

The Outcomes of Celebrity Endorsements on Participants in Health Communication Campaigns: A Case of The Anti-Jigger Campaigns in Selected Primary Schools in Mathioya Sub-County, Murang'a County

by
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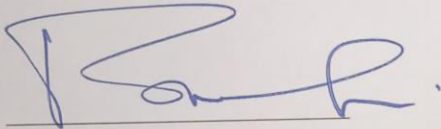
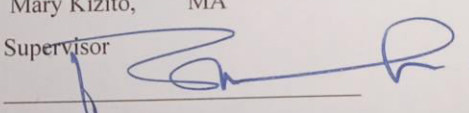
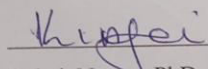
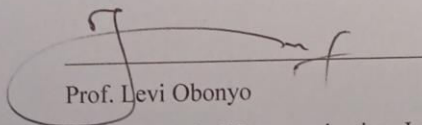
APPROVAL

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THE OUTCOMES OF CELEBRITY ENDORSEMENTS ON PARTICIPANTS IN
HEALTH COMMUNICATION CAMPAIGNS: A CASE OF THE ANTI-JIGGER
CAMPAIGNS IN SELECTED PRIMARY SCHOOLS IN MATHIOYA,
MURANG'A COUNTY

By
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In accordance with Daystar University policies, this thesis is accepted in partial fulfilment
of the requirements for the Master of Arts Degree

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DECLARATION

The outcomes of celebrity endorsements on participants in health communication campaigns: A case of the anti-jigger campaigns in selected primary schools in Mathioya Sub-County, Murang'a County

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

Signed: _____

Jane Mumbi

Date

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ABSTRACT

This study set out to establish the outcomes of celebrity endorsement on participants in health communication campaigns. It focused on anti-jigger campaigns that target jigger-infested community in Mathioya Sub-county in Murangá County. The target population was 850 pupils infested with jiggers from seven primary schools in Mathioya Sub-county. A sample of 82 participants was purposively selected. These were all the standard six, seven and eight pupils who had participated in the anti-jigger campaigns between 2008 and 2012 of whom only 78 pupils from seven public primary schools were present during the discussions. The descriptive survey method applying a moderator's guide was used. The data generated by the FGDs, established that after going through the anti-jigger campaign the participants experienced outcomes which include relief from pain, reversed stigma situations, self-acceptance as well as acceptance by peers and community. Specific celebrity attributes that were identified as contributing to achieving the anti-jigger campaign outcomes were source attractiveness, source credibility and source trustworthiness. Besides these, it was established that other contributing factors to respondents' perceptions included the identification of the celebrity with respondents in sporting activities and the washing and medication of their feet. The Health Belief Model was used as a guide to the study. The key recommendation is that the use of an appropriate celebrity in health communication campaigns could bring about expected results.

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CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

Introduction

For a long time celebrities have been used to promote products as a popular technique and practice in advertising and publicity (Gunter, Oats & Blades, 2005). For example, glamorous models or film stars have been seen advertising a new moisturizer or fragrance, where the customer subconsciously equates that product with the appearance or star-quality of the celebrity. Monks (2011) argues that customers relate the item advertised to fame and success of the celebrity and so purchase thinking the brand possesses the attractive qualities that are similar to that of the celebrity. For this reason companies invest on celebrities in branding their products.

Background to the study

Belch and Belch (2001) state that the reasons why companies spend huge amounts of money to have celebrities appear in their advertisements and endorse their products is that celebrities have stopping power. This means that they draw attention to advertising messages and enhance message recall. Celebrities help in recognition of brand names, create positive attitudes toward the brand and create a personality for the endorsed brand. Choi and Rifon (2007) explain that the power of the celebrity lies in the influence he/she has on the consumers, even though they themselves may be physically distant from the consumer. They draw attention to advertising messages and enhance message recall and therefore according to O'Mahony and Meenaghan (1998) making the consumers have an attachment to the object. O'Mahony and Meenaghan further argue that consumers will have an attachment to an object that reinforces self-identity rendering a feeling of connectedness to the celebrity and his/her message.

Thus celebrities are credited with helping in recognition of brand names, creating positive attitudes toward the brand and creating a personality for the endorsed brand. McCracken (1989) argues that celebrities have ability to deliver meaning of extra depth, meaning that celebrities could favorably influence consumers' feelings, attitudes and purchase behaviour. As companies seeking publicity for their products use celebrity advertising techniques, organizations will also use celebrities such as the use of Hollywood celebrities by Harvard School of Public Health to promote use of seat belts as a safety measure which prompted drivers to abstain from alcohol while driving (Winstein, 1994). Indeed celebrities have been used in campaigns to promote social issues such as anti-smoking, anti-excessive drinking, health behaviour campaigns, HIV/AIDS and Malaria campaigns and others. For example, Dann (2000) and Bearman (2000) give the example of Princess Diana before her death in 1997 where she increased the awareness of important issues such as land mine killings of civilians in war-torn countries such as Angola and also HIV/AIDS problems.

Large organizations like the United Nations use such celebrities to advance their causes, like the call for peace, hence the peace ambassadors. Celebrities in this case will be used to attract attention and also to influence behaviour. The United Nations has used such names as Roger Moore, Femi Kuti, and Effie Owuor, as spokespeople and ambassadors to its social causes. Brown, Duane, and Fraser (1997) point out that the promotion of these issues comes with a great media coverage of the celebrities and hence exposure of the issues to the public domain.

Celebrity endorsement in public health has especially been used in the Western World where such activities as cancer screening and HIV/AIDS testing campaigns have been promoted. Celebrities have influence on health related knowledge, beliefs and behaviour. Kahle and Reily (2004) exemplifies basketball star "Magic" Johnson's involvement in

promotion of HIV/Aids prevention when he takes part in promoting beneficial health behaviour. Brown (1991) attributes much more success in fight against AIDS in America to “Magic” Johnson’s involvement, than the government’s expenditure on the same. Just like in HIV/AIDs campaigns, some anti-smoking campaigns have incorporated celebrities by having them discuss how smoking can negatively impact their talents that have made them famous. Farrelly, Niederdeppe and Yarsevich (2003) quote the musical group Boyz II Men’s claim that cigarette smoke hindered their ability to sing.

Promoters and marketers of products and social ideas will use celebrities because of their famous attributes, for example, beauty, talent, athleticism and power. These attributes often represent the attractions desired for the brands and causes they endorse. Some researchers such as Ohanian (1990), Belch and Belch (2001) have focused on such attributes as source credibility. Source credibility includes expertise (Belch & Belch, 2001) and trustworthiness (Schiffman and Kanuk 2004), and according to Hoveland and Kelly (1953), a message will depend on these two for its effectiveness. Other researchers focus on source attractiveness which on the other hand includes similarity and likeability, which are also important in influencing opinion that leads to decision-making. Baker and Gilbert (1977) attribute a physically attractive celebrity with attitudinal change. Not all studies will however agree that physical attractiveness or credibility will work on attitude or behaviour. Maddox and Rogers (1980) argue that other factors such as convincing arguments may be necessary. Some studies show that all the attributes may apply together to make a campaign successful, but whatever the attributes found in the endorser, the choice of the celebrity is critical for the success of the campaign he/she is chosen for.

A profile of Mathioya District, and the Anti-jigger Campaign

Mathioya is one of the eight districts of Murang'a County namely Kigumo, Kahuro, Gatanga, Kangema, Murang'a East, Murang'a South, Kandara and Mathioya. It has a population of 110,139 according to Murang'a District statistics office, 2010. The main cash crop in the district is coffee and according to Macharia (2011), most of the people live in abject poverty.

The anti-jigger campaign is a health education programme started by Ahadi Kenya Trust in 2007. The programme started in Mathioya in 2009. According to a report in the Daily Nation, on October 18th, 2008, Mathioya District had the highest number of jigger victims in Murang'a and many children dropped out of school due to the problem. Those infested could neither walk to school nor concentrate due to the itching and the pain caused by the parasite. In an interview with the director of Ahadi Kenya Trust Mr. Stanley Kamau, 2012, Miss Kenya 2005, Ms Cecilia Mwangi volunteered to be their campaign Ambassador for the Mathioya campaign and carried out the following activities: guided the children who were her main target on how to wash their feet; removed their jiggers; distributed jigger medicine; gave messages on hygiene and how to keep healthy. Her commitment was to help children acquire proper sanitation, affordable medication and proper nutrition. In the year 2010, Ms Cecilia Mwangi was awarded Young Achievers' Award by Women Students' Welfare Association of the University of Nairobi for her anti-jigger initiative.

Statement of the Problem

There seems to be consensus among scholars that jigger or Tungiasis infestation is a serious but highly neglected problem. For example Feldmeier (2007) says that jigger infestation is a serious problem that causes debilitation in economically depressed communities in South America and Sub-Saharan African countries.

Collins (2009) indicates the prevalence of tungiasis (jiggers) in the rural areas of North-West Cameroon as high causing suffering and disability to a large proportion of the population. Out of the 1,151 people who were surveyed from nine villages, 610 (53% prevalence) were infested with jiggers. In Kenya, Kimani (2012) argues that children in the rural areas are seriously affected by the problem. In a study conducted by Njau (2012), in Murang'a, Kenya the jigger prevalence was found to be 57%.

A number of strategies have been employed to sensitize the affected communities about the seriousness of the jigger infestation problem. One of the most prevalent strategies in Kenya has been communication campaigns which have been conducted by a non-governmental organization known as Ahadi Kenya Trust. Though there have been the several communication campaigns to address the jigger infestation problem, (Wamalwa, 2013; Storm, 2013), little has been done to establish the outcomes brought about by these campaigns on the participants. Celebrities have been used in the campaigns (Wanjiru, 2013), but considering that celebrities have different attributes, little has been done to establish which attributes are more effective in the campaigns and how they have impacted on the participants.

Purpose of the Study

The purpose of this study is to establish the outcomes of celebrity endorsement on participants in anti-jigger campaign in selected primary schools in Mathioya of Murangá County.

Objectives of the Study

This study sets out the following objectives:

1. To establish the outcomes as experienced by participants after being exposed to the anti-jigger campaigns.
2. To identify the specific celebrity attributes of Miss Kenya 2005 that affected the participation of children from selected primary schools in the jigger eradication campaign in Mathioya, Murang'a County.
3. To find out the kind of perceptions participants from selected primary schools in Mathioya have towards jigger infestation.
4. To establish in what ways Miss Kenya 2005 identified with the participants.

Research Questions

1. What outcomes of the celebrity endorsement were experienced by the participants of the anti-jigger campaign?
2. What specific celebrity attributes in Miss Kenya 2005 made the children participate in the anti-jigger campaign?
3. What kind of perceptions do participants of selected primary schools of Mathioya have towards the health issue of jigger infection?
4. How did the participants' interaction with Miss Kenya 2005 motivate them to participate in the campaign?

Rationale of the Study

Scholars such as Belch and Belch (2001) have noted that the reason that companies spend huge amounts of money to have celebrities in their advertisements endorse their products is that they have the stopping power. However, in the case of organizations such as the UN and the Non-governmental organizations which deal with a broad range of social issues, celebrity endorsement has been embraced to enhance their cause. In both cases, it is the attributes of the celebrity that are emphasized for message effectiveness. For example Ohanion (1990), Belch and Belch (2001) refer to source credibility, trustworthiness according to Schiffman and Kanuk (2006) and physical attractiveness as posited by Hovland and Kelly (1977).

While all these are studies done outside the Kenyan context, it becomes imperative that a research to find out the celebrity attributes and the motivations the local organizations consider when they select a celebrity to endorse their cause. The outcomes of the celebrity endorsement need to be explored particularly when the participants are from rural areas and the celebrity seems to be from a world distant from their own. When this happens, Keller (2008) warns companies and organizations to be prepared for risks when associating celebrities with their products or causes as this may have negative impact on the brands or the causes.

Scope of the Study

The study covers Mathioya Sub-county of Murang'a County. According to the Ministry of Education Mathioya Sub-county has 172 primary schools which include both public and private schools. The study was limited to 15 public primary schools in Gitugi ward where the anti-jigger campaigns were endorsed by Miss Kenya. This zone was selected because it had the highest number of public primary schools compared to the other sub-

counties and also carried much of the anti-jigger campaigns. It also used celebrities in health communication.

Limitations and Delimitations

Language was an issue since the respondents were from rural primary schools. The researcher however used Focus Group Discussions which was translated into Kikuyu and later retranslated into English.

The data cannot be generalizable to all residents of Mathioya nor to those in public primary schools from Gitugi who participated in the campaigns organized by Ms. Cecilia Mwangi because the participants in the focus groups were not randomly selected.

In this area where jiggers are a menace people may have sensitivities such as acknowledging that they have jiggers or in cases where society has stigmatized them sharing of information may have been difficult. The environment was conducive to focus groups since the participants were of almost similar ages that have gone through similar experiences. This made them express themselves freely without any major concerns.

Assumptions

For purposes of this study, the researcher set out the following assumptions:

1. That the people of Mathioya were concerned about the jigger problem and would be willing to participate in this study.
2. That the campaign was planned and implemented appropriately to give certain outcomes which this study will attempt to establish.
3. That the respondents to this study who were primary school pupils would be able to accurately reflect on the outcomes, attitudes and perceptions through the discussions.

Significance of the Study

The findings of this study will be of importance to the health communication campaign planners, to the academic field of health communication and to the residents of Mathioya.

The field of Development Communication will have added knowledge especially on the perspective of Health Belief Model from a Kenyan perspective since most of the other studies are done from other countries abroad. Health Communicators will also realize that the use of celebrities has its advantages and disadvantages and be able to decide whether to use them or not.

The residents of Mathioya will find how the use of a celebrity affects them and the knowledge from this study will help in improving on their attitudes and behaviour.

The health Communication planners will gain added knowledge on planning and execution of the campaigns.

Definition of Key Terms

Celebrity: Friedman and Friedman (1979) and Johansson and Sparredal (2002) define celebrity as an individual known to the public (actor, sports figure, entertainer, etc.) for his or her achievements in areas other than that of the product class endorsed. In this study, a celebrity is the famous person, used to endorse a health campaign. This will be Ms Cecilia Mwangi who is the celebrity who was involved in the campaign.

