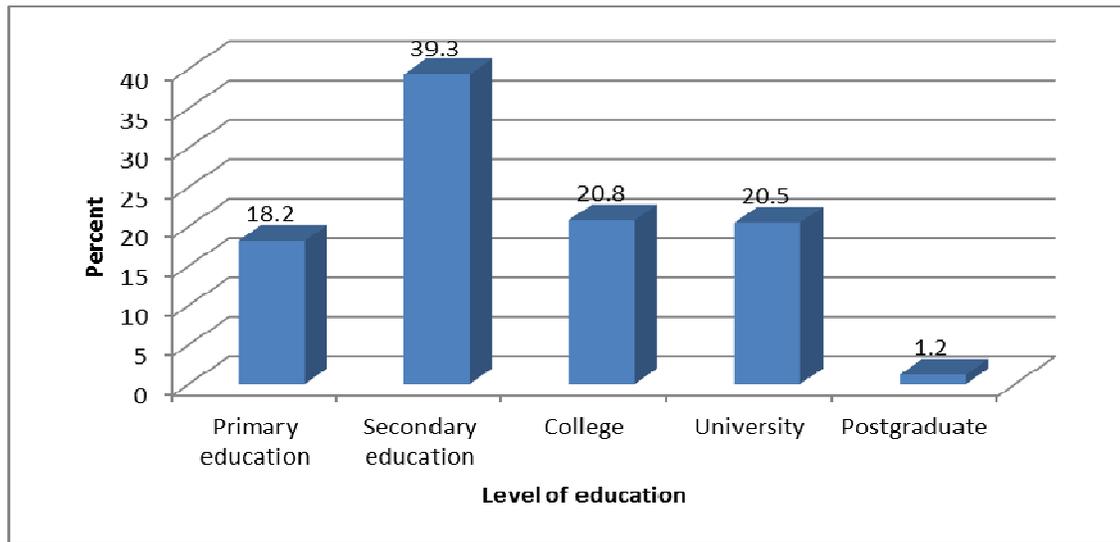
#### **4.2.4 Marital Status of the Respondents**

From the study findings, 53 per cent of the respondents indicated that they were single, 43.8 per cent indicated that they were married, 2.7 per cent indicated that they had separated with their wives and 0.6 per cent indicated that they had divorced their wives. This shows that most of the respondents were single. This can be explained by the fact that most of the respondents were between 18 and 25 years in age.

The respondents were further asked to indicate their highest education qualification.

The results were as shown in figure 4.4.

**Figure 4. 4: Respondents' Highest Education Qualification.**



**Source: Researcher (2015)**

#### **4.2.5 Respondents' Highest Education Qualification**

From this study findings, 39.3 per cent of the respondents indicated that they had secondary education, 20.8 per cent indicated that they had college education, 20.5 per cent indicated that they had college education, 18.2 per cent indicated that they had primary education and 1.2 per cent indicated that they had post graduate education. This shows that most of the respondents had attained at least secondary education and hence they were in a position to read and write.

#### **4.2.6 Resident of Kisumu West Sub-County**

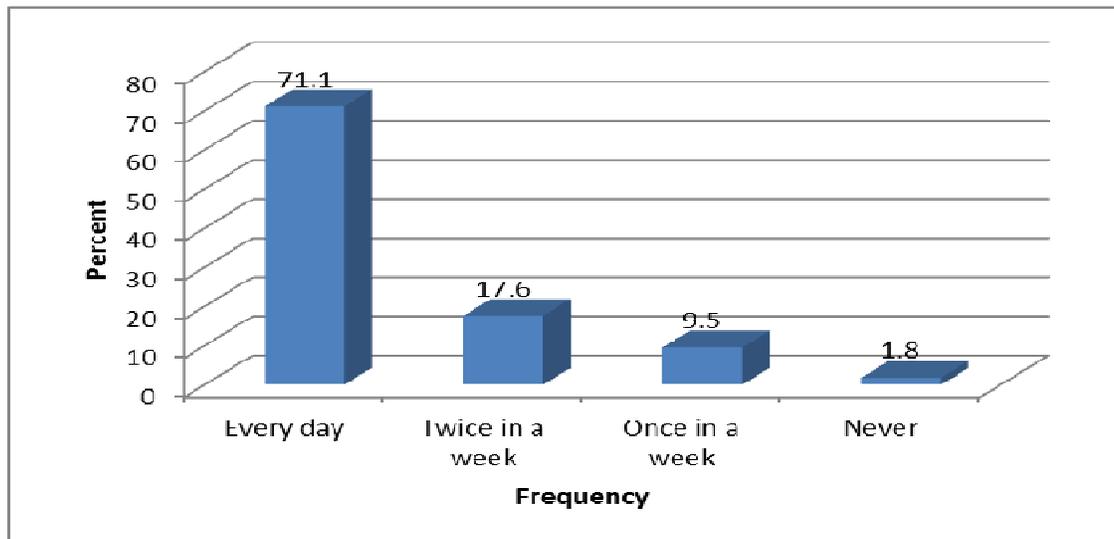
The respondents were further asked to indicate whether they were residents of Kisumu West Sub County. From the findings, 94.6 per cent indicated that they were residents of Kisumu West Sub-County while 5.4 per cent indicated that they were not residents of Kisumu West Sub-County. This shows that most of the respondents were residents of Kisumu West Sub-County.

### 4.3 Knowledge level of Luo males on *Miya Ngima* Spot Campaign

The first objective of this study was to find out the knowledge level of Luo males on voluntary male medical circumcision campaign, *Miya Ngima* spot campaign, in Kisumu West Sub-County.

The respondents were asked to indicate how often they listened to radio. The results were as shown in figure 4.6.

**Figure 4.5: Frequency of Listening to Radio**



Source: Researcher (2015)

#### 4.3.1 Frequency of Listening to Radio

From the findings, 71.1 per cent of the respondents indicated that they listened to the radio every day, 17.65 per cent indicated twice in a week, 9.5 per cent indicated once in a week and 1.8 per cent indicated that they were not listening to radio. This shows that most of the respondents in this study listened to the radio everyday. The respondents further indicated that they owned the radio while others indicated that the radio was owned by a family member.

#### **4.3.2 Listening to Radio Ramogi FM**

The respondents were also asked to indicate whether they were listening to radio Ramogi FM. From the study findings, 90.5 per cent of the respondents reported that they listened to radio Ramogi FM while 9.5 per cent disagreed. This shows that most of the respondents in this study were listening to radio Ramogi FM.

#### **4.3.3 Respondents' Favorite Program**

The respondents were further requested to indicate their favorite program. From the findings, they indicated that their favorite programs included *Miya Ngima* (give me life), *Evii morning* (In the morning), *Donse donse* (music program), *Buth Jondongo* (elder's forum), *Singed Luo* (Luo folk tales), *Lak Chogo* (the tooth is a bone), *Luo Kit Gi Kod Timbegi* (Luo traditions and culture), *Ohigla* (the pot), *Mos Gi Tich* (sorry for the hard work), *Jaramogi Oginga Hospital* (health program). The interviewees indicated that their favorite programs were news, health, politics, *Mos Gi Tich* (sorry for the work), *Kogwen* (morning show), Beach party, *Kok Gwen* (at dawn) and *Ojoga Ojoga* (what irritates me most).

#### **4.3.4 Awareness in *Miya Ngima* VMMC Spot Campaign**

The respondents were asked to indicate whether they had heard of the *Miya Ngima* VMMC spot campaign. From the study findings, 88.1 per cent of the respondents indicated that they had heard of the *Miya Ngima* VMMC spot campaign for the first time through Ramogi FM, while 11.9 per cent disagreed. This clearly shows that most of the respondents had heard of the *Miya Ngima* VMMC spot campaign. These findings were also supported by interviewees and participants in focus group discussions who indicated that they were aware of the campaign. According to the youths in Kawino focus group discussion, all of them had heard the spot campaign on

Ramogi FM talking about the benefits of VMMC. From the interviews, one elder indicated that he had heard about VMMC Spot campaign in Luo stations, which include Ramogi FM, Lolwe FM, Radio Lake Victoria and KBC's Mayienga. Three of the interviewees also indicated that they were participating in the program by making phone calls when necessary and sending short messages.

