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# Songs of an epidemic

- responding to HIV/AIDS through song, poetry  
and drama in Nakuru, Kenya.

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## ABSTRACT

This study examines the use of songs, poems and drama to raise awareness of, and respond to the HIV/AIDS epidemic in Nakuru, Kenya. The primary focus is that of youth-oriented interventions, but additional examples are also examined and analyzed. A qualitative approach is used and the study is based on semi-structured interviews with teachers, performers, students, NGO-representatives and former students conducted during four weeks in November and December 2012. Additionally, songs, poems and dramas have been collected and observed and finally analyzed using a theoretical framework that combines the Health Belief Model, the Social Cognitive Theory as well as principles of the research discipline of Medical Ethnomusicology. The study shows that songs, poems and drama are important methods to communicate messages and play an important role in shaping the local HIV/AIDS discourse. Due to its effectiveness, it is vital that the messages promoted are culturally appropriate as well as correct since the study shows that false information through these methods can hamper a desired behavior change.

**Keywords:** *Health Belief Model, Social Cognitive Theory, Medical Ethnomusicology, HIV/AIDS, Nakuru, Kenya*

## SAMMANFATTNING

Denna studie undersöker användandet av sång, poesi och drama som metoder för att öka medvetenheten om, samt som en reaktion på, HIV/AIDS-epidemin i Nakuru, Kenya. Det främsta fokuset är på interventioner som riktar sig mot unga, men även andra exempel undersöks och analyseras. En kvalitativ metod har använts i form av semi-strukturerade intervjuer med lärare, artister, elever, representanter för NGOs och före detta elever under fyra veckor i november och december 2012. Dessutom har sånger, poesi och dramman samlats in, observerats och till slut analyserats med hjälp av ett teoretiskt ramverk som kombinerar "the Health Belief Model", "the Social Cognitive Theory", samt principer från forskningsdisciplinen "Medical Ethnomusicology". Studien visar att sånger, poesi och drama är viktiga metoder för att kommunicera budskap och spelar en viktig roll i att forma den lokala HIV/AIDS-diskursen. På grund av dess effektivitet så är det viktigt att dessa budskap är "kulturellt lämpliga" samt korrekta, eftersom studien visar att felaktig information genom dessa metoder kan hämma önskad beteendeförändring.

**Nyckelord:** *Health Belief Model, Social Cognitive Theory, Medical Ethnomusicology, HIV/AIDS, Nakuru, Kenya*

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I was inspired by the kids' talent and smiling faces every time I walked through the slums and visited the children's home. It also reminded to do my very best in producing a thesis that will benefit them in some way. That has been my aim and hope throughout the entire process and I am truly grateful to the children for providing this inspiration.

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Elias Rådelius

Stockholm, January 14, 2013.

## ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ARVs	Anti-retroviral drugs
CBO	Community-Based Organizations
FBO	Faith-Based Organization
HBM	Health Belief Model
HIV	Human Immunodeficiency Virus
KANCO	Kenyan AIDS NGO Consortium
KNASP	Kenya National AIDS Strategic Plan
LDK	Learning and Development Kenya
MDG6	Millennium Development Goal 6
ME	Medical Ethnomusicology
NGO	Non-Governmental Organization
SCT	Social Cognitive Theory
STD	Sexually Transmitted Disease
VCT	Voluntary Counseling and Testing
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNICEF	United Nations Children's Fund

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# 1. INTRODUCTION

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*The following chapter is an introduction to the background and context of this study on a global and local scale, the purpose of the study, along with the research questions set out to be answered.*

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The global HIV/AIDS epidemic has dramatically changed our world and has been deemed as the greatest world disaster to human health (Collins, 2009). Despite the severe state of the epidemic, projections are looking brighter and there are many success stories of decreasing incidence rates of HIV/AIDS throughout the world (UNAIDS, 2012, p. 3). Apart from the Millennium Development Goal number 6 (MDG6) of halting the incidence rate (United Nations, 2012), what remains are the impacts of HIV/AIDS in the lives of many young Africans. In sub-Saharan Africa alone an estimated 14.9 million children under 18 have been orphaned due to HIV/AIDS (UNICEF, 2011). Furthermore, the natural age distribution in many countries has been dramatically shifted (UNAIDS, 2010). The epidemic has struck hard in Kenya with about 1.6 million people (of the total population of 40 million) living with HIV, ranking Kenya as number four globally (UNAIDS, 2012). Between 2001 and 2007 the number of children aged 16 years and under who had lost at least one parent to AIDS in Kenya almost doubled from 870 000 to 1 400 000 (WHO, 2008).