Celebrity endorsement: McCracken (1989) defines celebrity endorsement as the use of celebrities in order to enhance the recall of particular brand. This is done through a celebrity, an individual who enjoys public cognition and who uses this cognition on behalf of

consumer goods or services. In this study, celebrity endorsement means the use of a celebrity as an ambassador in the campaign against jigger infestation. For the purposes of this study the celebrity is Ms Cecilia Mwangi, former Miss Kenya.

Health Campaign: French (2004) calls a health campaign a health intervention, “using a range of types of interventions aiming to change risky behaviour”. In this study it refers to oorganized communication activities usually delivered through multiple channels to inform, persuade, or motivate individuals to adopt new behaviour or practices.

Anti-jigger campaign: In the study the term means those health promotion activities geared towards behaviour and attitude change in view of eradicating the jigger menace.

Residents: Since the study was done in the public primary schools of Mathioya, the term was taken to mean the pupils who in the study.

Participants: In the study the participants are all the 82 pupils in standard six, seven and eight who took part in the campaign, and who formed the sample for this study.

Perceptions: American Thoracic Society (2007) defines perceptions as the subjective ratings by individuals affected by a problem (health) of their status. In this study, perceptions refer to the subjective feelings of the participants concerning the health problem of jigger infestation.

Outcomes: The Foundation for health Services (1994) define outcomes as the result of the health care process on the health and well being of patients and populations. In this study, it is taken to mean the positive results experienced by the participants who took part in the anti-jigger campaigns conducted by Ms. Mwangi and Ahadi Kenya Trust.

Celebrity attributes: Choi and Riffon (2007) describe celebrity attributes as important characteristics that influence consumers’ positive attitudes towards the products or services

they endorse. They include attractiveness, trustworthiness and expertise. In this study, the attributes enjoyed by Ms. Mwangi include beauty, knowledge and credibility.

Summary

This chapter has presented the introduction and background to the study, the statement of the problem, the purpose of the study, the objectives of the study and the research questions, significance of the study, the limitations and delimitations, assumptions and definition of terms. The next chapter will review the relevant literature for this study

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CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter reviews literature on celebrity endorsements both in products and social causes, with a particular interest in the field of health. Literature on celebrity related factors in campaigns has been reviewed as well as studies done on health campaigns. The Health Belief Model and its utility in health communication has been reviewed under the section of theoretical framework.

Theoretical Framework

Fishbein and Cappella (2006) posit that behavioral theory in communication provide an important tool to make informed decisions when dealing with communication issues. Littlejohn and Foss (2010) describe theory as organised set of concepts and principles of some aspect of human experience. They further say that that they offer explanation of event of behaviour. Littlejohn (2009) further explains that communication issues may be represented in form of a model, which he defines as a systematic representation which could be in an abstract form. A model adds in conceptualising the processes of interest and in generating inquestions for richer forms of theory. Further explanation by Littlejohn and Foss (2010) say that a model is much simpler than a theory and is supposed to represent by identifying the relevant components in a communication process. Though simplifie than theories,models offer useful tools in that they allow us to start thinking more critically about the communication process at hand.

This study is anchored on the Health Belief Model (HBM). Becker and Rosenstock (1998) expalin the HBM as a conceptual framework used to understand health behaviour and possible reasons for non-compliance with recommended health action. Maum, Revenson

and Singer (2012) further say that it can provide guidelines for programme development and allow planners to understand and address reasons for non-compliance. In this study, examining the outcomes of a celebrity endorsement in a campaign set at a rural setting provides a context for understanding why children may or may not warm up to an anti-jigger campaign urging them to take up certain activities that are recommended in the health campaign. The model further offers a guide into the perceptions of the participants that explain how they feel about the jigger condition. The intervention of the celebrity comes in as a motivational cue which is an important goal for campaign planners charged with creating successful health campaigns.

The Health Belief Model (HBM)

University of Twente describes the Health Belief Model (HBM) as a psychological model that attempts to explain and predict health behaviors by focusing on the attitudes and beliefs of individuals. The HBM was developed in the 1950s as part of an effort by social psychologists in the United States Public Health Service to explain the lack of public participation in health screening and prevention programs (e.g., a free and conveniently located tuberculosis screening project). Since then, the HBM has been adapted to explore a variety of long- and short-term health behaviors, including sexual risk behaviors and the transmission of HIV/AIDS (Rosenstock, Strecher & Becker, 1994). According to Haris and Guten, (1979) the HBM sees health behaviour as any activity undertaken by a person who believes him/herself to be healthy for the purpose of preventing disease. According to

Muthoni, (2008) health beliefs of individuals have a bearing on their choice action or non-action and the HBM provides a basis from which health-related behaviour might be analysed.

Janz and Becker (1984) give the key variables of the HBM as perceived susceptibility, perceived severity, perceived benefits and perceived barriers. In addition to these, Janz and Becker (2012) talk of latter additions which include cues to action and self-efficacy.

Perceived susceptibility.

According to Janz and Becker (1984) perceived susceptibility is the perception of the chance of contracting an illness or a health condition eg death, disability or continued pain. A good example as given by Glanz, Rimer, and Viswanath (2008) is that a woman must believe in the possibility of getting breast cancer before she is interested in obtaining a mammogram. Thus according to Janz and Becker (1984), Kohn and Rogers (1991), people must view themselves at risk to motivate positive health behaviour. Therefore, Green and Brinn (2011) say that for some interventions to be effective planners must increase perceived susceptibility.

Perceived severity.

These are subjective feelings concerning the seriousness of contracting an illness and according to Janz and Becker (1984) they include both medical and social consequences. Glanz, Rimer, and Viswanath (2008) add that the combination of susceptibility and severity add up to perceived threat. Janz and Becker (1984) further argue that even when a person believes that he/she is at risk of contracting a health condition, he/she will not take action until he feels that becoming ill will bring serious repercussions both socially and medically, for example social stigmatization, also death, disability and continued pain. These threats must be conceived in the mind of an individual rather than an estimate of how serious the

illness would be. Becker and Maiman (1975) argue that while low levels of perceived severity are not motivating enough for action to take place on the same breath, high levels of perceived seriousness (including fear) are also limiting motivations. Lavental et al. (1965) as quoted in Becker and Maiman (1975) then conclude that once an individual reaches certain high levels of fear, any attempt to increase perceived severity may not help in acceptance of actions suggested.

Perceived benefits.

NCIC (2005) defines perceived benefits as the believed effectiveness of strategies designed to reduce the threat of illness, the need to take action. According to Bond, Aken, and Sommevilles, (1992) this overtakes perceived threat, thus individuals exhibiting optimal beliefs in susceptibility and severity may not necessarily accept recommended health action unless they also perceive the action as beneficial by reducing the threat. Kegeles (1969) posits that even when an individual may have high perceived susceptibility, acceptance to action will still be based on probable effectiveness of recommended action and the probable difficulties likely to be encountered in taking the action (costs) or barriers.

Perceived barriers.

These, according to Janz and Becker (1984) are beliefs about the negative consequences of taking action. They include physical, psychological, and financial demands. When patients believe that barriers or costs of taking the health promoting activities are outweighed by the benefits, they will take the recommended actions. In a study on perceived barriers to anti-retroviral adherence, Ferguson et al. (2010) found out that patients found taking a lot of medicine, finding it hard to swallow the medicine, the medicine being a constant reminder of the HIV status, as being to barriers of conforming to the regiments.

Cues to action.

These are factors that keep on reminding the patient the need to take action. They include campaign messages designed in several ways (NCIC, 2005). They prompt an individual to act by reminding them of the need to change their behaviour.

Self- efficacy.

NCIC (2005) sees self – efficacy as how confident an individual is in his/her ability to take action while Bandura (1977) explains it as the belief in being able to successfully execute the behavior required to produce the desired outcomes. According to Bandura (1994) self- efficacy is a theory in itself, though also a construct of HBM and Social Cognitive theory. It posits that people will more often than not try on the things they believe they can accomplish, and will not try on the things they don't believe they will succeed in. For example, in order to motivate people to carry out anti-jigger activities, a campaign must demonstrate that the individual is truly capable of accomplishing those actions. Buttweiler (2007) argues that the celebrity model in use in campaigns must be able to demonstrate what self-efficacy might look like and Lumpkins (2007) adds that they should be able to demonstrate that what is being recommended is easy.

The model demonstrated by Rosentock (1990) quoted in White (2004) posits that in order for one to take a health action, their perception for the barriers to the action must be low, their perception of benefits to be accrued must be high, perception of the individual susceptibility should be high and perceived severity of the condition must also be high. Once a threat is perceived, action is predicted on an individual cost-benefit assessment of the perceived benefits and barriers of the behaviour. The motivation to act is often predicted on

the exposure to cues that increase the awareness that a particular behaviour will lead to a value outcome.

According to Carmel (1991), HBM is based on three assumptions that people want to be healthy, thus believe they have control over their health; they make rational cost-benefit analysis before changing behaviour. It is further assumed that if people are given tools to prevent illness, they will change behaviour appropriately.

According to Rosenstock, Stretcher, and Becker (1988) the HBM takes these variables into consideration when explaining a health related action. Other factors as explained by Rosenstock, Stretcher and Becker may include age, gender and personality with the assumption that these factors can influence a person's motivation to change behaviour.

Health Belief Model as Used in Health Studies

Health Belief Model (HBM) has been a focus of many theoretical and research attention. The examples given by Janz, and Becker (1984) and White (2004) are used mostly in the field of HIV/Aids, especially to study the variables of perceived susceptibility to HIV/AIDS, perceived barriers to condom use for example, exposure to cues (health education messages), self-efficacy and the reported use of condoms. The model has been recommended especially to HIV/AIDS health providers as a guide to various activities. For example, it has been used on the adolescents as a guide to make a realistic risk assessment and to identify positive ways of incorporating condoms into their sexual lives. This is shown as possible if the HBM variable of perceived barriers (inconvenience, reduced sexual pleasure, or embarrassing to use) are taken care of. Self-efficacy is also shown as an important variable.

Whereas HBM constructs are presented by studies such as Lin, Simon, and Zemoni (2005) as reliably able to predict sexual behaviors, Yep (1993) shows that the prediction test fails in others. The study "HBM in Sexual behaviors and HIV risk among Taiwanese

Immigrants” by Lin, Simon, and Zemoni (2005) use HMB constructs as a set to reliably predict participants’ sexual behaviour while Yep (1993) examined the predictive ability in relation to HIV prevention behaviour among Asian- American college students. Results showed that perceived susceptibility and perceived benefits failed to predict HIV prevention behaviors.

The use of HBM model in breast cancer screening of women aged 40 and above as presented by Fulton et al. (1991) mostly guide on how to organize theoretical predictors of preventive health actions including individual perception of the disease, individual perception of preventive actions and modifying factors such as social, demographic and structural characteristics. Fulton et al (1991)’s emphasis in the study is that the model is important for understanding health behaviors that involve lifestyle changes.

Even as this is shown as true, some predictors of HBM are shown in some studies to be more relevant than others. Janz and Becker (2005) speculate that when assessing preventive health behaviours, perceived severity may be a less relevant factor for individuals with no symptoms of a health condition, those who feel that a health threat will appear later in life or those who have little or no experience with the health condition. For example, Calman and Moss (1984) show how HBM predicts attendance at a class in breast self-examination (BSE) and compliance with the education given at the class. In the study, conclusions drawn indicate that some dimensions of health beliefs were found to be among the best predictors of attendance. However, Calman & Moss (1984) found a big gap suggesting that HBM has limited value in explaining compliance in a class in BSE. Deshpande, Basil, and Basil (2009) applied HBM in their study to predict the probability of healthy eating choices among students. The HBM relevant constructs in test were perceived susceptibility and cues to action which led to conclusion that they played an important role in influencing healthy eating habits.

Therefore as DiClemente and Reynolds (1991) clearly conclude, when testing HBM as a model, all HBM constructs may not come into equal play. The strongest factors may be used as the ones to intervene and be advanced for the study. For example, DiClemente and Reynolds (1991) give self-efficacy a rather newer factor in the model as a rather strong predictor of many HIV/AIDS preventive behaviour, hence a particularly strong predictor of behaviour that requires significant skills to perform. Cues to action will have a greater influence in situations where perceived threat is great.

Celebrity Endorsement

Swerdlow and Swerdlow (2003) define celebrities as famous people, people who enjoy public recognition by a large share of a certain group of people. Friedman and Friedman (1979) define a celebrity as an individual who is known to the public (actor, sports figure, entertainer, etc.) for his or her achievements in areas other than that of the product class endorsed. Johansson and Sparredal (2002) see celebrities as spokes-people in advertising to promote products and services, which is referred to celebrity endorsement making this spokesperson a celebrity endorser. McCracken (1989) defines a celebrity endorser as any individual who enjoys public recognition and who uses this recognition on behalf of a consumer good by appearing with it in an advertisement, a view supported by Ericsson and Hakansson (2005).

Celebrity endorsement as a marketing communication is not a new phenomenon. Sherman (1985) takes celebrity endorsement back to the 19th century with Queen Victoria endorsing Cadbury's Cocoa. From then celebrity endorsement took an upward trend with Howard (1979) giving celebrity endorsement a ratio of one in every six commercials in the United States in the late seventy's and one in every five in the late eighty's. The trend rises

to 25% in the ninety's, a trend Agrawal and Kamakura (1995) find mostly on Television advertising.

Today celebrity endorsement advertising has been recognized as a ubiquitous feature of modern day marketing (McCracken 1989; Keller 2008) and Media, November 1997 posit that eight out of every ten Television commercials scoring the highest recall are those with celebrities' appearance. Biswas, Hussain and O'Donnell (2009) argue that the main goal of using celebrities in advertising is to generate publicity and attention to the brand as well as influence consumer perceptions of the brand stemming from their knowledge of the celebrity. According to Keller (2008), this requires that the celebrity must be well known in order to have the desired effect. Biswas et al. 2009 found that the reasons for recalling celebrities included popularity, status symbol, attractiveness and glamour, likeability and recall value or familiarity of the celebrities. The increased awareness and attention resulting from celebrity advertising is thought to combat the challenge of advertising clutter and bring instant credibility and brand recall to consumers. Pope, Voges, and Brown (2009) found that a celebrity positively affects an individual's perception of a brand's quality and image. Products that may be of inferior quality to their competitors, or have fewer features can benefit from using a high profile celebrity to pitch them to consumers.