#### **4.3.5 Relevance of the Message**

The respondents were requested to indicate whether the message had been of any help to them. From the study findings, 86 per cent of the respondents indicated that the message had been helpful to them while 14 per cent indicated that the message had not been of any help to them. This shows that to most of the respondents and the community, the message passed on by *Miya Ngima* VMMC spot campaign had been helpful.

The respondents also indicated that the message had widened their knowledge about the spread of HIV/AIDS and especially among uncircumcised men and enabled men to undergo VMMC. In addition, the message was able to convince men to undergo the exercise. Furthermore, the respondents indicated that the message communicated about male circumcision and its benefit to the society and exposed the risks accompanied by failure to get circumcised. The respondents indicated that the message helped the community members to learn on how to live a healthy life and protect themselves against HIV/AIDS. On the other hand, the respondents who had indicated that the message had not been helpful to them also indicated that the community would not need to take up and adopt the practice.

From the FGDs, the participants indicated that the *Miya Ngima* VMMC spot campaign message indicated that the chance of contracting HIV/AIDS is reduced by

60 per cent for the circumcised men. The participants also said that the campaign indicated that instead of being circumcised in the bush, one would rather go to the hospital which prevents even the sharing of the knife used in the procedure. The health care professionals also indicated that majority of the people knew about voluntary male circumcision. One doctor said, *“Originally, people believed that VMMC is only meant for the non Luos, but after the messages through local media like Ramogi radio, road shows and even through the Ministry of Health, talking about VMMC, people have now embraced the information and this place now gets full, these people are ready to undergo VMMC”*.

#### **4.3.6 Knowledge on Anybody who had Undergone Circumcision**

The respondents were asked to indicate whether they had knowledge about anybody around them who had undergone VMMC in the recent past. From the findings, majority of the participants at 91.1 per cent indicated that they knew of someone around them who had undergone VMMC in the recent past, while 8.9 per cent indicated they did not know of anyone around them who had undergone VMMC in the recent past. This shows that most of the respondents knew of someone around them who had undergone VMMC in the recent past.

The respondents who indicated that they knew of someone around them who had undergone VMMC in the recent past were also asked to indicate where the circumcision took place. From the study findings, respondents were able to mention that the hospitals where circumcisions were done included, Port Florence, Maseno Mission Hospital, Chulaimbo Sub-District Hospital, Tuungane Kibuye, Liverpool Hospital and Avenue hospital. These findings were also corroborated by the interviewees who indicated that they had heard about voluntary medical male

circumcision. Some participants indicated that they were circumcised as a result of the information passed to them by the Church, Ministry of Health and Impact research (NGO). One of the interviewees, an elder, indicated that *“I have heard of the same and I have seen youths going for circumcision”*. The interviewee also indicated that circumcision was done in *ChulaImbo‘ Southern boundaries’*. Key informants also indicated during the interviews that teenagers that were getting circumcised were mostly targeted from schools. Secondly, those who target them for circumcision induce them with money and walk to homesteads for such purpose. Their observation was that, if the boys can find an easy source of money, then majority would undergo circumcision. However, one elder argued that many parents were never informed earlier about this, *“they are ambushed with the information after the procedure which is also done in schools and the initiates going back home when already circumcised.”*

#### **4.3.7 Frequency of the Spot on Radio Ramogi**

The respondents were asked to indicate whether the frequency of the spot on radio Ramogi was sufficient. From the study findings, 85.7 per cent of the respondents reported that the frequency of the spot on radio Ramogi was sufficient while 14.2 per cent indicated that the frequency of the spot on radio Ramogi was not sufficient. From these findings, we can deduce that most of the respondents felt that the frequency of the spot on radio Ramogi was sufficient but a good number felt that it was insufficient. The respondents, who indicated that the frequency of the spot on radio Ramogi was insufficient, also indicated that the time allocated was not enough and that other avenues should also be used to convey information by use of items such as brochures and other local stations.

#### **4.3.8 Other Sources of Information about VMMC**

The respondents were asked to indicate whether they knew of other sources of information about VMMC apart from *Miya Ngima* spot campaign. From the study findings, 92.6 per cent of the respondents indicated that they knew of other sources of information about VMMC apart from *Miya Ngima* spot campaign. However, 7.4 per cent of the respondents indicated that they did not know of other sources of information about VMMC apart from *Miya Ngima* spot campaign. From these findings, we can deduce that most of the respondents knew of other sources of information about VMMC apart from *Miya Ngima* spot campaign.

The respondents who indicated that they knew of other sources of information about VMMC apart from *Miya Ngima* spot campaign also indicated that these sources include most of the NGOs and health institutions, posters, public meetings by local administrators like chiefs and their assistants, Tuungane people, through open forums and during the course of studies in schools. The youths in Kawino focus group discussion indicated that they had heard information on VMMC through other sources like newspapers, advice from parents, chiefs' barazas and road shows. The healthcare professionals also indicated that through the use of other channels like the fliers, books and other write ups, chiefs' barazas, dramas and use of opinion leaders, the information had successfully been passed on in the community.

#### **4.4 Perception and attitudes of the Luo men on the *Miya Ngima* spot campaign**

The second objective of this study was to investigate the perceptions and attitudes of the Luo men on voluntary medical male circumcision campaign, *Miya Ngima* spot campaign, in Kisumu West Sub-County.

#### **4.4.1 Practice of Traditional Male Circumcision in the Community**

The respondents were asked to indicate whether people of their community practice traditional male circumcision. From the findings, 79.8 per cent of the respondents indicated that people of their community were not practicing traditional male circumcision, while 20.2 per cent indicated that people of their community were practicing traditional male circumcision. These findings clearly show that most of the respondents (male Luos) come from a community that was not practicing traditional male circumcision. The interviewees also indicated that Luos were only initiated by removal of the lower six teeth, with the belief that if one fell sick, the gap was used for administering medicine in through the mouth. And so no other form of initiation was practiced then. The healthcare professional indicated that traditional male circumcision was rare in the community and it was done in religions like Nomiya and Luo Sabato who do it on religious grounds.

#### **4.4.2 Supporting Voluntary Medical Male Circumcision**

The respondents were further asked to indicate whether they supported men to undergo voluntary medical male circumcision. The study findings, 95.5 per cent of the respondents indicated that they supported voluntary male medical circumcision while 4.5 per cent indicated that they did not. This shows that most of the respondents supported voluntary medical male circumcision.

The respondents who indicated that they supported men to undergo voluntary medical male circumcision also indicated that voluntary medical male circumcision helps to reduce chances of acquiring HIV by a great percentage. The respondents also indicated that during group meetings the instructors take time to explain the importance of VMMC and also advised where the services are offered. In addition,

voluntary medical male circumcision helps in maintaining of hygiene and lowers the risk of contracting STIs.

From the interviews, the interviewees indicated that the young ones should be circumcised but not with the idea that they cannot be infected with the disease, they can still contract the virus. One of the elders indicated that *“Luo’s beliefs were not allowing male circumcision but if the government has introduced this circumcision because of the disease so let people just go for the medication”*.

The healthcare professional indicated that he fully supported VMMC as it reduces the chances of HIV infection and improves hygienic standards. He also indicated that men who have not gone through VMMC might get a complication called paraphimosis, the problem of contracting foreskin of the male organ or when it *“refuses to go to its normal position they end up in hospitals paying huge bills for the treatment yet VMMC would take care of it. Human papilloma virus that is responsible for cervical cancer in women is reduced when males undergo VMMC. So the wives of circumcised men have reduced chances of getting cervical cancer”*.