With a significant part of a generation lost to the disease, it affects the entire society as education, the welfare system, general health and socio-economic development is hampered. As a result, many children grow up as orphans and are also sometimes infected with the virus from birth and thus further exposed to other diseases. Since there is no vaccine available for the virus the most effective way to decrease the level of incidence is a change in behavior through awareness of how the virus is transmitted (Frölich & Vazquez-Alvarez, 2010). This remains a great challenge in Kenya where only 48% of women and 50% of men (age 15-24) possess comprehensive knowledge<sup>1</sup> about HIV/AIDS (United Nations, 2012)<sup>2</sup>.

There are a wide range of intervention initiatives that aim to educate and raise awareness of HIV as well as decrease the stigma and alienation of children infected or directly affected by HIV/AIDS.

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<sup>1</sup> UNICEF (UNICEF, 2010) defines comprehensive knowledge of HIV/AIDS as someone who is able to identify the two major ways to prevent sexual transmission (condom use and faithfulness), to reject the two most common misconceptions about HIV transmission, and to know that someone who looks healthy still can transmit HIV.

<sup>2</sup> In fact, Kenya scores fairly well compared to the most recent studies covering a number of low- and middle income countries that reveal even poorer results where only 24% of young women and 36% of young men could answer correctly on five basic questions about how HIV is transmitted (UNAIDS, 2012).

Effectively communicating disease prevention and awareness of HIV/AIDS to orphans at all stages of their childhood is essential in order to change and sustain an HIV/AIDS-avoiding behavior. Even though the ways to avoid HIV/AIDS are known, young people aged 15–24 accounted for 41% of new HIV infections in the population aged 15 and older in 2009 (UNICEF, 2011, p. 1). The Kenya National AIDS Strategic Plan (KNASP) II is lacking a specific strategy targeting children but instead bundles all ages from 0-24 as “youth”, thus failing to recognize the contrasting differences in challenges that faces children and young adults (Kenya National AIDS Control Council, 2009).<sup>3</sup> At the same time, UNICEF (2011) calls for interventions that target youth to be continuous and reflected in both the planning and implementation of national strategies. HIV/AIDS orphans, whether or not seropositive, are further subjected to stigma in the community as well as school settings (Kamau, 2012) and suffer from psychosocial problems at a larger extent than non-orphans (Puffer, et al., 2012). Two of the biggest obstacles to HIV prevention are that of hopelessness and powerlessness. Involving children in the intervention is vital to provide psychological and social support to their peers as well as building self-esteem and a hope for the future (UNICEF, 2004, p. 24). Ultimately, it is a child’s right to possess meaningful participation in the program planning and implementation, thus increasing program effectiveness (UNICEF, 2004, p. 9).

Songs, drama and poems are often implemented in disease prevention programs to effectively communicate various messages of HIV/AIDS and there are indications of this success in various parts of Africa. The success story of Uganda shows evidence of extensive use of music, poems and dance to increase awareness and behavior change in the communities. Some initiatives come from women’s groups that perform songs, dances and poems about the importance of getting tested for HIV and to change behavior (Barz, 2006). Additionally, there are many documented beneficial effects of using songs and music as elements in communicating messages about health issues (Norton & Mutonyi, 2007; Bingley, 2011; Panter-Brick, et al., 2006). Apart from the basic facts and HIV-related behavior encouraged by the songs, they also function as therapy for those that suffer from the disease because “/.../even if they are in pain they will get some life back if there is music.” (Barz, 2006, p. 59)

## 1.1 PROBLEM STATEMENT

Concerning the potential of using music and songs to shape the HIV/AIDS discourse in Tanzania, Bastien (2009) states: “Failure to recognize the importance of oral traditions in Africa and the potential of music and song for stimulating social and behavior change would represent a missed opportunity in

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<sup>3</sup> According to the KNASP II, the key messages targeted at youth has been that of abstinence but empirical evidence is lacking on whether the youth adopts the desired behavior change (Kenya National AIDS Control Council, 2009, p. 44).