This then leads to the crucial decision on choosing celebrities in campaigns. Wann-Yih et al. (2012) for example argue that celebrities as endorsers attract more attention than using non-celebrities, leading to higher levels of recall for advertisements, enforcing credibility of advertisers' claims, and enhancing positive attitudes transferred to brands and organizations. Charbonneau and Garland (2005) exemplify athletes, especially high performing and well-recognized ones as being effective in creating brand awareness during a product launch. They can also be used to cut through an act that is essential in today's cluttered media environment. Similar to other celebrity endorsers, athletes as endorsers are

most successful when the products they endorse are believable, and the athlete is sincere. Many researchers such as Stone, Joseph and Jones (2003) have found that athletes provide effective testimonials for products that have contributed to their own performance and success in their particular sport. According to Crutchfield (2010) this positive view of celebrity endorsement is so widespread that it is not surprising that celebrities currently appear in about 15 percent of advertisements in the United States while an estimated \$50 billion is invested globally on corporate sponsorships and endorsements.

Celebrity Endorsement in Kenya

According to Nyakado (2013) celebrity endorsement is relatively new in Kenya with Kenyan marketers still exploring this avenue as compared to European markets which are flooded with celebrity endorsements. However, several celebrities have been used in promotion of products and services in the country. Ayuk and Nyaseda (2008) give the example of the famous athlete Paul Tergat. Tergat is known for his record breaking trends in the Marathon and Cross-country races. In the promotion of products and brands, Tergat has been used to endorse the Nakumatt stores, Yana Tyres, CFC Bank and Johnnie Walker brandy. In endorsement of social courses, Tergat is known for his fight against hunger. The United Nations (UN) used Tergat in 2004, which was at the height of his career as the UN Ambassador against Hunger. In October 2013 World Food Program (WFP) arranged for Tergat to run to Washington DC to talk to legislators about the importance of school meals program.

According to a website belonging to Orange Kenya some of the celebrities who have found fortune in endorsing products, brands and causes include; Size 8, a born again musician who has been used by Safaricom in the company's roadshows to promote their products. The World 800 record holder David Rudisha has been used as the face of Kiwi shoe polish and

Safeguard soap. Julius Yego, a first in Kenya in the field of Javeline has also been used as the ambassador of Orange service provider in Telkom. These and other musicians, athletes, comedians and actors are a few examples of Kenyan celebrities used as product and cause endorsers.

Celebrity Endorsement of Social Issues

Celebrities can be equally as effective promoting social change and health ideas as they are in promoting goods and services. Social marketers use their strengths to promote behavior changes. Huddart (2005), Richey and Ponte (2008) and Waal (2008) trace their activism to the sixties with the purpose of solving social problems, such as poverty or disease. Choi and Berger (2009) give a more recent example of the Hollywood actor Jude Law's attempt to negotiate with the Taliban which may not have been successful, but the mere fact that he tried on behalf of the world shows how celebrities' role and domain has expanded in uplifting social issues.

This is despite the fact that there may not be much money in social causes like in advertising contracts which attracts celebrities to endorse brands. In view of this Sabbato et al. (2000) venture into the several reasons that are advanced as to why these celebrities get involved in areas such as anti-smoking campaigns, health promotion and such causes as environmental preservation and anti-hunger campaigns. Caballero, Marjorie, and William (1984) explain that one of the reasons is to raise their profile and to remain relevant, when they do not have a new movie or CD to promote. Thrall et al. (2008) see it as a win-win situation. While they get to advertise themselves to millions of people in the world, in the end they raise such important issues as global warming. Thrall's (2008) examples include Leonardo DiCaprio Foundation and Angelina Jolie. DiCaprio even has an environmental website to reach, inform and interact with a wide global audience.

Celebrity Related Factors that Influence Campaigns

Wann-Yih et al. (2012) have supported the notion that the use of celebrity endorsers attracts more attention than using non-celebrities, leading to higher levels of recall for advertisements. It is clear then that celebrities who post higher levels of recall must have certain positive characteristics that affect the receivers' acceptance of a message. In selecting sources to appear in messages, Thomson (2008) identifies five key dimensions: - Expertise and trustworthiness, (components of source credibility), familiarity, likeability and similarity to the target audience. According to Goldsmith et al. (2000), celebrities are generally viewed as credible sources of information they provide, be it on product or the cause they represent. This then calls on them to be credible. The Erdogan (1999) source credibility model analyses factors that lead to the perceived credibility which include perceived level of expertise and trustworthiness.

To test these attributes and their relevance in product endorsement, Choi and Rifon, (2007) in a study found that credibility components (attractiveness, trustworthiness, and expertise) are important characteristics of a celebrity and thus these may be interconnected with the person's other traits. In addition, Choi, Lee, and Kim (2005) found out that a celebrity endorser's credibility, expertise, trustworthiness, and attractiveness can be used as potential indicators of consumer attitudes toward a specific product and their purchasing intentions. For example, Edwards and Jeffreys (2010) see Pu Cuxin as one of the most credible celebrities in china as the face of HIV/AIDS campaigns. Pu is credited as having deep knowledge about HIV/Aids and his fame positions him as an authoritative voice in the topic. Pu educates state leaders about HIV/AIDS, endorses official campaigns and serves as an advisor on HIV publications. Pu then becomes a good example of source credibility.

Ohanion (1990) defines source credibility as the extent to which the source is perceived to possess expertise relevant to the communication topic and can be trusted to give an objective opinion on the subject. It incorporates both expertise and trustworthiness. Expertise touches on knowledgeability based on training, experience and intelligence. McCrosky (1996) explains that expertise breeds authoritativeness while Whitehead (1968) sees it as competence on the subject.

The second component of source credibility is trustworthiness. According to Thomson (2008) trustworthiness is enhanced by a communicator who the people will regard as motivated to tell the truth based on character, apparent sincerity and lack of self interest. This attribute is seen as important especially for low interest groups. Thomson (2008) argues that trust develops the degree of confidence in, and the level of acceptance of the speaker and the message. McGinnies and Ward (1980) assert that a source perceived to be both an expert and trustworthy generated the most opinion change. Hence Friedman and Friedman (1975) see a trustworthy communicator as persuasive whether an expert or not, and is mostly liked by the people. Friedman and Friedman (1976) further posit that celebrities who are liked are also trusted and therefore, trustworthiness of a celebrity is an important construct in persuasion, attitude and behaviour change.

While in social issues trusted celebrities will drive behaviour and attitude change, Biswas et al. (2009) argue that in advertising brand credibility is increased when the celebrity has a higher likelihood of actually using the product. Within sports related products, believability is enhanced in advertisements with domain experts such as Michael Jordan endorsing Nike. Biswas et al. (2009) recommend that if athletes are to be used, they have to be known for their achievement in their sports and be ranked in the top 1-2 of their field. The associated risk with this strategy however relates to poor athletic performance and the perception that this may be linked to a specific product. For example, if a top athlete began

endorsing a new sports drink, and by coincidence, their performance began to deteriorate within the same time period, a negative association with the product line may be inferred by those who closely follow the performance of this athlete.

The other set of celebrity attributes lies in attractiveness. According to Singal (1983) attractiveness has become an important factor through the increasing use of celebrities as endorsers of products, services or social causes. Source attractiveness or the physical appeal is what Friedman and Friedman (1979) describe as “what is beautiful is good” places the celebrities on the physical beauty pedestal. People want to imitate or adopt the position of messengers they admire or can identify with and this according to Salmon and Atkin (2010) may be based on race, age, gender, socioeconomic status or portrayal of common experience. McGuire (1985) agrees that source attractiveness contends that the effectiveness of a message depends on the source’s familiarity, likeability, similarity and attractiveness to the respondents. While Baker and Churchill (1977)’s model attractiveness may focus on facial and physical looks, Maddux and Rogers (1980)’ focus on general likeability. Joseph (1982) however concludes that attractive communicators are liked more and have a positive impact with products and services associated with them.

Risks Related to Celebrity Endorsements

Celebrity endorsements do give a competitive edge to the companies using them but they do also come with risks. Keller (2008) talks of over-exposure of celebrities by promoting diverse products which weakens the relationship between a celebrity and a particular brand, thereby limiting the effectiveness of the campaign. For example, Olympic swimmer Michael Phelps signed numerous endorsement deals following his medal haul at the 2008 Beijing Olympics, which included brands such as Subway, Speedo, Omega, AT&T, Powerbar, and Kelloggs. Tripp, Jensen, and Carlson (1994) argue that when a celebrity

endorses more than one product or cause, the view that he/she is an expert in that area diminishes, hence affecting their level of perceived credibility. Ohanian (1991) adds that lack of perceived credibility may make a celebrity endorsement less effective.

Another potential problem is that celebrities may draw attention to themselves and away from the brand as consumers may remember the celebrity but not the brand. They overpower the brand message. Swerdlow and Swerdlow (2000) refer to this as 'vampirism'. Vampirism is caused by lack of many celebrities to draw from. According to Jamnalal Bajaj institute of management studies (2001) as quoted in Swerdlow and Swerdlow, this problem can be overcome by recycling celebrities hence using only for a short time. Sports celebrities for example only last as long as the sporting time. Marketers must consider the length of time a sports celebrity is expected to be relevant or in the limelight. Athletes recognized for winning Olympic medals lose their appeal as spokespeople after a period of time as they are no longer as relevant in the eyes of the consumer.

The behaviour or performance of the endorser in their lives may also transfer to the reputation of the endorsing firm. Till and Shrimp (1995) see this as the 'negative association'. These events involve incidents that change, or damage the endorser's reputation, whether innocent or not, but they can damage the reputation of the firm. According to Louie and Obermiller (2002), the negative events involving a celebrity can range widely from accidents that hinder a celebrity's ability to perform including career ending injuries, to exposure to substance abuse or could be as serious as criminal charges brought against a celebrity endorser. Pope et al. (2009) however argue that perceptions of brand quality may be affected by negative team performance, poor performance, or a negative event, but corporate image may at the same time remain unharmed.

Since negative eventualities associated with celebrities may not be anticipated well in advance, some companies take precautionary measures. Some companies include clauses in

celebrity contracts for termination on grounds of improper behavior, and take out insurance to cover the negative events relating to their celebrity endorsers. Some brands align themselves with multiple endorsers, to mitigate the risk of negative events occurring. Yingling and Rooney (2007) cite the example of Nike which has a roster of celebrity endorsers and has established its own legitimacy.

However the difficult scenario that marketers face after a negative event is whether to remain in partnership with the endorser. Louie and Obermiller (2002) found that in case the endorser had experienced a significantly negative event with high blame from society, companies had fared better when dismissing their existing endorsers. However, if the issue is only of moderate blame from society, companies fared worse by rejecting these endorsers and hiring low blame endorsers. They concluded that retaining an endorser who had low blame for the event was more beneficial to the company than dismissing one who had high blame for the same negative event.

In conclusion Keller (2008) suggests that companies and organizations must be prepared to accept a certain amount of risk when associating with public figures and the impact this may have on their brands and social causes due to their relationship with them. This would however be in consideration on how much the risk affects the expected outcome of the advertisement or the campaign.

Studies in Health Campaigns

Several studies have been done in the field of health communication campaigns covering various topics in the field. Some of the case studies offer interesting conclusions about the efficacy of health campaigns.

Dovan (1974) quotes the Centre for Disease Control (CDC)'s framework as having defined campaign objectives in a health promotion as promoting 'changes in awareness,

knowledge, attitudes, beliefs and if appropriate changes in certain behaviour'. These objectives may be achieved through well designed campaigns which according Mboya (2005) come in as important components in health promotion to provide education to enhance knowledge and skills of people so that they can reach their potential. Studies such as Kalugendo (2001) also portray campaigns as important in creating awareness and whetting the need to do something about a health situation. Campaigns are portrayed as especially important in marshalling large numbers of people to take a health decisions as was the case of urban measles mass campaigns for children aged 5-59 months in Mali in Katesz (2003). For such campaigns to be effective therefore, Witte, Nzyuko and others, (2010) do an evaluation of HIV/AIDS prevention campaign along the Trans-African highway in Kenya and suggest that messages should focus more on increasing perceptions of self-efficacy and response efficacy.

In evaluating the success of the campaigns based on the objectives and other factors, Kartesz et al, (2003) show that campaigns may succeed or fail in their objectives. Just as studies have shown success of various campaigns, several campaigns have also been evaluated and found to have failed in their objectives. Mboya (2005) suggests that when campaign planning and implementation ignores some fundamental factors, it is bound to fail. Such factors according to Mboya include cultural beliefs and practices but her study also stresses that the source of information or the messenger comes into play as an important factors. Kalugendo (2001) approaches the subject differently. She suggests that failure may occur when the right targeting, or the right messaging have not been done, as should happen while using segmental principles. Indeed some campaigns have been found to be a burden to the consumers or end users and Williams and Flora (2013) indicates that they are geared towards generating profit than to help. Others Balbach and Glantz, (1998) generally analyze

the campaigns and the campaign components, how they have been done and give recommendations.

As studies analyse the success or failure of health campaigns studies on HIV/AIDS take a lead. According to Chopra and Ford (2005) stigma is identified as one of the reasons that people don't participate in health promotion activities especially in AIDS prevention and campaigns have been identified as having gone a long way as health promotion strategy in this area. In this field, Watako (2002) depicts people as appreciating relevant information as some act out of ignorance hence suggesting different campaign strategies for different communities and different health challenges. According to Watako (2002) the first role of a campaign in this case is to provide information so that people may evaluate their attitudes and behavior based on what they know.

Snyder and Hamilton (2004) agree with other studies that health campaigns that pay attention to the specific behavioral goals of the intervention, target populations, communication activities and channels, message content presentation should be able to change relevant behavior.