#### **4.4.3 Benefits of VMMC Spot Campaign in the Community**

The respondents were further asked to indicate whether they thought the VMMC spot has benefited the community in any way. From the study findings, 94.9% of the respondents reported that the VMMC spot campaign has benefited the community while 5.1% reported that the VMMC spot campaign had not benefited the community in any way. These findings show that the VMMC spot campaign has benefited the community.

The respondents who indicated that the VMMC spot campaign has benefited the community added that VMMC spot campaign enabled the community to embrace

male circumcision, had led to creation of employment, had helped create new awareness on male circumcision and had led to reduced HIV prevalence.

From the focus group discussions, the participants indicated that circumcision gives courage to speak among fellow men since “someone can tell you to shut up and not to talk in their presence as you are not circumcised”. In addition, one of the participants indicated that “*circumcision makes us ensure cleanliness in our body and then it gives knowledge that we should protect ourselves since circumcision is not enough.*” In addition, some participants indicated that voluntary male circumcision has helped Luo’s but not all since others believe circumcision is against their traditional practices while other religions do not accept circumcision in church. Others indicated that it had helped Luo youths by reducing HIV/AIDS infection and for those married it had reduced the spread of cervical cancer which can be a threat to the community. Furthermore, participants from Kawino focus group discussion indicated that the campaign reduces chances of contracting HIV by more than 60 per cent, it reduces chances of cervical cancer in women, it facilitates intermarriage between Luo males and ladies from other communities. However, the older males feel that VMMC is meant for the youths and not for them as it would have no benefit on them. Most youths perfectly embrace the need for VMMC and are very ready to go through for the surgery. The healthcare professional indicated that the campaign had benefited the community because these spot campaigns target many people at the same time.

#### **4.5 Efficacy of *Miya Ngima* Spot Campaign on the Uptake of the VMMC**

The third objective of this study was to establish the efficacy of *Miya Ngima* spot campaign on the uptake of VMMC in Kisumu West Sub-County.

#### **4.5.1 Benefits of the Spot Campaign towards HIV/AIDS Prevention**

The respondents were also asked to list down the benefits of the spot campaign towards HIV/AIDS prevention. From the findings, they indicated that through *Miya Ngima* spot campaign many have availed themselves for the process of VMMC which has led to the prevention of contracting and spreading of HIV/AIDS. The respondents also indicated that *Miya Ngima* spot campaign had helped to change the negative perception about VMMC and also towards the service. Further, the respondents indicated that *Miya Ngima* spot campaign had led to an increase in levels of hygiene, reduction of level of stigma and discrimination and had enabled people to know their status. Also, the respondents indicated that *Miya Ngima* spot campaign had led to higher turnouts for male circumcision and reduced ignorance amongst people in the community.

The participants in the focus group discussions indicated that through this spot campaign, the Luo males got to know the importance of circumcision. Other participants indicated that the campaign reduces chances of HIV infection by 60 per cent and reduces the chance of contracting other sexually transmitted diseases.

#### **4.5.2 Awareness that Male Circumcision is one of the HIV Intervention Measures**

The respondents were asked to indicate whether they were aware that male circumcision is now one of the HIV intervention methods among the males. From the study findings, 97 per cent of the respondents reported that they were aware that male circumcision is now one of the HIV intervention methods among the males while 3 per cent indicated that they were not aware. From these findings we can deduce that

most of the respondents were aware that male circumcision is one of the HIV intervention methods among the males.

#### **4.5.3 Degree of Protection**

From the respondents who indicated that they were aware that male circumcision is one of the HIV intervention methods among the males the study also sought to find out the degree of protection. From the study findings, 96.2 per cent of the respondents indicated that male circumcision leads to partial protection while 7.4 per cent indicated that it leads to complete protection. From these findings we can deduce that most of the respondents had the knowledge that male circumcision leads to partial protection. One of the elders however doubted that male circumcision was offering partial protection “*I found a structure put up for those suffering from HIV/AIDS, it seems that even those circumcised are still infected with the virus since it exists within the body blood*”. Other interviewees indicated that circumcision on was not effective; “if it were effective then it should fully prevent people from being infected by the disease and so the infection cannot be stopped by circumcision”.

#### **4.5.4 *Miya Ngima* campaign and Voluntary Medical Male Circumcision in the community**

The respondents were asked to indicate whether the *Miya Ngima* spot campaign had led to voluntary medical male circumcision in the community. From the study findings, 89.9 per cent of the respondents indicated that the *Miya Ngima* spot campaign had led to voluntary medical male circumcision in the community while 10.1 per cent indicated that the *Miya Ngima* spot campaign had not led to voluntary male medical circumcision in the community. From these findings we can deduce that

the *Miya Ngima* spot campaign had led to increased voluntary male medical circumcision in the community.

From the respondents who indicated that the *Miya Ngima* spot campaign had led to increased voluntary male medical circumcision in the community, the study also sought to establish how. They indicated that *Miya Ngima* spot campaign was a motivational factor and the way its message was designed was encouraging more Luo males to undergo the procedure. The respondents also indicated that *Miya Ngima* spot campaign had led to voluntary medical male circumcision in the community because many of the respondents tune to radio Ramogi frequently. The respondents further indicated that initially many people did not know about VMMC, but through media campaigns a sizeable number of individuals have embraced circumcision. The respondents further indicated that there were higher turnouts for male circumcision among the youth.

#### **4.5.5 *Miya Ngima* Spot Campaign and Reduction in the Rate of HIV/AIDS**

##### **Infections**

The respondents were asked to indicate whether *Miya Ngima* campaign spot had led to a reduction in the rate of HIV/AIDS infections among men in the community. From the findings, 77.4 per cent indicated that the *Miya Ngima* spot campaign had led to a reduction in the rate of HIV/AIDS infections among men in the community while 22.6 per cent felt otherwise. From these findings we can deduce that the *Miya Ngima* spot campaign had contributed to reduced HIV/AIDS infections among males in the community.

The respondents were also asked to explain their responses. The respondents who indicated that the *Miya Ngima* spot campaign had led to reduced HIV/AIDS infections

among men in the community also indicated that it had led to reduced infections and re-infections of the disease. They also indicated that it had led to open discussions in the communities where members who have not undergone the rite are encouraged to do so by the other members.

#### **4.5.6 How *Miya Ngima* Spot Campaign Influence the Uptake of VMMC**

The respondents were asked to indicate how the *Miya Ngima* spot campaign influences the uptake of VMMC. From the findings, the respondents indicated that the message was packaged in a very interesting, simple and understandable language. The respondents also indicated that as it is done by a local station the message is heard and reached majority of the respondents. They also indicated that through the radio many respondents can be able to access the message about VMMC thus influencing men to undergo the rite.

#### **4.6 Challenges Facing the Campaign spot towards uptake of VMMC**

##### **4.6.1 Whether the Language of the Spot Campaign was Understandable**

The respondents were asked to indicate whether the language of the spot campaign was understandable. From the findings, 93.2 per cent of the respondents indicated that the language of the campaign spot was understandable while 6.8 per cent disagreed. From these findings we can deduce that the language of the campaign spot was understandable. The respondents who indicated that the language of the campaign spot was understandable also indicated that the words used were easy to understand by the listeners and the campaign used short, straight and direct to the point statements about VMMC. The respondents also indicated that the campaign ensured that many respondents could access the information about VMMC. Further, the respondents indicated that the campaign reached a wider section of the community as

it was done in vernacular. In addition, the respondents who indicated that the language of the campaign spot was not understandable also indicated that the message should also be interpreted in to other languages.

From the interviews, an interviewee indicated that he had not understood the meaning of *Miya Ngima* spot campaign. One elder indicated that “*I have not understood the meaning of this pogram called ‘Miya Ngima. I do not know the meaning of the program’*”.