Health Campaigns in Kenya

In Kenya health campaigns are mostly conducted through mass media. These campaigns are led by international organizations with Mabachi (2009) giving Population Services International (PSI) as an example of one such organization. According to Mabachi (2009), PSI has been associated with a number of prominent campaigns in Kenya such as promoting Trust condoms, promoting HIV/AIDS counseling and testing centers (VCT) and abstinence promotion. Apart from using mass media, PSI was involved with 39 churches with the aim of involving them in prevention communication and stigma reduction. Mabachi

(2009) further gives the example of the “Nimechill” campaign (I have abstained) which addressed ten to fourteen year olds in urban Kenya encouraging them to abstain from sex.

According to Gakahu (2010), vital information on HIV/AIDS has been sent out through music by famous musicians such as Lovy and his twin brother (the Longombas) in the song “Vuta Pumzi” (Take a breath) written in 2005. Another such campaign was the promotion of the use of condoms spearheaded by ‘David Mathenge popularly known as Nameless. This campaign, “*Nameless ana yake, je wewe?*” (Nameless has his, what about you?) encouraged the youth not to engage in risky sex instead use protection. Another campaign concerned people with the condition of albinism, “*Colour kwa face*” which involved Nonini.

Finally, this researcher witnessed a concert of Kenyan celebrities on cancer dubbed “Having fun fighting Cancer Festival” in March 2014 with musicians such as the Villagers Band, Harry Kiman, DJ Protégé among many others.

Jigger Infestation

Ahadi Kenya Trust (2008) defines the jigger flea or sand flea as an ecto-parasite which causes a serious condition in humans as well as animals called Tungiasis. According to Kimani, Nyangero, and Ikamari (2012) the parasite affects many impoverished populations living in sub-Saharan Africa, the Caribbean and South America. Kimani et al further posit that the jigger flea causes debility in resource poor communities of developing communities. Further, Ruttoh, Omondi, and Wanyama (2012) argue that poverty and inability to do anything about the condition causes ill-health among the communities. According to Ruttoh et.al (2012) the condition is usually considered an entomologic nuisance which does not receive much attention and therefore remains an important public health.

In Kenya, according to Ahadi Trust (2008), about 2.7 million people are infested and affected by the problem of jigger infestation. These include adult males, females and children. The problem which according to Ahadi is highly associated with poverty is mostly proliferated in central Kenya. Wachira (2012) further links several factors associated with increase of the problem. These are lack of basic services such as sanitation and health, poor housing, domestic animals living together with people, lack of footwear and Wachira (2012) posits that there could be more but for limited literature. She further notes that people suffering from jigger infection face several challenges including pain, inability to walk, and fear of social stigma and as such they are unable to participate in the day to day activities. Wachira (2012) concludes that the Tungiasis is rampant in resource-poor communities in developing countries. The human infection is linked to three social-cultural factors linked to poverty (including the practice of walking barefoot or in sandals), lack of personal and environmental hygiene and free animal movement between houses.

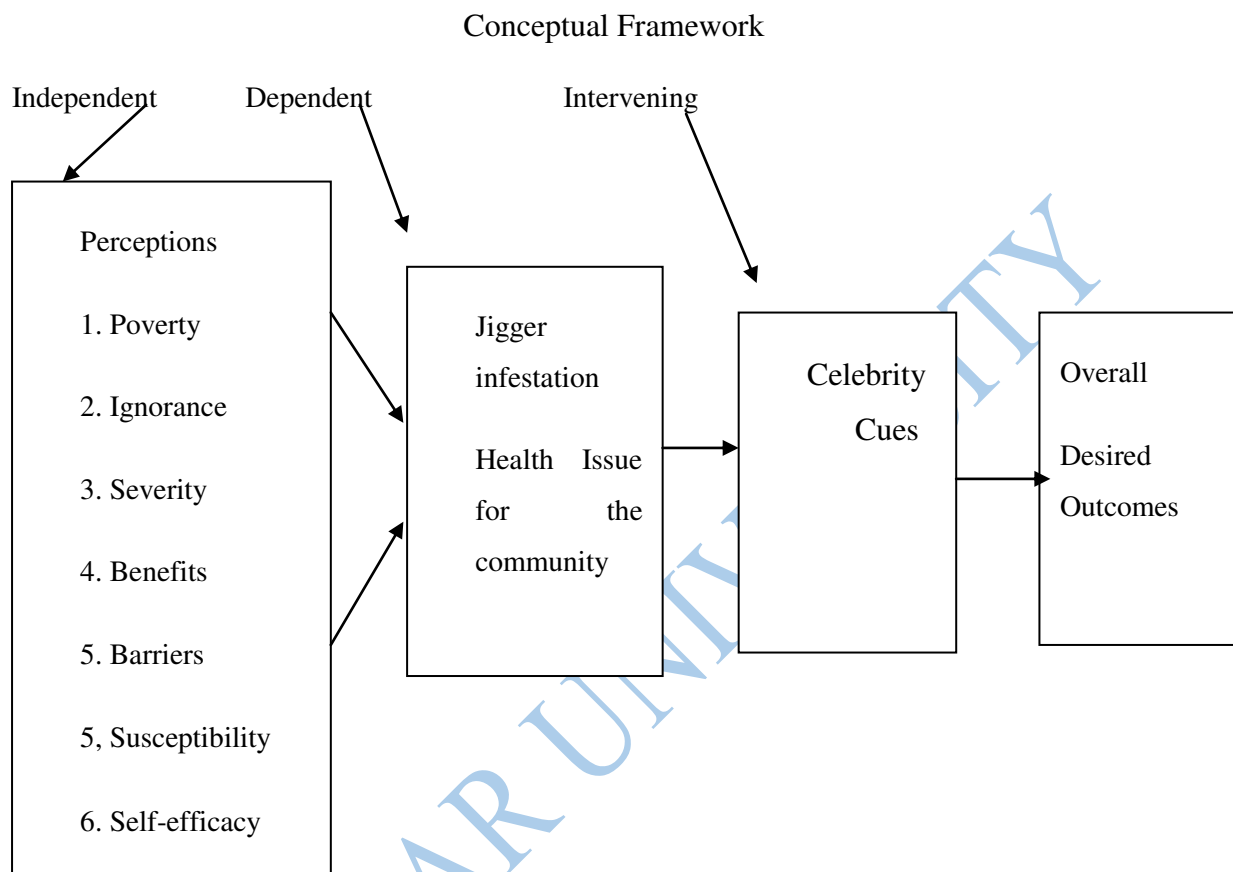


Figure 1: Conceptual framework based on the Health Belief Model, adapted from Abraham and Sheeran, 2005, Modified by Researcher for the purpose of this study, 2014.

This conceptual framework based on the HBM Model envisages a jigger infected community. Jigger infestation becomes a health issue for some individuals in this community, who start having some perceptions concerning the health issue. According to the constructs of HBM, in perceived susceptibility, these individuals believe there is a possibility of being infested with jiggers. They believe the consequences of being infested with jiggers can be serious and need avoidance. They also believe the actions recommended in the health campaigns would protect them from getting the jiggers and those who already have the

problem can be cured. In perceived barriers, issues such as stigmatization limit them from coming out to try the recommended actions, in which the expertise of the celebrity is supposed to overcome this. Cues to actions such as incentives, reminder messages and the actual use of a celebrity as the bearer of the message motivate the community. Self-efficacy is achieved when people receive guidance on how to treat themselves, and to perform the actions recommended in the messages delivered by the celebrity.

Summary

This chapter has reviewed literature on celebrity endorsement as a concept in marketing and how it has been used in marketing social and health issues. It has further reviewed literature on celebrity related factors or attributes that influence campaigns in their successes and the risks that come with the use of celebrities as endorsers of campaigns. Some studies done in health campaigns have also been reviewed, and also a small profile on Mathioya, the jigger campaign initiative and Ms Cecilia Mwangi. The next chapter will look at the methodology adopted by this study.

CHAPTER THREE

METHODOLOGY

Introduction

This chapter presents the method used in the research, research design, the population sample and sampling method, the research instrument used for data collection, data analysis and ethical considerations.

Research Design

According to Upagade and Shende (2012), research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. This study used a descriptive survey design. Kombo and Tromp (2011) say that a descriptive research describes state of affairs and is used for knowledge formulation and solution to significant problems. According to Kombo and Tromp in descriptive research, subjects are observed in natural environment and if limitations are well understood, they become a useful tool for a more focused study.

Population

Burns and Grove (2003) state that population includes all elements that meet certain criteria for inclusion in a study. Mugenda (2008) expounds that the target population refers to the entire group of individuals, objects, items, cases or things with common attributes or characteristics. The potential population comprised of all the jigger infested people of Mathioya Sub-County who had participated in the anti-jigger campaigns. The study targeted pupils in public primary schools in Mathioya Sub-County who participated in the anti-jigger campaigns conducted by Ahadi Kenya Trust in collaboration with Ms. Cecilia Mwangi, Miss

Kenya 2005. However, the accessible population was the jigger infested pupils of Gitugi zone who participated in the anti-jigger campaigns numbering 1,670. In this zone, the activities of the celebrity in conducting the campaigns had been completed by the time of the study. In an interview conducted in December 2012 with the Education Officer, Gitugi zone, Mathioya sub-county has 53 public primary schools of which 15 are in Gitugi zone, 13 in Kamacharia, 11 in Kiriti and 14 in Kiru zone. The target population was 5,085 pupils in Gitugi zone which had the highest number of public primary schools in the sub-county. Gitugi was also the zone where the activities in which the celebrity was involved had been completed by the time of the study.

Sample Method and Sampling Size

Mugenda and Mugenda (2003) define sampling as the process of selecting a number of individuals of a study so that the individuals selected represent the whole group while Punch (2005) define it as a process of selecting a few from a bigger group - the population).

According to the Education Officer, Gitugi zone, the zone had 15 public primary schools with a total of 5,082 pupils by the year 2008-2012 which was the campaign period this study was interested in. The zone (Gitugi) had the highest number of public primary schools where sampling method, the purposive type in selecting the seven primary schools in which the campaign had been completed and the celebrity had actively participated. The seven selected schools had a population of 1,670 pupils. Of these 850 had participated in the anti-jigger campaign activities.

Sampling of the participants

The researcher selected pupils in standard six, seven and eight. This is because of the nature of the instrument used. The pupils in standard six, seven and eight were grown, being in ages between twelve and fourteen years. In this age, the researcher felt that they were more

likely to express and articulate themselves and that they could understand more the issues surrounding the campaign than the younger pupils in lower classes.

The number of the pupils in standard six, seven and eight who had participated in the campaign amounted to 85. Therefore, the whole population in these classes participated in the study (see table 1). According to Gibbs (1997), the regular number of participants in focus groups is eight to twelve. Each school (except Karung'e) had one focus group grouped so due to the number of participants; Mihuti -11, Karung'e – 22 (two focus groups), Ngutu- 11, Kanjahi- 8, Chuui-13, Githendu- 10.and Gitugi with the least number of participants amounting to 7 (see table 1).

Table3:1

Standard 6, 7 & 8 pupils in the seven selected schools who participated in the anti-jigger campaign.

	Std 6	std 7	std 8	Total
Mihuti	1	6	4	11
Karungé	0	12	10	22
Ngutu	2	5	4	11
Kanjahi	3	4	1	8
Chuui	6	3	4	13
Githendu	5	1	4	10
Gitugi	2	2	3	7

Source: Ahadi Kenya Trust, 2012

Data Collection Instrument

This study used focus group discussions with a moderator's guide as the data collection instrument. A moderator's guide which according to Feinberg, Kinnear and Taylor (2013) is a discussion agenda used by the moderator during group sessions. It provides a detailed outline of the issues to be addressed in the discussion. Feinberg et al. (2013) further point out that the moderator's guide also serves as a memory aid for the moderator so that all groups follow the same general sequence and no topics of interests are inadvertently omitted.

The structuring of moderator's guide used in this study was guided by the objectives of the study and the themes derived there in. It was prepared to incorporate the ideas generated from the themes starting with the most general questions about the campaign and including some specific questions. The guide was prepared in close collaboration with the person who was the moderator so as to make her familiar with it and the themes to be covered.

Pre- testing

Pre-testing of the moderator's guide was done in one of the schools in the same zone (Njumbi primary school) whose pupils did not participate in the actual study. A group of eight pupils (three boys and five girls) who had participated in the campaign was picked from standard six, standard seven and standard eight. The pre-test helped to check whether the questions in the moderator's guide were well framed and whether they were well understood by the participants. It for example checked the language used and discovered that the questions in the moderator's guide which were in English were not easily understood. Since the researcher is conversant and knowledgeable in Kikuyu language, she translated the questions into Kikuyu language before administering the discussion and then re-translated

into English to ensure validity. The pre-test also checked whether the questions had been framed properly and whether they were easy to understand by the target group of participants.

Data Analysis

Mugenda (2008) argues that proper data analysis makes it useful by transforming it into important knowledge. The qualitative data produced through Focus Groups in this study produced a massive amount of data. The data obtained were then grouped according to the themes which were: 1. Activities carried out by the celebrity during the anti-jigger campaign. 2. Participants' memories of the celebrity as key motivator in the campaign, 3. Ways celebrity presence motivated jigger infested participants to get better. 4. Participants' acquired knowledge on infestation. 5. The experiences of jigger infection by participants before and after the campaign. 6. Participants' follow up on lessons learnt from the campaign. It was then reported and conclusions drawn.

Ethical Considerations

After approval from Daystar University was obtained to conduct the study, a research permit was obtained from the National Commission of Science, Technology and Innovation. Since the respondents were from public primary schools, permission was sought from Murang'a County Government, Ministry of education, ICT and Tourism, and from the respective heads of schools where the data was collected because the study was dealing with children.

In dealing with children as respondents in research, Sommer and Sommer (1997) state three main elements that come with autonomous decision-making. These include adequate information, voluntariness and capacity to understand the information. One of the factors that may hinder capacity to understand is information that is too complex or overwhelming in

volume. To deal with this, the questions in the moderator's guide were made short and precise with simplified language that the children at their level were able to understand.

Sommer and Sommer (1997) further state that for persons who are legally incapable of giving informed consent, you nevertheless provide appropriate explanation and obtain the participant assent, then proceed to obtain the appropriate permission from a legally authorized persons. Therefore, each of the respondents was given a consent form which was filled in and signed by the parent or guardian. This is because the pupils had not reached the age of free consent. Debriefing was done to pupils through the assistance of the head teacher of the specific schools. They were also requested to give their assent to participate before the discussions started.

To ensure confidentiality, the researcher did not include any possible identification codes such as names, number or class except the name of the school to give the researcher possibilities to compare.

Summary

This chapter has presented the research methodology the researcher intends to undertake in this study. It has presented the research design, the population, the sample and sampling methods to be used, research tools, data collecting procedure, data analysis and the ethical considerations

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

Introduction

This chapter presents data analysis and interpretation of study findings. The findings are based on four research objectives notably to: establish the outcomes experienced after being exposed to the anti-jigger campaigns, to identify the specific celebrity attributes that affect the participation in the jigger eradication campaign in Mathioya, to establish the kind of perceptions Mathioya residents have towards jigger infestation, and to establish in what ways the celebrity identified with the children. The study focused on the anti-jigger campaign, which was conducted between the years of 2008 – 2012.

Data were collected, using a Focus Group Discussions. Eight focus groups were conducted in seven different primary schools within Mathioya district of Murang'a County. The total number of participants was 78 with 41 boys and 37 girls. The focus groups were a mixture of both boys and girls. The data is presented in the following themes: 1. Activities carried out by the celebrity during the anti-jigger campaign. 2. Participants' memories of the celebrity as key motivator in the campaign, 3. Ways celebrity presence motivated jigger infested participants to get better. 4. Participants' acquired knowledge on infestation. 5. The experiences of jigger infection by participants before and after the campaign. 6. Participants' follow up on lessons learnt from the campaign.

Demographic Data

Gender: 41 boys (53%) and 37 girls (47%) took part in the campaign, making majority of the participants boys. Chuui primary school had the highest number of participants while Gitugi primary had the lowest.

Age: The participants' ages were as follows: those aged 12 years were 18, those aged 13 years were 30 and those aged 14 years were 23. Seven participants were not sure of their correct age.

Table4. 2: The number of participants in the focus group discussions from each school.

Primary schools	Boys	Girls	total no. of respondents	Percentage
Mihuti	7	3	10	12.8
Kanjahi	6	4	10	12.8
Gitugi	5	2	7	8.9
Ngutu	3	5	8	10.3
Githendu	2	6	8	10.3
Chuui	7	6	13	16.7
Karunge A	7	5	12	15.4
Karunge B	4	6	10	12.8

Participants : Mihuti, Chuui and Karung'e primary schools had the highest number of boys while Githendu, Chuui and Karung'e had the highest number of girls.

Data from Focus Group Discussions

The activities carried out in the jigger campaign

The organizers and the celebrity carried out activities such as washing of feet, demonstration on how to remove jiggers and application of jigger medication were mentioned in all focus groups. Besides these activities, sporting activities and provision of the needed tools to fight the jigger infection were part of the campaign. In regard to washing of feet one boy, “Imagine she washed and removed jiggers from our feet”. A girl in group four echoed the same saying, “*Alisaidia kutoa jiggers*” (She helped in removing jiggers from our feet), while another girl in giving a big smile said, “She even removed my jiggers from my feet!” Yet another boy in the same while nodding in agreement said, “...and she gave us advice on how to prevent jiggers attacking us.” To such advice a boy in Group seven said of what Ms Mwangi said, “*Tutikerekagiririe ndutu*” (We should not let ourselves be destroyed by jiggers). A girl in the group seven shot her hand up and retorted said, “*Oigire andu methambage maguru wega*” (She said that people should wash their feet properly). On application of medication a boy could vividly remember what happened. He explained “*Alikuja na watu wengine wa Mount Kenya university, akatuosha na dawa miguu na akatupaka dawa*” (She came with people from Mount Kenya University and she washed our feet and then applied medication).

In most anti-jigger campaigns, especially the ones conducted by Ahadi Kenya Trust, (Ahadi Kenya Trust, 2008), participants have their jiggers removed, and then they are treated with disinfectants. In campaigns described in other studies, Ngunjiri (2010) explains that public health officers had embarked on an intensive health education campaign to create awareness among members of the public on control measures. According to Wamalwa (2013), a non-governmental organization called Rise Up carried out a campaign in Khwisero

primary school in Kimilili Constituency of Bungoma County where 50 kids had jiggers removed and treated with disinfectants. Apart from removing jiggers and applying medication, the celebrity also engaged the participants in sporting activities like playing football with boys and netball with girls.

Participants in this campaign also had activities in sports such as football and netball. A boy remembered having a chance to play with “important people” (not only Cecilia but other members of the campaign team). Excitedly he related, *“Alitupae mipira ya kuchezeana tukacheza na timu zote. Halafu sisi ndio tukashinda”* (She gave us balls to play with all the teams. Then our team won). In an equal measure of excitement a boy beaming with pride talked excitedly about a competition among children with jiggers from different schools and his school winning. *“Tulicheza na watoto wa shule waliokuwa na jiggers. Sisi tuliwashinda wote, I was very proud”* (We played with children from schools that had jiggers. We beat all of them. I was very proud).

While boys were engaged in football, girls were engaged in netball. This short conversation between the moderator and a girl in Group three explains what happened. *“Girl: Alitupea mipira ya kucheza. Moderator: Na mllicheza? Eee. Moderator: Na nani? Girl: Tulicheza neti na waschina wa hizo shule zingine... Moderator: Nani alishinda. Girl: Sikumbuki... kulikuwa na kikombe ikapeanwa na Kamau...”* (“Girl: She gave us balls to play. Moderator: And did you play? Girl: Yees. Moderator: With whom? Girl: We played netball with girls from those other schools... Moderator: who won? Girl: I can’t remember... there was a trophy which was presented by Kamau (Kamau is the director of Ahadi Kenya Trust involved in anti-jigger campaigns in the region). This points to what Lyle (2009) reported that success in sport demonstrates reward environment; people are able to particularize the benefits, status and achievement accrued from participation. Lyle further says that a sporting hero is one

whom one admires; they demonstrate perseverance, to be self-effacing and modest with social responsibility. A model such as a celebrity, according to Lyle (2009) demonstrates a 'way to the top' despite challenging personal circumstances, that 'it can be done'. The celebrity engaged in other activities such as giving shoes, washing soap and towels. She also donated foodstuffs and clothing. She gave advice on hygiene matters and how to keep off jiggers as well as engaging the community in development activities such as farming.

In this particular anti-jigger campaign, some tools to address the needs of a jigger infested person were provided. A boy in group two remembered among other things that he was given a pair of shoes. He said smiling, "*...na akanipatia viatu na nguo na tulifurahia viatu sana*" (...and she gave me shoes and clothes and we were very happy). A girl in group five also confirmed that they received shoes among other gifts. She explained, "She gave us gifts such as bags (school bags), shoes and basins". One boy in group six remembered that Ms. Mwangi had gifts for the community too. One such gift is a wheelbarrow. He informed, "*Na akihe muthuri wa na haha wheelbarrow*" (And she gave a man from the neighborhood a wheelbarrow).

Foodstuffs were also another provision to the participants. A variety of foodstuffs was donated especially to the participants. A girl in group five for example said nostalgically, "She gave us food such as bread and milk", while a boy in group eight remembered that among the help he got was food, "*...vile tulisaidiwa na vitu vingi na kupewa food*" (...the way were helped with a lot of things including food).

The participants appreciated the celebrity's involvement, particularly those activities that made her to be like one of them.

Memories about the celebrity as the key person in the anti-jigger campaign.

The participants thought the celebrity; Ms Cecilia Mwangi was very beautiful. They also saw her as healthy, kindhearted, loving, hardworking and experienced. Their descriptions of her beauty ranged from being light skinned which in that region reflects an aspect of beauty as compared to being dark skinned. One girl in group seven described her with these words, “*Alikuwa mweupe na Kamau Mweusi. Alikuwa kama mzungu* (she was light skinned and Kamau- Director, Ahadi Kenya Trust- was dark, she looked like a white person)”. Conclusively a girl in group six thought that Ms Cecilia was the most beautiful person she knew. She said, “*Hapa kwetu hakuna mtu msupuu kama huyo*” (Here in our neighborhood, there isn’t somebody as beautiful as her). These sentiments were echoed by another girl, who said, *Aliitwa Miss Kenya; sijawahi ona mrembo kama huyo...*” (She was called Miss Kenya; I have never seen anybody that beautiful...) The boys too noticed her beauty. For example a boy in group seven said, “*Alikuwa na katatuu hapa kwa mkono amechorwa, alichorwa Kenya Airways*” (She had been drawn on the hand, she had been drawn a Kenya Airways Tattoo). According to Wanjiku (2013), the general hypothesis in a campaign that uses a celebrity to fight jiggers is that attractive sources will be more effective than neutral or unattractive ones. Reflecting on the celebrity’s health and looks a girl in group five said, “She told me she had jiggers when she was small, and they used to tie her up with ropes when they were being removed” Then after a reflective pause she added shaking her head, “She did not look like she ever had jiggers”. As a boy tried to compare her with the participants, he said admiringly, “She had no jiggers like us”.

The participants also had fond memories of her kindness. A girl in group three expressed Ms Mwangi’s kindness thus, “She had a kind heart for us for her to have washed our feet and removed the jiggers”. Concluding that she must have had a lot of money the

participants observed that she must be very humble to mix with poor people. These feelings were expressed by a girl in group three as she said, “I did not think a beautiful person like her would wash our jiggers away”. Apart from kindness, participants had memories of Cecilia as a very loving person. An example was a girl in Group 3 who said, “She loved us because she came with her friends and gave us gifts”. Explaining further, a boy in group four said, “She likes her country and Kenyans”. A girl in group seven shaking her head in disbelief simply said, “*Anatupenda*” (She loves us).

They also admired her experience. She presented herself as a person who had done this over and over again, which gave them confidence to take up the campaign. A boy in group six stated Ms Mwangi’s hard work. He said, “She looked like she is very hardworking person because she washed many people’s feet”.

: Apart from being hard working, the participants also thought that she was experienced in the campaign. A boy in group four for example said “She looked like she knew a lot about jiggers”, while a girl in group six summed it all by saying, “She looked like she had experience in everything she was doing”.

There was high remembrance of her beauty which was expressed more by the girls than the boys. They marveled at her beauty in all aspects, and also her human characteristics. She has used these characteristics to help other people especially those who have been stigmatized by society. Beauty makes a celebrity attractive. According to Singal (1979), “what is beautiful is good”. McCracken (1989) argues that right celebrities with the right attributes could influence the consumers’ (participants’) feelings and attitudes. Maddox and Rogers also argue that factors such as convincing arguments make a celebrity seem knowledgeable and experienced. This enhances believability, and hence the level of trust and acceptance of the message.

Participants' knowledge about jiggers.

Most participants came to know what brings jiggers as dirt and uncleanness, sleeping with the domestic animals in the same house, walking bare feet on ashes, unclean environment, and general untidiness. Kimani (2012), in his study carried out in rural Kenya explains the causes of jigger infestation as dirty environment, poor personal hygiene and poverty. About dirt as a major cause of jiggers, this girl in group seven said, “*(Ikiwa) Pale unalala si pasafi...*” (If where you sleep is not clean...), with boy in the same group seven adding, “*Kukosa kufagia nyumba*” (Not sweeping the house), and yet another boy in the same group added “*...na kukataa kuoga*” (...and refusing to bathe). A boy in group five gave another aspects of dirt that bring about jiggers while he said, “*Kuiga ndwara ndauhu ina giko*” (Keeping long dirty nails). Keeping domestic animals in the same house as was pointed out by some participants as being a cause of jiggers. For example, a boy in group five expressed, “*Kuiga nguku nyumba*” (keeping chicken in the house) as a bad habit as learnt from the campaign. Other domestic animals and pests were also pointed out by a boy in group seven who said, “*Hata mbwa na paka*” (Even dogs and cats). Feldmeire (2009) agrees with this finding in study conducted in fishing village in Brazil where 59% of his respondents agree that domestic animals bring about jiggers. A few participants however thought that walking barefoot can be a cause for jiggers. A girl in group eight for example, when asked what she thought gave her jiggers said, “Sitting or walking bare feet on ashes” while another girl said, “*Kutembea bila viatu* (walking without shoes on) Lack of bathing and walking without shoes while yet another girl gave the reasons as, “Sitting or walking bare feet on ashes”. Feldmeier (2011) reported in his study that many mothers reportedly prohibited their children to play football, to walk barefoot or even to leave the house at all. Unclean environment was identified as another cause of jiggers. One boy in group six for example

said, "...uncleanliness and unclean water..." while another one also gave almost a similar answer saying, "By using or living next to dirty waters...one may get jiggers."

Most of the participants agreed that dirt and unhygienic conditions were the main causes of this condition.

Jigger condition as experienced by participants.

Experiences before.

All the participants saw the condition of having jiggers as bad since it had affected their life adversely. They said that jiggers make them sad/moody. They are painful and the condition makes them embarrassed and ashamed. People affected by jiggers suffer through uncomfortable conditions because the vermin leave the affected areas itchy and painful. This gives the victim sleepless nights. The jiggers also destroy the shape and size of the affected body parts especially the feet. When one has jiggers one looks untidy and unhealthy. When they are in class their concentration is also affected since they will keep on scratching the itchy parts and concentrating on the pain caused by the jiggers. At times, some of the respondents said that they miss school altogether. Other participants said that jiggers destroy life/kill, people with jiggers may become disabled and the condition makes them feel cold all the time. Others are stigmatized by the society in which they live and segregated by their peers. Feldmeier (2009), in a study carried out in Brazil revealed that, all the patients that were studied showed signs of acute as well as chronic inflammations with the entire feet and lower legs affected, making the patients immobile.