#### **4.6.2 Appropriateness of the Timing of the Campaign**

The respondents were asked to indicate whether they believed the timing of the spot was appropriate. From the study findings, 89.6 per cent of the respondents reported that they believed the timing of the spot was appropriate while 10.4 per cent disagreed. From these findings we can deduce that the timing of the spot was appropriate. The respondents who indicated that they believed the timing of the spot was appropriate also indicated that the timing is favorable as many men would get the information because of the frequency of the spot the whole day. The respondents also indicated that the rate of HIV/ AIDS had become incredibly high. In addition, the respondents who indicated that they did not believe the timing of the spot was appropriate also indicated that it is supposed to be a continuous event. The healthcare professionals also indicated that the time was appropriate and the treatment of message was very appropriate. It was actually given a medical approach, not political and not religious and this was very appropriate.

#### **4.6.3 Sufficiency of the Frequency of the *Miya Ngima* spot campaign**

The respondents were asked to indicate whether the frequency of the *Miya Ngima* spot campaign was sufficient. From the findings, 79.2 per cent of the respondents

indicated that the frequency of the *Miya Ngima* spot campaign was sufficient while 20.8 per cent disagreed. This shows that the frequency of the *Miya Ngima* spot campaign was sufficient though a sizeable number of the respondents felt otherwise.

The respondents who indicated that the frequency of the *Miya Ngima* spot campaign was sufficient also indicated that it targeted all the males who were at risk of contracting HIV and was repeated often. The respondents further indicated that many people understood about VMMC.

On the other hand, the respondents who indicated that the frequency of the *Miya Ngima* spot campaign was not sufficient also indicated that the campaign was only targeting one gender; it should have also targeted women to encourage their husbands to undergo the VMMC. The respondent also indicated that the campaign was also supposed to be intensified in various organizations like churches, chiefs' barazas, school meetings, community groups and through opinion leaders.

#### **4.6.4 Cultural Practices that affect VMMC Spot Campaign**

The respondents were asked to indicate whether cultural practices affected VMMC spot campaign. From the findings, 66.4 per cent of the respondents (223) indicated that cultural practices affect VMMC spot campaign while 33.6 per cent felt otherwise. From these findings we can deduce that cultural practices affect VMMC spot campaign. The respondents who indicated that cultural practices affect VMMC spot campaign also indicated that some people do not want to get out of their cultures and most communities prefer traditional circumcision which can lead to spread of HIV/AIDS since instruments used are not safe.

From the interviews, the interviewees indicated that Luos were not traditionally circumcised, so they do not have information about circumcision. One of the

interviewees indicated that *“We used to have a young boy called ‘Onduu’; he went for circumcision, and unfortunately he almost succumbed to injuries in the process. He became very ill that forced him back to whoever circumcised him for further treatment.”* Another interviewee also indicated that young men feared the practice since it’s accompanied with fatalities. *“There are circumcision procedures that are painful, some with wounds and very painful, while some are healing faster without wounds”.*

#### **4.6.5 Other Challenges facing VMMC Spot Campaign**

The respondents were also asked to point out other challenges that affected VMMC spot campaign. From the study findings the respondents indicated that some people were too much into cultural practices and were not adopting VMMC. Some respondents also indicated that the allocation of the time was not enough; there were inadequate resources and inadequate support from the government. The respondents further indicated that there was stigma and discrimination among the other communities and many people fear undergoing the process. The respondents also indicated that other challenges include ignorance, fear of pain and illiteracy among people.

The interviewees also indicated that challenges facing VMMC Spot Campaign include politics surrounding circumcision, funds to sustain continuous education, misinterpretation of the message and difficulties to convince the old about the practice. From the focus group discussions, the participants indicated that some people discourage their friends by indicating that after being circumcised one would wait to heal for six months and maybe this individual likes sex, this would bar him from the act. The participants also indicated that people circumcised do not erect

faster and so this discourages some people from being circumcised. In addition, the participants indicated that many people would opt to go for the VMMC but the means of economic survival would interfere with their life since they are the bread winners. Further, the healing process after circumcision takes a long time and since they do casual jobs their families may be forced to go hungry. Other participants also indicated that doctors who perform this service have been given a lot of money to entice them for the practice hence earn from that. Others also feared that their foreskins are being exported to other countries for other uses which they do not know. There is also fear that there are those doctors that do not know how to perform the procedure professionally, which leads to health complications.

#### **4.6.6 Other Factors that Influence the Uptake of VMMC**

The respondents were also asked to indicate other factors that influenced the uptake of VMMC apart from the *Miya Ngima* spot campaign.

**Table 4. 2: Other Factors that Influence the Uptake of VMMC.**

	<b>Frequency</b>	<b>Percent</b>
Availability of health care infrastructure	118	35.1
Opinion leaders	41	12.2
Church/Church organizations	21	6.3
Peers/ Friends	97	28.9
Educational institutions	59	17.6
<b>Total</b>	<b>336</b>	<b>100.0</b>

**Source: Researcher (2015)**

From the study findings, 35.1 per cent of the respondents indicated that availability of health care infrastructure was influencing the Uptake of VMMC, followed by peers and friends (28.9 per cent), educational institutions (17.6 per cent), opinion leaders (12.2 per cent) and church/Church organizations (6.3 per cent). The interviewees indicated that factors that influence the uptake of VMMC apart from the *Miya Ngima* spot campaign include education in schools and training on reproductive health, the support from local administrators (chiefs) and church endorsement of VMMC.

## CHAPTER FIVE

### SUMMARY, CONCLUSION & RECOMMENDATIONS

#### 5.1 Introduction

This chapter presents summary of the findings, conclusions drawn from the study and the recommendations for further research on the problem in relation to the purpose of the study. This study set out to assess the role of radio campaign on voluntary medical male circumcision uptake in Kisumu West Sub-County with a case study of *Miya Ngima* campaign on Ramogi FM.

#### 5.2 Summary of the Findings

##### 5.2.1 Knowledge level of Luo males on *Miya Ngima* Spot Campaign

The study found that most of the respondents in this study were keen radio listeners, which either belonged to them personally or their family members. The study also found out that most of the Luo men listened to radio Ramogi FM. The study also found out that the favorite programs to most of the Luo men included *Miya Ngima* (*give me life*), *Erii* morning (early morning), *Donse donse* (music program), *Buth Jodongo* (elders forum), Singed Luo, (Luo folk tales), *Lak Chogo* (tooth is a bone), *Luo Kit Gi Kod Timbegi* (Luo traditions and culture), *Ohigla* (the pot), Mos Gi Tich (sorry for work), news, health, politics, Kogwen (Early morning), Beach party, *Kok Gwen* (at dawn) and *Ojoga Ojoga* (what irritates me most).

In relation to awareness on *Miya Ngima* VMMC spot Campaign, the study found that most of the Luo men were aware of the *Miya Ngima* VMMC spot campaign and were participating in the program by making phone calls when necessary and sending short messages. The study also established that the message passed on by *Miya Ngima*

VMMC spot campaign had been helpful. The message delivered by the campaign had widened the respondents' knowledge about the spread of HIV/AIDS and especially among uncircumcised men and enabled men to undergo circumcision. In addition, the message helped to convince men to undergo the procedure. Further, the message communicates about male circumcision and its benefit to the society and exposed the risks accompanied by failure to undergo circumcision.

The study found that most of the respondents knew of someone around them who had undergone VMMC in the recent past. The preferred hospitals where circumcision was done include Port Florence, Maseno Mission Hospital, Chulambo Sub District Hospital, Tungane Kibuye, Liverpool Hospital and Avenue hospital. In relation to sufficiency of the spot on Radio Ramogi, the study found that the frequency of the spot on radio Ramogi was sufficient but a good number felt that it was insufficient. Other sources of information in the VMMC include NGOs and health institutions, posters, public address, Tuungane people, through open forums, during the course of studies, chiefs' barazas and road shows.

### **5.2.2 Perception and attitudes of the Luo males on the *Miya Ngima* spot campaign**

The study established that most of the respondents (Luo) came from a community that was not practicing traditional male circumcision. Traditionally, the Luos were only initiated by removal of the lower six teeth with belief that if one fell sick, the gap would be used for administering medicine into the mouth down to the stomach. However, most of the respondents supported voluntary medical male circumcision. This is because voluntary medical male circumcision helps in reducing HIV/AIDS infection by a significant percentage. The study also found out that the Luo community does not practice traditional male circumcision but were ready to embrace

it fully due to the scientific findings and evidence adduced on benefits of the surgery. It was also found that men who have not gone through VMMC might get a complication called paraphimosis, the problem of contracting the foreskin or when it cant go to its normal position. They end up in hospitals paying huge bills for the treatment yet VMMC was a remedy to the condition. Human papilloma virus that is responsible for cervical cancer in women is reduced when men undergo VMMC. So the wives of circumcised men have reduced chances of getting cervical cancer.

The study revealed that the VMMC spot campaign has benefited the community as it had sensitized the community to embrace male circumcision. It also led to creation of employment, helped create new awareness on male circumcision and had led to a reduction in the prevalence of HIV. The study also found that VMMC reduces chances of cervical cancer in women and also facilitated intermarriage between Luo men and ladies from other circumcising communities.

### **5.2.3 Efficacy of *Miya Ngima* Spot Campaign on the Uptake of the VMMC**

The findings established that through *Miya Ngima* spot campaign many Luo men had availed themselves for the VMMC, which had led to the prevention of contracting and spreading of HIV/AIDS. The study also found that *Miya Ngima* spot campaign had helped to change the negative perception about VMMC and also towards the procedure. It was also revealed that *Miya Ngima* spot campaign had led to an increase in levels of hygiene, reduction of stigma and discrimination and had enabled people to know their status.

According to the findings most community members had become aware that male circumcision is now one of the HIV intervention methods among the males. In addition, most community members had the knowledge that male circumcision leads

to partial protection. Circumcision is not effective alone; if it were effective then it would fully prevent people from being infected by the virus and so the infection cannot be stopped because of circumcision.

The study established that *Miya Ngima* spot campaign had led to voluntary medical male circumcision in the community. The campaign was found to be a motivational factor and the way its message was designed was a motivation. In addition, the *Miya Ngima* spot campaign had led to voluntary medical male circumcision in the community because many of the respondents tune to radio Ramogi frequently. Initially many people did not know about VMMC but through media campaign a sizeable number of individuals took the initiative to get circumcised.

The study also found that the *Miya Ngima* spot campaign had led to a reduction in the rate of HIV/AIDS infections among men in the community and it had subsequently led to reduction in the rate of infection and re-infection from other STIs. The campaign also opened discussions in the communities where members who have not undergone the surgery are encouraged to do so by the others. The study found that the message was packaged in a very interesting, simple and understandable language making the message easy to understand. The study also revealed that since message was done by a local vernacular station it was well understood and reached majority of the community members.

These findings show that the use of radio in the VMMC did not have a magic bullet effect but had a limited effect. The bullet theory which holds the notion that if the message reaches its target (individual), then its persuasive effects are immediate and evident does not apply in this study. This is because despite the campaign it took the encouragement of peers and still some elders had not embraced the procedure yet.

Thus the spot alone cannot be totally credited for the uptake of VMMC in Kisumu West Sub County

The findings are in line with the middle-range effects perspective that indicates that the media rarely is the sole cause of effects and is relatively powerless when compared with other social factors such as age, levels of education and peer influence. The study found that the young people had embraced the practice while the old people were still hesitant. The study also found that other methods used in the campaign include chiefs' barazas, NGOs and health institutions, posters, newspapers and road shows.

#### **5.2.4 Challenges Facing the Campaign spot towards uptake of VMMC**

The study found that the language of the campaign spot was understandable and the words used were easy to understand by the listeners and the campaign used short and straight direct to the point statements about VMMC. The study also revealed that the campaign ensured that many respondents can access the information about VMMC. Further, the campaign is wide reaching as it is done through vernacular language.

The study also found that the timing of the spot was appropriate and favorable as many men are at either at home or tuned the Radio Ramogi FM. However, many men had not had the advantage of being circumcised. Some community members felt that the timing of the spot was not appropriate and was supposed to be a continuous event. The study established that the frequency of the *Miya Ngima* spot campaign was sufficient though a good number of the respondents felt otherwise. The campaign targeted all the males who were at risk of contracting HIV and was repeated all day long. However, the campaign was only targeting one gender, it should have also targeted women to encourage their husbands to undergo the VMMC.

The study found out that cultural practices affect VMMC spot campaign and some people were still loyal to their culture. The study found that there were inadequate resources and inadequate support from the government. The exercise was left to the NGOs like Tuungane people. The study also found that there was stigma and discrimination from the other communities and many people fear undergoing the process. Other challenges facing VMMC Spot Campaign included politics surrounding circumcision, funds to sustain continuous education, people misinterpretation of the message and difficult to convince the old about the practice.

Other factors that were hindering the success of VMMC Spot Campaign include abstinence from sex during the period, healing, poverty, unprofessional healthcare providers, complications of the procedure, the long process of healing and the mystery that their foreskins were exported to other countries for other uses which the target population feared. The study also found that availability of health care infrastructure, education in schools and hospitals on reproductive health, opinion leaders and Church organizations also influenced the uptake of VMMC.

### **5.3 Conclusion**

#### **5.3.1 Knowledge level of Luo males on *Miya Ngima* Spot Campaign**

- The campaign *Miya Ngima* aired on Ramogi FM about voluntary medical male circumcision was fully understood by most youths in Kisumu West-Sub County. The older males' knowledge level about the campaign *Miya Ngima* aired on Ramogi FM was generally low.
- A section of the targeted audience was never reached when the program *Miya Ngima* was being aired on Ramogi radio resulting to relatively poor

knowledge level about voluntary medical male circumcision in Kisumu West Sub-County.

- The program had widened male Luos' knowledge about the spread of HIV/AIDS and especially among uncircumcised men and enabled men to undergo the surgery. Further, the message communicated about male circumcision and its benefit to the society and exposed the risks accompanied by failure to circumcision.

### **5.3.2 Perception and attitudes of the Luo men on the *Miya Ngima* spot campaign**

- Perceptions and attitude of Luo men on *Miya Ngima* Spot Campaign was met with a lot of challenges including traditional and cultural practices.
- Male Luo's attitude on *Miya Ngima* Campaign is characterized by the extent to which people undertake the surgery and in relation to other cultural practices performed as rites of passage.
- The study found that the Luo community was not practicing traditional male circumcision. In addition, the community members had the perception that the process was painful and led to medical complications. However, *Miya Ngima* spot campaign had helped to change the negative perception about VMMC and also towards the surgery.

### **5.3.3 Efficacy of *Miya Ngima* Spot Campaign on the Uptake of the VMMC**

- The state or quality of being ethical with the campaign succeeded only among the youths between the ages of 18-25 who contradicted the older generation's stand who feel the campaign is going against their cultural practices.

- The study found that through *Miya Ngima* spot campaign many Luo males had availed themselves for the VMMC, which had led to the prevention and control of HIV/AIDS infections.
- *Miya Ngima* spot campaign had led to voluntary medical male circumcision in the community because many of the respondents tune to radio Ramogi throughout. Initially many people did not know about VMMC but through media campaign a sizeable male population had taken up circumcision.
- The use of radio in the VMMC did not have a magic bullet effect but had a limited effect. The bullet theory which holds the notion that if media message reaches its target (individual), then its persuasive effects are immediate and evident does not apply in this study. This is because despite the campaign, some elders had not embraced the practice yet, and moreover a number of men underwent the surgery through peer influence.
- The study is in line with the middle-range effects perspective that indicates that the media rarely is the sole cause of effects and is relatively powerless when compared with other social factors such as age, levels of education and peer influence. The study found that the young people had embraced the practice while the old people were still hesitant. The study also found that other channels used in the campaign include chiefs' barazas, NGOs and health institutions, posters, newspapers and road shows.