The jigger condition would make the participants very sad. This is expressed by a boy in group 1 who sadly said, "You are not happy every day because they laugh at you" while another boy in group six agreed saying, "Yes, it is a bad condition because it makes one sad,

moody”. Mburia (1999) in his study found out that children who are affected by a condition would show withdrawal, irritability and aggressive behavior to which Gitonga (1997) adds that children who are unhealthy exhibit depression and low esteem.

Pain was pointed out by some participants as one area that made the jigger condition very unfavorable. A boy in group two remembered with pain what he went through, “*Nii ndaturaga njiguaga ruo, mundu aiguaga ruo*” (I used to feel a lot of pain, somebody experiences a lot of pain), while a girl in the same group concurred saying, “*Unasikia uchungu sana...hata hulali poa* (You really feel a lot of pain, you can’t even sleep properly). In a study carried out by Mazigo (2010) in Tanzania, a person infested with jiggers had difficulty in walking; he had inflamed skin around the feet, ankles and toes. This condition makes the participant feel a lot of pain. According to Ngunjiri (2010) heavy infestations of the jigger parasite lead to severe inflammations, ulcerations, fibrosis, lymphagitis, gangrene, sepsis and loss of toes may occur. This causes pain.

Participants experienced stigmatization through separation both at home and in school. This was for example during play as expressed by a boy in group six who said, “They did not want to play or share their things with me” and another one in group one who would even be punished. Bitterly he said, “(They) discriminate me; they would refuse to play with me and step on my toes to punish me.” Their peers wouldn’t mingle with them whatsoever as was expressed by this girl in group four who simply said, “No one wanted to be my friend” and another one in the same group added, “They did not want me to sit with them.” A boy in group seven also said, “*Walikuwa wanatufuza pahalitukienda* (They would chase us away if we went near them). Regrettably, this boy in group eight said, “*Hawakutembea na sisi, walisema unanuka makonjoo* (They did not want to walk with us. They accuse us of smelling of urine). Some peers would not even engage them in

a conversation as sadly expressed by this girl in group seven, “*Amwe matiendaga ona gutwariria* (some did not want to talk to us), and a girl in group six gave the reason of her segregation. She said, “They used to say I was going to infect them with jiggers”. And in case, the peers would even defy the efforts of the teacher to integrate them. This girl in group eight explained, “*Mwalimu akisema ukae na yeye, wanakataa...*” (Even when the teacher said we sit together, they would refuse...). And during free time they would not go to visit each other. For example a girl in group seven explained that she was not wanted in her peers home, “*Matiendaga uceere kwao*” (they did not want you to visit them at their homes). There was stigmatization form both in school and at home as expressed by a girl in group one who said, “*Twamenagwo ona mucii ona cukuru*” (They would hate us at home and in school). A bitter girl from group five told of her experiences at home. She said, “My parents segregate me from the rest of my siblings and did not want me to touch anything at home. When I said lets cook chapatti, my mother was quiet but when my brother said lets cook, she said yes.”

The participants were embarrassed by the condition and put to shame by their peers all the time. A girl in group seven expressed this with a lot of feelings: “*Ndungiyonania hari ageni niundu wa thoni*” (I could not show myself to visitors because of shame). This was also expressed by another girl in the same group seven, who said, “*Ndungiikarania na mundu...tondu niarakurora muno*” (I could not stay near another person because they look at you very much and you are ashamed). Yet a girl in group eight echoed this by saying, “*Ndungithii kundu niundu wa thoni*” (I can’t go places because of shame) A boy in group seven also said, “It makes us very ashamed/embarrassed”. Ruttoh, Omondo and Wanyama (2010) quote low self-esteem as being brought by the condition which can seriously impede movement and performance of life’s chores making one feel hopeless and useless. The study further says that the ulcerations and auto-amputation of the digits

make the victims feel ashamed of being in social places. According to Ruttoh et al (2010), stigmatisation contributes to persistent jigger infestations. This is because victims prefer self- medication to hospital treatment for fear of being ridiculed by uninfected neighbours or health workers. In Feldmeier (2011), a strong social impact is displayed whereby the mothers' concerns about stigmatisation, school absenteeism and family conflicts are reported. Stigmatisation in the study is shown to represent mental harm and distress. The study also reports social exclusion of patients which could be as a result of wrong conception of a person-to person transmission of tungiasis.

The participants would feel itchy on the parts affected by the jiggers and this would make them uncomfortable all the time. For example a girl in group four said, "It Makes one feel itchy and uncomfortable and not listen properly". While sitting or walking, the participants would face the discomfort, like the girl in group five who said, "It makes you not walk or sit comfortably, always scratching". The discomfort was explained by the boy in group eight who disgustedly said, "*Utindaga ugithua*" (You continuously scratch yourself). Mazigo (2010), in the Tanzania study posited that the person who had serious jigger infestation felt itchy all the time and had serious smelly discharge which meant that he had bacterial infections. This would make the person uncomfortable.

The discomfort and the pain cause sleepless nights. One girl throwing her hands in despair simply said, "*Ukaremwo ni gukoma* (you just don't sleep). This is also said by a boy in group five who said of the ill of having jiggers, "Because it makes you not sleep well at night", and a girl in group three saying, "...Cause sleepless night because of pain."

Participants also suffered disfigured limbs affecting their lives adversely. A girl in group three twisting her face in disgust said, "It gives you an ugly leg shape" while another in group four pointing at her feet and trying to demonstrate simply said, "...brings about

swollen legs.” A girl bitterly said of her disfigured feet, “*Andu moigaga ndina maguru ta ma mbata*” (People said that I had feet that look like a duck’s), while a boy in group five sadly and in a low tone said, “It makes you have disfigured and ugly fingers and feet.”

Participants’s health also got affected and they looked unwell and untidy. For example this girl in group three among many other disadvantages added that, “(Jiggers) are harmful to our health”, and also, “spoils your bones” according to a boy in group five. A girl added, “*Unakaa na baridi kwa mwili kila wakati*” (You feel cold all the time), sentiments supported by yet another girl in the same group seven who said, “*Inaharibu mwili yetu*” (It affects our bodies). A girl in group eight felt bad about the look the jiggers gave her nails. Sadly she said, “*Inakula kucha zangu zinakaa vibaya*” (They eat my nails making them look bad).

Participants education was very affected with some missing school altogether. This is partly because the deformed feet make it difficult to walk to which this boy in group eight ...said, “*Unachelewa kufika shule juu unashindwa kutembea*” (You are late for school since you can’t walk fast). Also because of the discomfort brought about by the itchy nature of jigger infestation as attested by this girl in group seven saying, “*Niitumaga uremwo ni guthoma tondu utindaga ugithua*” (they make it impossible to concentrate on education because you keep scratching yourself). This was also confirmed by a girl in group six who said, “...because it makes one not participate in class”, and a boy in group four, “...makes one feel itchy and uncomfortable and not listen properly.” At times, the condition make one unable to attend school altogether as attested by this boy in group three, “Makes you be absent in school all the time.” Ngunjiri (2010) agreed that children who are infected by jiggers barely concentrate in class as they are distracted by pain caused by sores on their toes, soles and other parts of the body. They are also unable to concentrate due to hunger as the parasites feed on their blood.

Participants also feared that the jigger condition can cause death. For example, a boy in group eight, though not sure narrated how he suspected a neighbour's cause of death to have been jiggers. He doubtedly said, "*Ndaiguire arogirwo ni ndutu tondu aria irio ikario nicio* (I heard rumours that he died of jiggers because whenever he ate, the jiggers shared the meal). But a boy in group four was sure that they can cause death. He confidently said, "*Kinya ona noukue*" (One can even die), and the view was supported by another boy in group seven saying, "...*kwa sababu unaweza kuaga dunia kwa sababu ya jiggers*" ...because you can die of jiggers), and a girl in group three, "It can destroy one's life". Ngunjiri (2010) agrees with the participants in this study that death may be caused by severe jigger infestation. He further quotes Ahadi Kenya Trust, 2008 of over 265 deaths which have occurred from jigger infestation.

Because jiggers mostly affect the feet, the ability to walk is inhibited. This was agreed upon by participants in group four, five and six. One boy in group five said, "(Jiggers) spoil your bones", upon which another boy in group four said, "(It) brings about deformed and ugly feet" and in group six also said, "...because it makes one feel disabled" and a girl in group four sadly concluding, "Makes one cannot walk well" Makena (2013) agrees in her study done in Gatundu District, Kiambu County that a jigger infested child has deformed feet which cannot allow the child to walk effectively, and this also affects the way they participate in other activities.

The participants also felt that the jigger condition would make them hungry. A boy in group one said, "They make you feel hungry all the time since they also eat the food from your body." This view was supported by a girl in group four who gave hunger as one bad thing about jiggers saying, "...*Na kuhuta thaa ciothe...niui ndutu iriaga irio ciaku ciathii nda*" (...And feeling hungry all the time... you know jiggers would feed from your food in

the stomach). A boy in group seven shared the same view and said, “*Kila kitu unakula, inakula kwako, haushibi*” (everything you eat, it (jigger) eats from you, you never get full), and also the boy in group eight who also said, “*Ukikula chakula zingine nizako zingine ni zao*” (If I eat food, some is mine, some is for the jiggers). A boy in group five felt that the jigger will not eat the direct food. He said chuckling, “(It) sucks and finishes your blood in the body”. Ngunjiri (2010) also agrees that affected children are not able to concentrate in class due to hunger as the parasites feed on their blood.

Experiences after the campaign.

All the participants in the eight focus groups were in agreement that there were different experiences after being exposed to the anti-jigger campaigns. They no longer had jiggers. The participants felt that they could now do things like eat, read, share, play and walk together with their friends, they were comfortable and could concentrate in their reading and class work since their feet were not itchy any more, they were happy and energized, friends and other people around the community looked at them differently, they had friends, they were allowed to do house and school duties, and they could walk and grow well.

The participants felt happy that their jiggers were eliminated. For example a boy in group one showing off his feet and smiling said, “I do not have jiggers anymore...” to which a boy in group four agreed saying, “I have no pain or itchiness; hence can come to class on a daily basis”. A girl in group five was beaming and asked why she simply said, “*Kwa sababu nimeisha jigger*” (Because I no longer have jiggers), and her friend in group eight said, “*Sasa naenda mbio...sina jigger*” (Now I run very fast; I have no jiggers).

The absence of jiggers made them accept themselves and acceptable to their friends. For example, a girl said, “I can maintain my hygiene both in the house, body and at school while another girl in group three said “People have started making friends with us”. This is

evidence that the changes did bring empowerment to the participants. A girl in group four explained her decision to help others saying, “I can now afford to advice other friends who are affected by jiggers”. He friend from the same group felt even empowered to be of help to others who would be in the position she was in before she got help from the campaign. She summed up her feelings when she said, “I made a promise not to let other children like me suffer the same way I safe, so I am cleaner and maintain a better environment I feel free because I can go anywhere and play with anyone” A boy in group eight’s life changed so much that he is now engaged in economic activities. He said, “...*sasa nimeweka rabbits*” (...now I keep rabbits). Other children feel that the freedom they had lost to the jigger condition has been restored. A boy in group seven said, “I feel free because I can go anywhere and play with anyone” This freedom which had been inhibited by poor mobility and now restore was further expressed by this boy in group five who said, “...I can now walk or run...” and this girl in group four who said she can run comfortably and another one who said, “... I can now wear shoes comfortably and walk well”.

The participants also felt a lot more comfortable compared to the earlier status when they had jiggers. A boy in group three expressed, “We sleep well at night now” while a girl in the same group also said, “...Can now wear shoes comfortably and walk well” The comfort of a boy in group five was evident when he said, “I now can afford to sleep well at night unlike before where I used to wake up lighten the lamp to scratch myself”. And finally a girl in the same group said, “No one reminds me of the jigger that I used to have”. The participants also experienced better concentration especially in class. A girl in group three explained, “We can now concentrate in class without thinking what other people think of us” with a boy in group five agreeing to this while saying, “I now perform well in class and have better grades than before when I had jiggers” and another one in the same group five saying, “I now sit comfortably in class than before, and can concentrate unlike before where I used

to be busy scratching myself”. The participants felt more happy and energized after the acquired new status. A boy in group two happily said, “I have more energy and am happy” while a girl in group one echoed this happiness saying, “I can now play with my friends and they love me”. Another boy in group four was also very happy after the campaign. He said smiling, “I am happy because now, I walk well” While a girl in group five beamed with happiness saying, “I am happy because my mother can now walk with me to the market/shop”.

The other positive change the participants experienced in their lives after the campaign is that others started to look at them differently. Stigmatization was no more. A girl in group one said, “My parents like me now, they allow me to cook and visit my friends and neighbours”. While this girl in group seven was content with the current status saying, “*Sasa sichapwi kama vile nilikuwa nachapwa na kukanyangwa ndio nitoe jiggers. Sasa mimihata niko na nguvu ya kuwakanyanga*” (I am no longer beaten like before the way I used to, to the extent of being stepped on to remove jiggers. Now I have strength to step on them). They also receive proper medical care, like this girl in group 8 who said, “*Nikiwa mgonjwa napelekwa hospitali*” (If I am sick I am taken to hospital). They also started to have new friends like this girl in group three who said, “People have started making friends with us” and another girl in group seven confirming when she said, “*Riu ona nimatuheaga mabuku mao*” (Now they even share with us their books)

There is a turnaround in the lives of the participants

The participants felt empowered after the campaign and that they are in a position to help themselves and others too.

Campaigns recommended follow-up to participants.

The campaign organizers gave tips on how to keep off jiggers. For example washing their clothes more frequently, wearing shoes all the time, not to sleep with domestic animals like goats, dogs and cats in the same house where they sleep, bathing daily, washing their feet thoroughly and applying jigger medication immediately after bathing, observing environmental hygiene. Some of the least common responses were buying and using medicated soap, and concentrating on their education.