#### **5.3.4 Challenges Facing the Campaign spot towards uptake of VMMC**

- Challenges facing the adoption of VMMC in Kisumu West Sub-County include cultural practices, inadequate resources, inadequate support from the government, stigma and discrimination from the other communities, politics

and fears surrounding circumcision, funds to sustain continuous education, people misinterpretation of the message and difficult to convince the old about the practice.

- Increased criticism from religious groups and other opinion makers about the negativity of the campaign while not mentioning its benefits.

The uptake of the voluntary medical male circumcision faces challenges including lack of intense or proper awareness campaign among Luos in the informal settlements or rural set-up

#### **5.4 Recommendations**

A sizeable number of respondents had the perception that voluntary male circumcision provides partial protection to HIV/AIDs. This shows that the message in the *Miya Ngima* spot campaign was designed in a fairly well manner but there is need to ensure that the remaining population of the target population understand that circumcision only provide partial protection to HIV/AIDS infections.

The study found that the campaign was conducted for duration of time and then it was stopped. This study recommends that the campaign should be a continuous event so as to ensure more people are reached by the message.

The study also recommends that several channels of communication should be used in the campaign. This should include use of opinion leaders and elders, chiefs' barazas, use of social media and television.

The study also found that the campaign was targeting one gender. The study recommends that it should have also targeted women to encourage their husbands to undergo the VMMC.

The study established that inadequate resources were one of the key challenges facing the VMMC Spot Campaign. The study recommends that the government of Kenya and other partners' especially non-governmental organizations should ensure that adequate resources are availed particularly skilled healthcare professionals and vital equipment. In addition, more funds should be allocated for continuous education and campaigns.

The study found that there were many myths and perceptions surrounding the VMMC. The study, therefore, recommends that more training should be held in the region to improve community awareness.

The study also found that during the healing process, married men had to abandon their jobs, which would lead to financial constraints in the concerned families. The study, therefore, recommends that the government of Kenya as well as non-governmental organizations should ensure that married men are financially supported during the recuperation period.

### **5.5 Suggestions for Further Studies**

This study focused on assessing role of *Miya Ngima spot* campaign on voluntary medical male circumcision uptake in Kisumu West Sub County. The study was limited to Kisumu West Sub County and hence other studies should be conducted to focus on the other Sub Counties of Kisumu County. Although there are other radio stations like Lolwe FM, Radio Lake Victoria and KBC's Mayienga that were involved in the *Miya Ngima spot* campaign, the study was limited to *Ramogi FM*. The study, therefore, suggests further studies to focus on all radio stations that were airing *the Miya Ngima spot* campaign. The study further suggests that other studies be

carried out on the role of radio campaigns in other community development issues in Kenya.

## REFERENCES

- Al-hassan, S., Andani, A. & Abdul-Malik, A. (2013). The Role of Community Radio in Livelihood Improvement: The Case of Simli Radio. *The Journal of Field Actions*, 5, 23-32.
- Anduvate, D. V. (2014). *The Place of Community Radio in Rural Development in Kenya: Case Study of Sauti FM in Rarieda, Siaya County*. Retrieved from <http://hdl.handle.net/11295/76953>.
- Auvert, B., Taljaard, D., Lagarde E., Sobngwi-Tambekou, J., Sitta, R., & Puren, A. (2005). *Randomized Controlled Intervention Trial of Male Circumcision for Reduction of HIV Infection Risk: The ANRS 1265 Trial*. *PLoS Medicine*, 2, e298.
- Bailey, R. C., Mose, S., & Parker, C. B. (2007). Male Circumcision for HIV Prevention in Young Men in Kisumu, Kenya: A Randomized Controlled Trial. *Lancet*, 369, 643-566.
- Bandura, A. (2001). *Social Cognitive Theory: An agentive perspective*. Annual Review of Psychology, 52 (1) 1-26.
- Bandura, A. (1977) *Social Learning Theory*. Englewood Cliffs, NJ: Prentice Hall.
- Bandura, A. (1986) *Social Foundations of Thought and Action: A Social Cognitive Theory*. Upper Saddle River, NJ: Prentice Hall.
- Bandura, A. (2002) Social Cognitive Theory in Cultural Context. *A journal for International Association for Applied Psychology*. Vol. 51(2) 269-290.
- Baran, S.J. & Davis, K. (2006) *Mass Communication Theory: Foundations, Ferment and Future*. USA: WordsWorth Publishers.
- Baran, S.J. & Davis, K. (2009) *Mass Communication Theory: Foundations, Ferment and Future*. USA: WordsWorth Publishers.
- Bernett, T. & Blaikie, P. (1992) *AIDS In Africa: Its present and the Future*. Rome, Belhaven Press.
- Bryant, J., Zillman, D. (2002). *Media Effects. Advances in Theory and Research* (2<sup>nd</sup> ed). Lawrence Erlbaum Associates, Publishers.
- Buckley, S. (2008). *Broadcasting Voice and Accountability: A public interest approach to policy, law and Regulation*. London: University of Michigan Press.
- Cooper, D. R., & Schindler, P. S. (2006). *Business Research Methods*. New Delhi: Tata McGraw-Hill.

- Creswell, J.W. (2006). *Research design. Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks CA: Sage.
- Engel, R.J. & Schutt, R.K. (2013). *The practice of research in social work*. Los Angeles: Sage Publications.
- Evans, A. (1992). A review of the Rural Labour Market in Uganda . School of African and Asian Studies, University of SUSSEX, *World Bank Project Working Paper*, (Mimeograph) Washington DC: World Bank.
- Fisher, A., Laing, J., & Stroker, J. (2003). *Operation Research Design in Sampling*. Washington, DC: Population Council.
- Georgea, G., Straussa, M., Chirawua, P., Rhodesb, B., Frohlichc, J., Montaguec, C. & Govenderad, K. (2014). Barriers and facilitators to the uptake of voluntary medical male circumcision (VMMC) among adolescent boys in KwaZulu-Natal, South Africa. *African Journal of AIDS Research*, 13(2), 179-187.
- Gillepsie, S (1989). Potential Impact of AIDS on Farming Systems: A case Study from Rwanda. *Land Use Policy*, 6, 301-312.
- Government of Kenya, Ministry of Health: National AIDS and STI Control Programm (2014). Progress report on Kenya HIV estimates.
- Government of Kenya, Ministry of Public Health and Sanitation: National AIDS and STI Control Programme (NASCOP): Progress report on Kenya's voluntary medical male circumcision programme, 2008–2009: Summary, 2010:1–14.
- Greener, S. L. (2008). *Business Research Methods*. Copenhagen: Ventus Publishing ApS.
- Griffin, E. (2000) *Communication Theory*. 4<sup>th</sup> ed. USA. Mc Graw Hill.
- Halperin, D. T., & Bailey, R. C. (1999). Male circumcision and HIV infection: Ten years and counting. *Lancet*, 354, 1813–1815.
- Hatzold, K., Mavhu, W., Jasi, P., Chatora, K., Cowan, F. M., Taruberekera, N., & ... Njeuhmeli, E. (2014). Barriers and Motivators to Voluntary Medical Male Circumcision Uptake among Different Age Groups of Men in Zimbabwe: Results from a Mixed Methods Study. *Plos ONE*, 9(5), 1-7.
- Hoffman, J. R., Arendse, K. D., Larbi, C., Johnson, N., & Vivian, L. M. (2015). Perceptions and knowledge of voluntary medical male circumcision for HIV prevention in traditionally non-circumcising communities in South Africa. *Global Public Health*, 10(5/6), 692-707.
- Ida, J., Silas, A., Nicholas, M., Elizabeth, G. (2013). *Engaging Local Media in VMMC Scale-Up: A Case Study from Kenya*. Retrieved from [www.avac.org/](http://www.avac.org/).

- Iliyasu, Z., Abubakar, S. I., Jibo, M. B., & Salihu, M. H. (2012). Male Circumcision and HIV Risk Behaviour Among University Students in Northern Nigeria. *American Journal of Men's Health*, 7(2) 94-101.
- KAIS, (2014). Kenya HIV estimate. NASCOP
- Kenya National Bureau of statistics (2013). County Development Profile: Kisumu County.
- Kenya National Bureau of Statistics (2010). *Kenya Economic Survey 2010 Highlights*. Nairobi.
- Kibira, H.B. (2014). *An Assessment of the Impact of Voluntary Medical Male Circumcision Campaign on Curbing The Spread of HIV and AIDs: A Case Study of Karateng' Location In Kisumu County*. Retrieved from <http://erepository.uonbi.ac.ke/>.
- Kiptoo, L. D. (2014). *Community Perception of Male Circumcision With Reference to Hiv/Aids Prevention in Nyando Sub-Location, Kisumu County, Kenya*. Retrieved from ir.mu.ac.ke:8080/.
- KNBS, (2012). *Ratified Report on National Assembly Constituencies and County Assembly Wards order*.
- Kothari, C. R. (2004). *Research methodology: Methods and techniques*. New Delhi: New Age International (P) Limited Publishers.
- Kupoyini, F. A, (2000). Mass Media in Agricultural Development: the use of Radio by farmers in Akiyele Local Government Area of Oyo State, Nigeria. *Nigerian Agricultural Development Studies*, 1 (1): 26-32.
- Lawrence, J. J. (2012). *Health Programming and Community-based Radio Stations in Sub-Saharan Africa: An Example from Zambia*. Master's Thesis, University of Pittsburgh.
- Macintyre, K., Andrinopoulos, K., Moses, N., Bornstein, M., Ochieng, A., Peacock, O. & Bertrand, J. (2013). Attitudes, Perceptions and Potential Uptake of Male Circumcision among Older Men in Turkana County, Kenya Using Qualitative Methods. *PLOS*, 2(4), 45-51.
- Mahler, H.R., Kileo, R., Curran, K., Plotkin, M., Adamu, T., Hellar, A., Koshuma, S., Nyabenda, S., Machaku, M. et al. (2011). Voluntary Medical Male Circumcision: Matching Demand and Supply with Quality and Efficiency in a High-Volume Campaign in Iringa Region, Tanzania. *PLOS*, 13, 23-28.
- Marya, P., Delivette, C., Hawa, M., Küverc, J., Mpuyad, E., Luvandac, P.J., Hellara, A., Currane, C. (2013). Social and individual factors affecting adult attendance at voluntary medical male circumcision services in Tanzania. *Glob Health Sci Pract*, 1(1), 108-116.

- Melkote, S., & Steeves, H. L. (2001). *Communication and Development in the third World: Theory and practice for empowerment*. New Delhi: Sage publications.
- Ministry of Health (2014). Kenya HIV Estimates. [healthservices.uonbi.ac.ke/](http://healthservices.uonbi.ac.ke/).
- Moemeka, A. (1994). Radio Strategies for Community Development: A Critical Analysis. In Andrew A. Moemeka (Ed). *Communicating for Development: A new Pan-Disciplinary Perspective*. New York: State University of New York Press.
- Moemeka, A.A, (1993) The Mass Media, Communication and Rural Dwellers: Towards the effectiveness of Development Messages. In: C Oso, L Adebayo (Eds.): *Communications and Rural Development in Nigeria*. Abeokuta: Ogun State Press, Nigeria.
- Mthembu, M.V. (2010). *An Assessment of the Effectiveness of Radio Information Campaigns on HIV/AIDS Awareness and behavior change in Swaziland*. Retrieved from [http://ccms.ukzn.ac.za/files/articles/MA\\_theses/maxwell.pdf](http://ccms.ukzn.ac.za/files/articles/MA_theses/maxwell.pdf).
- Mugenda, A.G. & Mugenda, O.M. (2003). *Research methods; Qualitative and quantitative Approaches*. Nairobi: Kenya Acts Press.
- Mutabazi, V., Forrest, V., Ford, N. & Mills, E.J. (2014). How do you circumcise a nation? The Rwandan case study. *BMC Medicine*, 12, 184.
- Myers, M. (2000) 'Community radio and development', in R. Fardon, and G. Furniss, (eds) (2000) *African broadcast cultures: Radio in transition*. Harare: Baobab Publishing and Oxford: James Currey.
- Naqvi, S., Baloch, M.F., Niaz, B. & Kasi, M. (2011). Fm Radio And Social Change in Zambia. *Bi-Annual Research Journal*, 12(1), 23-29.
- NASCOP, (2009). Progress Report on Kenya's Voluntary Medical Male Circumcision Programme 2008-2009: Summary, 2010:1-14.
- Newman, W.R & Guggenheim. (2011). Evolution of Media Effects Theory: A six-Stage Model Of Cumulative Research. *International Communication* Pg, 169.
- Ngechu. M. (2004). *Understanding the research process and methods. An introduction to research methods*. Nairobi: Acts Press.
- Ngwainmbi, K. E. (1995). *Communication Efficiency and Rural Development in Africa: The Case of Cameroon*. London: University Press of America.
- Njeuhmeli, E., Kripke, K., Hatzold, K., Reed, J., Edgil, D., Jaramillo, J., & ... Mugurungi, O. (2014). Cost Analysis of Integrating the PrePex Medical Device into a Voluntary Medical Male Circumcision Program in Zimbabwe. *Plos ONE*, 9(5), 1-7.

- Obure, A.F., Nyambedha, E.O., Oindo, B.O. & Kodero, H.M. (2009). Psychosocial Factors Influencing Promotion of Male Circumcision for HIV Prevention in a Non-Circumcising Community in Rural Western Kenya. *The Qualitative Report*, 14(4), 665-687.
- Ochichi, J.P. (2014). An Assessment Of Community Radio In The Context Of Rural Development In Kenya. *PHD thesis, University of Nairobi*. Retrieved from [erepository.uonbi.ac.ke/handle/11295/75883](http://erepository.uonbi.ac.ke/handle/11295/75883).
- Okigbo, C. (1995) *Media and Sustainable Development*. Nairobi: ACTS Press.
- Ondondo, R; Waithera, W; Mpoke, S; Kiptoo, M & Bukusi, E. (2014) Prevalence and incidence of HIV infection among fishermen along Lake Victoria Beaches in Kisumu County, Kenya. *World Journal of AIDS*, 4, 219-231.
- Orodho, A. J. (2007). *Techniques of Writing Research Proposal and Reports*. Nairobi: HP Enterprises.
- Panos South Africa (2008). An assessment of HIV and AIDS Radio Campaign in Zambia. Swedish International Development Agency.
- Parsons, P. R. (1990). The Cultural Curve of Meaning: The Development and Extension of the Concept of Meaning in Mass Communication Theory. *Contemporary Readings In Law & Social Justice*, 4(2), 602-612.
- Pavarala, V. (2003). Building Solidarities-A case of Community Radio in Zharkhand. *Economic and Political Weekly*, 32(22), 2188-2197.
- Polonsky, M. & Waller, D. (2010). *Designing and Managing a Research Project*. SAGE, India.
- Price, J. E., Phiri, L., Mulenga, D., Hewett, P. C., Topp, S. M., Shiliya, N., & Hatzold, K. (2014). Behavior Change Pathways to Voluntary Medical Male Circumcision: Narrative Interviews with Circumcision Clients in Zambia. *Plos ONE*, 9(11), 1-11.
- Reining, P. (1989). The relationship between male circumcision and HIV infection in African populations. *AIDS*, 3(6),373-7.
- Sgaiera, S. K., Baerb, J., Rutzc, D. C., Njeuhmelid, E., Basingae, P., Parkynf, R. & Laubeg, C. (2015). Toward a Systematic Approach to Generating Demand for Voluntary Medical Male Circumcision: Insights and Results From Field Studies. *Glob Health Sci Pract*, 3(2), 209-229.
- Tarimo, E.A., Joel, M. F., Deodatus, K., Patricia M., Muhammad, B., & Eric S.(2012). The perceptions on male circumcision as a preventive measure against HIV infection and considerations in scaling up of the services: a qualitative study among police officers in Dar es Salaam, Tanzania. *BMC Public Health*, 12, 529.