The participants learnt from the campaign and more so from messages delivered by Ms Mwangi that if they were to keep off jiggers completely, they needed to observe on hygiene. One boy from group three remembered this lesson by saying they had to, "...Improve on our hygiene everyday". This was to be observed through what a girl in group six said is by, "Bathing everyday" as also attested by another girl who said matter of factly, "*Alisema tuoge kila siku*" (She said we take a bath every day). The sentiments were echoed by a boy in group seven saying, "*Akasema tuogange na tusiweke nguo zetu zikiwa chafu*" (She said we be taking a bath and not to keep our clothes dirty). This short conversation between the moderator and a boy in group eight summed it all, *Boy: Kuoga mwili mara nyingi, Moderator: Mara ngapi? Boy: Kama tano; Kuoga hata kichwa na akasema tukickekelewa tusiwe tunaogopa*" (Taking a bath many times, Moderator: How many times? Boy: Like five; washing even the head and we should not worry even though others laugh at us).

After washing the participants were to protect their feet by wearing shoes which were donated to them. A very shy boy in group one talking slowly and looking down said, "She also gave us shoes. *Akasema tukioga tuna zifaa.*" (...she said when we take a birth we wear them). Feldmeier (2011) concludes in his study that, while health education about jiggers

seems suitable to reduce stigmatization and to promote adequate treatment, prevention measures such as providing shoes for all family members is necessary.

They were also warned of the danger of keeping domestic animals in the same house where they live. A boy in Group 5 remembered the lesson and said, “Do not sleep in the same house with domestic animals like cat and dogs”, to which a girl in group two also said was a lesson, “ Keep the domestic animals like dogs, cat and goats, separately from where we sleep.” Feldmeier (2011) further reports in his study that regular de-worming of cats and dogs and keeping streets and public spaces clean will hardly be achievable without improvement of social circumstances.

Because jiggers mostly affect dirty feet, the participants learnt to keep their feet clean. A girl in group six had learnt the lesson and said, “Carefully wash our feet and always keeping them clean” a lesson which had been learnt by another girl in group five who said shyly, “...Wash our feet daily” After washing their feet properly, the participants were also to apply jigger medication as was said by this girl in group six, “Use the medication every day until jiggers have all come out of our feet” and a boy in group seven who said, “*Alisema tuoge miguu na dawa*” (She said we wash our feet with medication). Also a boy in Group 8 echoed the same by saying, “...*Kuchukua dawa na kuosha kitanda...*” (We use medication and clean our beds...). However this boy in group five also learnt that he had to use medicated soap. He said confidently, “Use medication and soap during our bath or when washing our feet”. They also learnt that keeping the environment clean is an good way of eradicating the jigger problem. A boy in group six simply said, “Stay in a clean environment” while a boy in group four added “Do not carelessly throw rubbish” as a way of maintaining a clean environment and a boy in group seven elaborated, “*Alituambia tufagiage nyumba na akatupea viatu ndio tupone*” (She said we be sweeping our houses,

then she gave us shoes so that we can be healed). After sweeping the house a boy in group eight added, “*Kumwaga maji kwa nyumba*” (Sprinkling water in the house). To maintain the clean environment, a girl in Group 5 said that it is important to, “Help the people around us to maintain hygiene so as to prevent jiggers”

Hygiene came out as an important factor in keeping jiggers away.

The overall reactions of the participants to the campaign.

The participants in all the eight focus groups said that they are able to continue doing the things Cecilia Mwangi told them to do so as to keep off jiggers. The participants from all the eight focus groups said they are easy things that can be done. The only difficulty identified was the cost of buying medicated soap which is not mandatory in jigger eradication. In any case there were arrangements for the participants to be given soap and medication for free as part of the campaign. A girl in group two said, “They are easy to do” a comment that was quickly followed by another girl’s from the same group two who said, “*Ni mambo tu ya hapa*” (They are just local remedies), and another comment from a boy in group seven who said, “*Tunafanya...*” (We do them...). A girl in group seven interjected saying, “*Ona ti maritu*” (they are not hard to do), and her friend in the same group seven adding confidently, “*Ithuothe nitumekaga na nimatutheithagia*” (we all follow them and they are helpful)”. On the issue of medicated soap a girl from group eight said “My parents cannot afford to buy the soap and medication for me every time, but I am grateful to Cecilia Mwangi because she was able to open an office at the town Centre”. And as for those who do not have direct access to the products a boy in group two said, “Our teacher goes to the office at the town Centre to get the medication and brings for us”.

The recommendations were easy to perform. The fact that they were easy gave them confidence to carry them on. In the HBM model, Bandura (1977) posits self efficacy as important since it is about the confidence an individual has in carrying out required behavior to produce desired outcomes.

There was an expression of gratitude, joy and the wish to have the activities repeated. They wished the campaign would be back. They also expressed that the comments include; bring back the campaign, we are happy, we are grateful, Cecilia eradicated jiggers, we are glad the campaign team visited our school, we are now comfortable and can concentrate, Cecilia opened an office at the town center to get assistance we need on jigger eradication, happy for the gifts, our parents and the community appreciate what Ms. Cecilia Mwangi and the campaign team did for them.

Concerning the campaign, the participants were full of gratitude to Ms Mwangi and the campaign team for their role in alleviating their problems. A girl in group six excitedly said, "I thank God for her, she helped me," while a boy in group five said, "I thank God for Cecilia for saving our lives". A girl in group three full of gratitude said, "We thank Cecilia and the team for helping us become clean and responsible children" with her friend in the same group three complimenting her comments saying, "We also thank her for helping our mothers and the community to help fight jiggers" A boy in group seven overwhelmed by the joy brought about by the campaign simply said, "Thank you for the campaign". In conclusion a girl in group eight told us, "*Mungu atamwongeza sana....kwa matendo ametendea watu*" (God will add unto her...for the good deeds she has done to other people).

The participants expressed joy for having a chance to take part in the activities that changed their lives. A boy in group two expressed his happiness saying, " I feel happy, comfortable and good after the campaign" while another boy in group five said, "*Tunafurahi*

kwa kutufikiria” (We are happy she thought about us). A girl in group six was always concerned of how others treated her. She gladly said, “I am happy because she made me not infamous and unpopular because of jiggers” while another one in the same group was glad because of the gifts. She said, “I am happy she gave me shoes”.

Most participants felt they would want the activities of the campaign repeated. A girl in group one said this with lots of expectations, “We would like the campaign to be conducted again in our school, so as to help the adults especially in the villages who have jiggers.” This was echoed by a boy in group six saying, “I would like her to come back again, so that we can have a chance to thank her for changing our lives for the better”. A group in group seven simply said, “*Akuje tena...*” (She should come again...), while a girl in group eight’s reason for a repeat is to indeed give thanks. He said, “*Ningependa arudi tumumwambie asante*” (I would like her to come back so that we can thank her).

The excited participants gave various other comments based on the campaign, the campaign team and Ms Mwangi. One girl in group eight had this short conversation with the moderator.

Girl: *Ningependa kuwa kama Cecilia* (I would like to be like Cecilia).

Moderator: *Kwa nini?* (Why?)

Girl: *Ndio niweze kusaidia watu.* (So that I am able to help people).

Still another girl from group six expressed his admiration of the campaign ambassador Ms Mwangi. She said shyly, “I wish I could be like her because of the way she treated people,” with a boy in group seven nodding his head conclusively said, “*campaign ilifanya watu wengi wapone*” (That campaign made a lot of people be healed). A boy in group three also

said this about the campaign, “It also ensured that all affected by jiggers were treated and came back to school hence an increment in enrolment in schools around the area”.

In other comments, the participants also expressed the idea of follow-up to the campaign activities. A boy in said that the group comes back to see whether what was recommended worked. He said, “The campaign people who came with Cecilia normally come to visit us in school to see how we are doing”. This follow up was supported by provision of the required products to which a boy in group four said, “...Opened an outlet/office in the town centre to provide medication for the jiggers”.

The participants expressed success and good way the campaign activities were conducted. They also expressed their satisfaction and the need to have more.

Summary

This chapter has presented details of the research findings in terms of data analysis and interpretation. The data analysed revealed the outcomes of celebrity endorsements on participants in the anti-jigger campaigns in Mathioya. It also presents celebrity attributes as perceived by the participants, the perceptions Mathioya residents have on the issue of jiggers and how the celebrity in the campaign engaged the participants through the activities that were part of the campaign

The following final chapter will provide a summary of these findings in relation to the purpose statement and the objectives of this study. It will also attempt to give recommendations on communication strategies in campaigns that would change attitude and behaviour of such communities as the one in Mathioya Sub-County of Murang’a County.

CHAPTER 5

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

Introduction

The purpose of this study was to establish the outcomes of celebrity endorsement on participants in health communication. The study set out with the following objectives; first, to establish the outcomes experienced after being exposed to the anti-jigger campaigns. Second, to identify the specific celebrity attributes that affected the participation in the jigger eradication campaign in Mathioya District, Murangá County. Third, to establish the kind of perceptions Mathioya residents have towards jigger infestation, and fourth is to establish in what ways the celebrity identified with the participants.

Discussions

Outcomes experienced after being exposed to the anti-jigger campaigns.

The first objective sought to establish the outcomes experienced after being exposed to the anti-jigger campaigns. Various outcomes were experienced by the participants after being exposed to the anti-jigger campaigns as follows. They are noted here as relief from pain, relief from stigma to a situation of confidence and a turnaround in the lives of the participants.

Relief from pain.

Pain in HBM is captured in the construct of perceived severity whereby a person, according to Janz and Becker (1984) will not take action until he/she feels threatened by serious repercussions like serious pain. In this study, the pain experienced in their feet was found to be great and affecting the lifestyles. It affected their walking and their sleeping, they

could also not play as their peers. The participants expressed relief from pain as making them feel more comfortable and sleep better during the night. They could also play with other children as witnessed during the sporting activities during the campaign. Other studies such as Ruttoh et al (2012) saw relief from pain as a booster to what was a source of impediments such as movement. This study found out that the participants found a new kind of freedom after the campaigns.

Relief from stigma.

Stigmatisation ranged from insults by peers and family, being laughed at because of deformed feet, segregation during play, discrimination even in class and at home and in sharing of items such as food to even being considered bewitched. Kimotho (2014) while discussing stigma on jigger-infested individuals talked of self-isolated individuals and those who are isolated by others. This data established that participants were either isolated by their peers or by self due to low self-esteem that they experienced. According to Githinji (2009), combating stigma and discrimination against people who are infected or affected is very important in the process of preventing a pandemic. Some of the activities that the celebrity conducted in the campaign went way ahead in helping the participants to combat stigma. Activities such as sports gave them a chance to show not only their prowess but also that they were free from jiggers. There were also other areas of change particularly in relation to friends and peers who they had overcome the issue of being stigmatized. This is in agreement Copra and Ford (2005) who found out that stigma was one target of health campaigns, which when used as a strategy has gone a long way in overcoming the problem. After the campaigns, the participants accepted themselves and were no longer embarrassed because of who they were before they participating in the anti-jigger campaign.

Shift from ignorance.

Another outcome this study established was a complete shift from ignorance to a point of knowledge. This was achieved through the messages designed and delivered by the campaign team through the celebrity. This shift was shared by the participants and the community at large, such that there was an element of acceptance of the participants by the community and peers. This is supported by Ohanion (1990) that the source which is perceived to possess expertise because it is knowledgeable is seen as trustworthy. This researcher feels that the shift from a point of ignorance to a point of knowledge in the issue of jiggers could have been drawn from the celebrity's whom the participants view as exhibiting knowledge in the topic.

Knowledge moves people from ignorance. Studies such as Kalugendo (2001) portray campaigns as important in creating awareness and whetting the need to do something about a health situation. So with awareness comes knowledge and knowledge helps to overcome ignorance.

From the researcher's observation during the Focus Group discussions, the hate for the jigger condition and the fact that help had come their way and was affordable was a good thing. Then the fact that they were able to identify with the campaign ambassador and the recommendations she prescribed were easy to do all made it possible for the campaign to achieve these outcomes.

Specific celebrity attributes that affect the respondents' participation in the campaign.

The second objective sought to identify the specific celebrity attributes that affected participation in the anti-jigger campaign in Mathioya Sub-county of Murangá County. As far as the attributes are concerned, the celebrity was seen as beautiful, healthy looking, a happy

person, with small body, tall, wearing make-up. She was seen as having a nice body shape which made her seem as a white person who in the region is deemed beautiful. It appears that these are major attributes which have also been found to be useful by other scholars, (Till & Shrimp, 1998; Solomon, 2002). The celebrity's beauty made her attractive especially to the girls who admired her and wished to look like her. This is probably because as girls they could see a possibility of imitating her on growing up and according to Friedman and Friedman (1979), people want to imitate and adopt the position of messengers they admire or can identify with.

But this study finds other important attributes that go beyond the physical attributes of beauty as described by the participants. Erdogan (1999) agrees that attractiveness goes beyond physical beauty. The participants were also impressed by her human values which may hinge on spiritual values. She was seen as somebody who is loving and kindhearted person who was out to help the participants. She was also trusted because she lacked self interest an attribute according to Thomson (2008) seen as important especially for low interest groups. This even made them marvel, "how can a beauty like her wash their feet and remove their jiggers?" Though far-fetched, they likened her attributes to those of Jesus. These thoughts towards her contributed towards their decision to participate in the campaigns. While most celebrities will endorse products because of the money that come with such huge contracts, some, according to Manuel (2010), and Tsaliki, Frangonikolopoulos (2011) will endorse social issues to raise their profiles. Even as Ms. Mwangi's reasons to endorse this campaign are unknown, the participants feel that she is too kind to be the one to do it. To them, the fact that she did it was good enough and a motivation to join the campaign.

Another celebrity factor that appealed to the participants was that she also seemed like an expert in the topic in the issue of jigger infestation. According to Ohanion (1990) expertise

breeds source credibility and expertise boarders relevance to the communication topic and whether one can be trusted to give an objective opinion on the topic. The researcher felt that the celebrity had high levels of positive characteristics that affected the participants' acceptance of her message. This led to the positive changes they experienced from the dreaded jigger condition.

Perceptions of the participants towards the health issue of jigger infestation.