- Thirumurthy, H., Masters, S. H., Rao, S., Bronson, M. A., Lanham, M., Omanga, E., & ... Agot, K. (2014). Effect of Providing Conditional Economic Compensation on Uptake of Voluntary Medical Male Circumcision in Kenya. *JAMA: Journal Of The American Medical Association*, 312(7), 703-711.
- Uboh, V.U and San, R.M. (2009) The role of Radio in the Campaign Against the Spread of HIV/AIDS among Farmers in Makurdi Local Government Area of Bunue State, Nigeria. *Journal of Social Sciences*, 19(3), 179-184.
- UNCDR, (2010). Communication for development Roundtable report, 9<sup>th</sup> United Nations report.
- Weber, P.O. & Orenge, Y. (2008). Radio broadcasting for sustainable development in southern Madagascar. *Madagascar conservation & development*, 3(1), 64-68.
- Waters, D, James, R. & Darby, J. (2011). Health promoting community radio in rural Bali: an impact evaluation. *Rural Remote Health*, 11(2), 1555.
- Westercamp, N., Bailey, R, C, (2007). Acceptability of male circumcision for prevention of HIV/AIDS in Sub Sahara Africa: *a review*, *AIDS Behavior* 11, No. 3, 341-55. Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed>.
- WHO (2007). Joint United Nations Programme on HIV/AIDS (UNAIDS): New data on male circumcision and HIV prevention: Policy and programme implications, 2007:3–10.
- WHO/UNAIDS (2011). Joint Strategic Action Network to Accelerate the scale-up of Voluntary Male Medical Circumcision for HIV prevention in Eastern and Southern Africa.
- World Health Organization, (2007). *Male Circumcision: Global Trends and Determinants of Prevalence, Safety, and Acceptability*. Geneva: World Health Organization.
- World Health Organization, (2009). *Traditional Male Circumcision Among Young People: A Public Health Perspective In The Context of HIV*. Geneva: World Health Organization

## APPENDICES

### APPENDIX I: QUESTIONNAIRE

Dear Sir/Madam,

My name is Vincent Ochieng Ndege and I am a student at The University of Nairobi, pursuing an MA degree in Development Communication. As a requirement for the course, I am currently carrying out a case study on the role of radio campaign on voluntary medical male circumcision uptake in Kisumu West Sub-County with a case study of *Miya Ngima* spot campaign on Ramogi FM. I want to establish whether adoption of VMMC in the Luo community is as a result of the campaign coinciding with the time the intervention was being rolled out and intensified in Luo Nyanza. Feel free to participate in these discussions. Your responses will be confidential and will only be used for this study.

Yours Sincerely,

Vincent Ochieng Ndege

#### Demographic Information

1. What is your age?

18-25 years                                  26-33 years           

34-41 years                                  42-49 years           

51-58 years                                  More than 58 years   

2. What is your gender?

Male                                          Female                   

3. Ethnicity

Luo                                            Luhya

Kisii [ ] Kalenjin

Others .....

4. Marital Status

Single [ ] Married [ ]

Separated [ ] Divorced [ ]

5. What's your highest education qualification?

Primary education [ ] Secondary education [ ]

College [ ] University [ ]

Postgraduate [ ]

6. Are you a resident of Kisumu West Constituency?

Yes [ ] No [ ]

**Knowledge Level of Luo Males on *Miya Ngima* Spot Campaign**

7. How often do you listen to radio?

Every day [ ] Twice in a week [ ]

One in a week [ ] Never [ ]

8. (a) Do you listen to Radio Ramogi FM?

Yes [ ] No [ ]

(b) If No, why?

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9. Which is your favorite programme?

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10. Have you heard of the *Miya Ngima* VMMC spot?

Yes [ ] No [ ]

11. (a) Has the message been of any help to you in any way?

Yes            [ ]            No            [ ]

(b) If yes, explain\_\_\_\_\_

\_\_\_\_\_

(c) If No, explain\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Do you know of anybody around you who has undergone VMMC in the recent past?

Yes            [ ]            No            [ ]

13. If yes, where was the circumcision done?\_\_\_\_\_

14. Do you think the frequency of the spot on radio Ramogi was sufficient?

Yes            [ ]            No            [ ]

15. If No, explain\_\_\_\_\_

**Perceptions and Attitudes of the Luo males on the *Miya Ngima* spot campaign**

16. Do people of your community practice traditional male circumcision?

Yes            [ ]            No            [ ]

17. Do you support men to undergo voluntary medical male circumcision?

Yes            [ ]            No            [ ]

18. In your opinion, do you think the VMMC spot has benefited the community in any way?

Yes            [ ]            No            [ ]

19. If yes, explain how

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**Efficacy of *Miya Ngima* Spot Campaign on the Uptake of VMMC**

20. Do you know that male circumcision is now one of the HIV prevention methods in males?

Yes            [ ]            No            [ ]

21. If yes, what is the degree of protection?

Complete protection            [ ]            Partial protection            [ ]

22. Do you believe that the *Miya Ngima* campaign spot has led to voluntary male circumcision in your community?

Yes            [ ]            No            [ ]

23. If Yes, explain

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24. If No, tell why

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26. Do you believe that VMMC can reduce HIV/AIDS infections among men in your community?

Yes            [ ]            No            [ ]

27. If Yes, explain

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## APPENDIX II: FOCUS GROUP DISCUSSION QUESTIONS

1. What is voluntary medical male circumcision?
2. What message is spread by the radio programme, *Miya Ngima* spot campaign?
3. What are the benefits of voluntary medical male circumcision campaign, *Miya Ngima* spot campaign?
4. What do you think about the radio program, *Miya Ngima* spot campaign?
5. Do you think men should undergo circumcision? explain your answer
6. How has the VMMC spot campaign benefited the community?
7. What are the traditions and beliefs of your community in relation to *Miya Ngima* spot campaign?
8. How does the radio programme, *Miya Ngima* spot campaign, influence the uptake of VMMC?
9. Which procedure related factors influence the uptake of VMMC?
10. Which socio-cultural factors influence the uptake of VMMC
11. What are other challenges facing the adoption of VMMC in Kisumu West Sub county?
12. What are the key benefits that the *Miya Ngima* spot campaign gives to the community?

### **APPENDIX III: INTERVIEW GUIDE FOR IN-DEPTH INTERVIEW**

#### **(KEY INFORMANTS)**

1. What are your favorite programs on Ramogi Radio FM?
2. Do you participate in these programs? If yes, how?
3. How is the reception of VMMC campaign spot in the area?
4. Is the message well understood by the people?
5. Does the VMMC spot appeal to residents in this area?
6. Do the men in this area undergo VMMC as a preventive measure for HIV/AIDS infections?
7. Do you think the VMMC spot has significantly contributed to men undergoing the cut?
8. Do you think men should undergo circumcision? Explain your answer
9. What are the traditions and beliefs of your community in relation to *Miya Ngima* spot campaign?
10. How does the radio programme, *Miya Ngima* spot campaign, influence the uptake of VMMC?
11. Which procedure related factors influence the uptake of VMMC?
12. Which socio-cultural factors influence the uptake of VMMC?
13. What are the other challenges facing the adoption of VMMC in Kisumu West Sub County?
14. What are the key benefits that *Miya Ngima* spot campaign to the community?

**APPENDIX IV: CERTIFICATE OF FIELD WORK**

**APENDIX V: CERTIFICATE OF CORRECTIONS**