The third objective sought to establish the kind of perceptions Mathioya residents have towards jigger infestation. The participants who were children between the ages of 12 to 14 years are young but not too young to understand and reflect on the attitudes, the perceptions and the outcomes of the campaign they got involved in. One of the notable perceptions in the study was severity of the problem. In a Karachi study, Khowaja, Khan, Nizan, and Zaidi (2012), the misperceptions concerning disease susceptibility, severity and efficacy and concerns about safety led to the failure of the children to participate in polio vaccines. Contrary to where the participants in this study were of the view that having jiggers is a severe condition to which they felt they were susceptible. As for severity, the participants' feelings were that jiggers brought about general discomfort, pain and itchiness that deterred them from concentrating on their studies or sleeping comfortably at night. They felt that having jiggers was an embarrassment in itself. People with jiggers are followed by houseflies all over and the disfigured feet can't fit shoes. According to Janz and Becker (1984), perceived severity is the subjective feelings of the seriousness of the problem. It includes social stigmatisation, disability caused by the condition to an extent that the participants are deprived of their freedom, continued pain and even death. If people think that a disease or a problem is serious or annoying, they take action to prevent it.

The other notable perception is perceived benefits in taking part in the campaign. The HBM theorises that in order for outcomes to occur the person must believe in the positive direction it would bring. This study identified change in lifestyle, from the life of dirtiness to life of cleanliness. The participants started to use soap provided during the campaigns, they moved from walking bare feet to wearing shoes, from sleepless nights to comfort at nights. This reflected the efficacy experienced by the participants during and after the campaigns.

In general, the HBM's constructs, the general concerns about the jigger condition, the vulnerability of the participants to jigger infestation, the general severity of the jigger condition and the social implications brought about by the conditions as well as the efficacy of the medication as prescribed by the celerity are at play in this study.

Ways that the celebrity identified with the participants.

The fourth objective sought to establish ways in which the celebrity identified with the participants. The study established that the celebrity identified with the participants in two major ways: physically and emotionally.

Physically, the celebrity participated in washing of the participants' feet, removal of jiggers and application of medicine on the affected areas. She was also involved in sporting activities and giving talks on hygiene. She demonstrated herself as detached from the glamour associated with celebrity status by mingling with them and, for example, sharing in activities such as sports that were close to who they had always wanted to do as children. According to Burke (1969), when one individual shares the interest of another individual, the other individual may be convinced of his positive intentions. It is a way of a person saying, "Look, I am like you" or "I have same interests as you". It is, according to Kellman (1961), a process of persuasion. This gave the participants a sense of belonging. According to Peters

(1993), the sense of belonging of participants can increase their sense of cohesiveness and hence help them to feel safe to share information.

Emotionally, the study also found that most participants could remember what was recommended to them to keep off jiggers such as washing their clothes more frequently, wearing shoes all the time, not to sleep with domestic animals like goats, dogs and cats in the same house where they sleep, bathing daily, washing their feet thoroughly, applying medication immediately after bathing, observing environmental hygiene, buying and using medicated soap, and concentrating on their education. This remembrance could be due to the fact that the participants could already identify with her. This identification with a celebrity according to Hayward, Rindova, and Pullock (2004), may be due to two characteristics of the celebrity: the ability to attract many people, and the ability to elicit positive emotional response. Being Miss Kenya, 2005 and her profile having been on various media channels could make the celebrity attractive with the participants. Identification in this study also came in the sense of commonality and a feeling of shared values with the celebrity especially when she talked of a onetime experience with the jigger problem. This, together with the fact that she took part in the sporting activities between the teams of jiggered participants brought them to a situation they would compare their life experiences with hers. This gave them hope to overcome their difficult circumstances. Participants also indicated that they valued the personal qualities they identified in the celebrity as she attended to them. These included kindness, love, generosity, compassion and knowledge. They felt she appreciated them as individuals despite their predicament.

Apart from identifying with the children, the study established that the celebrity also engaged the rest of the community through the parents and guardians of the participants. This

was done through her messages as she addressed them on environmental hygiene and her donations of such farm items as jembes (digging hoes) and wheelbarrows.

Conclusions

This study has established that the anti-jigger campaign in Mathioya District, Murangá County brought forth certain outcomes which were a change from the problems that the participants experienced in the jigger condition. For example there was a shift from pain which was physical and emotional to relief and a more comfortable life. There was also a shift from stigma to acceptance, embarrassment to self acceptance and from ignorance to a point of knowledge. The participants were therefore able to experience a better life.

The study identified the positive celebrity attributes which motivated the participants to participate in the campaign. Such attributes were source attractiveness which includes her external appearance such as beauty and also her human values. Source credibility which includes knowledge of the issue and expertise in the same was identified. Then finally, trustworthiness which brings about believability. These positive attributes appear to have become important cues for the participants to transform after the campaigns from a life of jigger infestation to jiggerless life of possibilities.

The study established that the perceptions as provided through the Health Belief Model which guided the outcomes of the study. The study for example established that perceived susceptibility, perceived severity of the jigger problem were high. The participants felt threatened by the jigger condition and could see how serious it had affected their lives. Low perceived barriers and high perceived benefits fitted well in this campaign. They did not see any barriers or reasons why they could not carry out the recommended actions because they were within their reach. Medication for example was free and was within their

reach either in school or at the shopping centres nearby. The celebrity cues to action as provided by the celebrity motivated the participation while self-efficacy or the ability to do all those recommendations given by the celebrity since they were easy to do and also not costly. This favored the participants.

The study found out the various ways in which the celebrity identified with the participants which was an important way to give tools to motivate the participants to take part in the campaign. These ways were both physical and emotional. Physically for example, she engaged them in sports, washing of feet, provision of required materials like medication and shoes. She emotionally left a mark in their lives by coming to their level to help them. Through various activities she was able to bridge the gap which would have otherwise made the campaign unsuccessful.

Recommendations

1. To the Campaign planners

Campaign planners would do well to follow the example given by Ahadi Kenya Trust of using a celebrity in a campaign targeted to improve public health. Such a celebrity should possess relevant attributes which would fit in a particular a particular campaign, for example, ability to fit well with the cause of the people.

2. Ministry of Health

The Ministry of Health should make use of some of the strategies in organizing health campaigns across the counties and in the sub-counties.

3. Further research

Future studies on similar should seek to include parents and other family members of those affected by jiggers.

Besides using focus group discussions, other instruments such as interviews and questionnaires could also be used to ensure in depth and varied aspects of data.

A study could be carried out covering a diversity of areas in the county that have jigger infestations and where similar campaigns are carried out.

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DAYSTAR UNIVERSITY

APPENDICES

APPENDIX 1: MODERATOR'S GUIDE

1. What year did you take part in the campaign?
2. What are the things that Ms Cecilia did when she came to your school as part of the campaign?
3. Think back and tell me the things you enjoyed most in the campaign?
4. Tell me about Ms Cecelia Mwangi? When you looked at her what did you see/think?
5. Did what you thought about her make you want to be involved more in the campaign?
6. What do you think brings jiggers?
7. Do you see jiggers as a bad condition?
8. When you had jiggers, how did other children treat you? Do they still treat you the same?
9. Do you think that your life is different after you got involved in this campaign? How?
10. What are some of the things that Ms Cecilia said that you must do to keep off jiggers?
11. Are you able to continue doing these things? Are they easy? Or hard?
12. What else do you want to tell me about that campaign?

APPENDIX 2: MODERATOR'S GUIDE TRANSLATION INTO KIKUYU LANGUAGE

1. Wari thiini wa campaign ino mwaka uriku?
2. Ni maundu mariku Cecilia ekire oka guku cukuru kwanyu gwika campaign ino?
3. Tawicirie unjire maundu maria magukenirie muno
4. Tanjira uhoru wa Cecilia? Wamurora wonire ahana atia/ wamuiciririe atia?
5. Maundu maria wecirire iguru riake nimatumire wende kuingirana na campaign ino?
6. Wonaga tari kii kirehaga ndutu?
7. Ni ukuona ta kurio ni ndutu ari uuru?
8. Hindi iyo wari na ndutu-ri, cina icio ingi ciagukuaga atia? Magukuaga atia kuma wahona?
9. Niukuona ta muturire waku wacenjirie waingirana na campaign ino? Ucenjetie atia?
10. Cecilia oigire mwike maundu ta mariku niguu mwitheme kurio ni ndutu?
11. Niuhotaga gwika maundu macio? Ni mahuthu kana ni maritu?
12. Ni atia ungi ungienda kunjira wigii campaign ino?

APPENDIX 3: CONSENT FORM

My name is Jane Mumbi. I am a postgraduate student at Daystar University. One requirement for earning my Master's degree is to do a research project. The purpose of my research project is to evaluate the outcomes of the anti-jigger campaigns involving a celebrity in which your son/daughter took part. I am asking your permission for your child to participate in this project. I also will ask your child if s/he agrees to participate in this project.

I Promise to keep all the data collected from your child confidential and not to expose the details concerning the child. If you have any questions about this project, please contact me, Jane Mumbi on telephone number 0722 754 995.

If you consent for your child to participate in this project, please sign the following signature portion of this consent form and let the child return it to the head teacher of their school.

.....

I give permission for my child to participate in the research project entitled, 'The effects of celebrity endorsements on participants in health communication campaigns: A case of the anti-jigger campaign in Mathioya, Murang'a County.' I understand that, there are no direct benefits to my child for participating in this research project.

Name of Child: _____

Name of Parent/Guardian _____

Parent/Guardian's Signature: _____

Date: _____

APPENDIX 4



27th February 2014

National Council for Science and Technology
PO Box 30623 – 00100
Nairobi

Dear Sir/Madam,

RE: JANE WANGARI MUMBI: STUDENT No. 08-1903

The above-named is a fully registered student in the School of Communication, Language and Performing Arts at Daystar University. She has completed her course work towards a Master's degree in Communication. She is now working on the research for the thesis. Jane's thesis topic is *'The Outcomes of Celebrity Endorsement on Participants in Health Communication Campaigns: A Case of Anti-jigger campaign in Mathioya District.'*

The purpose of my writing is to request that you give Jane any necessary assistance to enable her to complete this important academic exercise. We assure you that any information collected will be used strictly for academic purposes and will remain absolutely confidential. Upon completion of the research, Jane's thesis will be available at our library.

We appreciate your support for our student towards the successful completion of her thesis research. Should you require further information, please do not hesitate to contact me.

Yours Faithfully,

A handwritten signature in black ink, appearing to read "Clayton Peel", written over a horizontal line.

Clayton Peel,
Thesis Co-ordinator
School of Communication, Language and Performing Arts

APPENDIX 5: PERMIT


THIS IS TO CERTIFY THAT:
MS. JANE WANGARI MUMBI
of DAYSTAR UNIVERSITY, 0-100
Nairobi, has been permitted to conduct
research in Muranga County

on the topic: THE OUTCOMES OF
CELEBRITY ENDORSEMENTS ON
PARTICIPANTS IN HEALTH
COMMUNICATION CAMPAIGNS: A CASE
OF ANTI JIGGER CAMPAIGN IN
MATHIOYA DISTRICT.

for the period ending:
30th April, 2014

.....
Applicant's
Signature

Permit No : NACOSTI/P/14/2487/958
Date Of Issue : 13th March, 2014
Fee Received : ksh 1,000.00


Secretary
National Commission for Science,
Technology & Innovation

DAYSTAR UNIVERSITY

APPENDIX 4: PERMIT .Pg2

CONDITIONS

1. You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit
2. Government Officers will not be interviewed without prior appointment.
3. No questionnaire will be used unless it has been approved.
4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.
5. You are required to submit at least two(2) hard copies and one(1) soft copy of your final report.
6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice.

REPUBLIC OF KENYA

NACOSTI

National Commission for Science, Technology and Innovation

RESEARCH CLEARANCE PERMIT

Serial No. A 1227

CONDITIONS: see back page

DAYSTAR UNIVERSITY

APPENDIX 5: RESEARCH AUTHORIZATION LETTER 2

**NATIONAL COMMISSION FOR SCIENCE,
TECHNOLOGY AND INNOVATION**

Telephone: +254-20-2213471,
2241349, 310571, 2219420
Fax: +254-20-318245, 318249
Email: secretary@nacosti.go.ke
Website: www.nacosti.go.ke
When replying please quote

9th Floor, Utalii House
Uhuru Highway
P.O. Box 30623-00100
NAIROBI-KENYA

Ref: No.

Date:

13th March, 2014

NACOSTI/P/14/2487/958

Jane Wangari Mumbi
Daystar University
P.O.Box 44400-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on "*The outcomes of celebrity endorsements on participants in Health Communication Campaigns: A case of Anti Jigger Campaign in Mathiyo District.*" I am pleased to inform you that you have been authorized to undertake research in **Murang'a County** for a period ending **30th April, 2014**.

You are advised to report to **the County Commissioner and the County Director of Education, Murang'a County** before embarking on the research project.

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

DR. M. K. RUGUT, PhD, HSC.
FOR: SECRETARY/CEO

Copy to:

The County Commissioner
The County Director of Education
Murang'a County.

National Commission for Science, Technology and Innovation is ISO 9001:2008 Certified

APPENDIX 6: PERMIT FROM MURANGA COUNTY

MURANG'A COUNTY GOVERNMENT

ALL CORRERSPONDENCE
TO BE ADDRESSED TO
THE COUNTY SECRETARY



County Hall P.O Box 52-10200
Murang'a Kenya
Telephone 060-2030271
Fax: 060-2030745
Email: muranga_county@yahoo.com

Our Ref:

1st March, 2014

TO WHOM MAY CONCERN**RE: AUTHORIZATION TO CARRY OUT RESEARCH IN MURANG'A COUNTY**

Following her request, we are hereby authorizing M/S Jane Mumbi to carry out research in Mathioya, Murang'a County titled;

"The outcomes of celebrity endorsement of health communication campaigns"- a case of the anti-jigger campaigns in Mathioya, Murang'a County. The area of research is Gitugi zone covering the following primary schools: Chuui, Gitugi, Kanjahi, Karung'e among others.

We hope she will share with us the research findings for our necessary interventions.

HON. DAVID WAKABA WAWERU
CEM – EDUCATION, ICT & TOURISM