HIV prevention strategies” (p. 1357). Surveys conducted by Bennell *et al.* (2002) in Uganda, Botswana and Malawi highlights the comparative success of Ugandan youth in making important changes in their sexual behavior (p. i) and Norton & Mutonyi (2007) traces part of the success in Uganda to the use of HIV/AIDS clubs as peer education in schools. These clubs incorporates elements of song, drama, poems and popular culture to reach out and educate their peers and the community on issues of HIV/AIDS (p. 486). Bennell’s (2002) survey also revealed that the students of Malawi and Botswana were “particularly unhappy about the lack of opportunity to participate in their own HIV/AIDS education” (p.36). Piot, et al., (2008) argues that it is vital to start with young people in order to sustainably change the course of the pandemic. With the success story of Uganda in increasing HIV/AIDS awareness through utilizing peer education and participatory elements of music, drama and poems it is relevant to increase knowledge of similar initiatives in other countries and the messages, attitudes and behavior they propagate.

### 1.3 PURPOSE

The purpose of this case study is to examine the use of music, poems and drama in HIV/AIDS-intervention strategies targeting youth in Nakuru, Kenya. The specific aim is to examine and describe the messages, attitudes and behaviors being encouraged/discouraged through these methods and how they can be understood through theories of behavior change (the Health Belief Model and Social Cognitive Theory) and the research discipline of Medical Ethnomusicology.

### 1.4 RESEARCH QUESTIONS

- How are music, drama and poems integrated in HIV/AIDS programs aimed at youth in Nakuru, Kenya?
- What are the main messages in these methods?
  - What challenges do they attempt to address?
  - What are the behaviors, attitudes and norms that are promoted?
- What are the benefits and potential risks of using these methods in this area?

### 1.5 LIMITATIONS

Norton & Hutonyi (2007) concludes that it is difficult to attribute the abovementioned success in Uganda solely to the HIV/AIDS clubs. They also note that even though the methods used by HIV/AIDS

clubs are effective in raising awareness it is difficult to pinpoint these elements to a change in behavior (p. 490). Consequently, this study will make no attempt to draw the causal relationship between the use of these elements and persistent behavior change. The aim is to only describe the form and types of the HIV-related messages being communicated.

## 2. THEORETICAL FRAMEWORK

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*This chapter presents the theoretical framework that is used to understand and analyze the findings in this study. Each theory is presented separately to ultimately be unified with the discipline of Medical Ethnomusicology to provide a holistic theoretical framework.*

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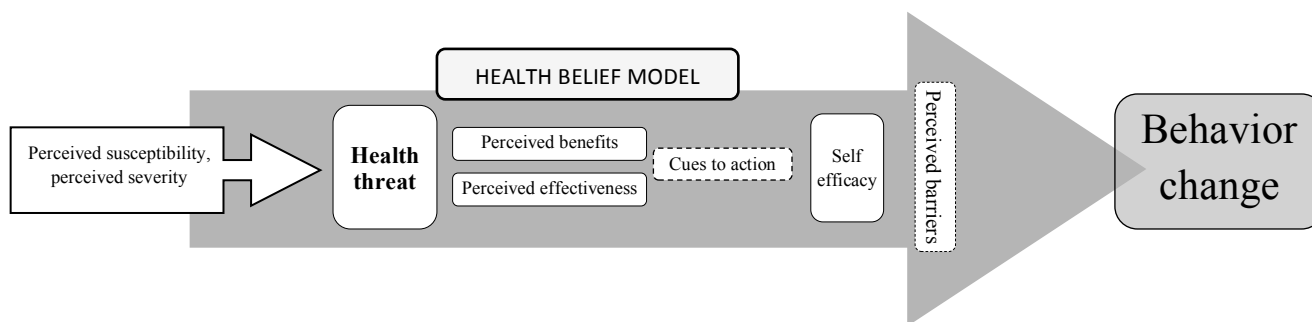
### 2.1 BEHAVIOR CHANGE THEORIES

There are numerous theories of behavior change and communication that have been developed over time to help design, plan and implement strategies to achieve a desired health impact. Effectively using these theories when planning, implementing and evaluating an intervention can be pictured as a skilled artist using them as colors on a palette, and creatively painting an intervention (Glanz & Rimer, 2005, pp. 4-5). This thesis will include a combination of two established behavior change theories: the Health Belief Model (HBM) and the Social Cognitive Theory (SCT) while coloring them with the brush of Medical Ethnomusicology and ideas of culturally compelling interventions. This will allow us to better understand the role of song, poems and drama as a means to raise awareness of HIV/AIDS in the light of theoretical concepts. Each behavior change theory has different strengths and by combining both the HBM and SCT it is possible to get a more complete picture of the variables and concepts that affect behavior change.

#### 2.1.1 HEALTH BELIEF MODEL

The HBM was developed by U.S. psychologists during the 1950's to explain the lack of interest from the target group to prevent and detect disease. One example was free chest X-ray screening for tuberculosis that very few showed interest in despite the fact that it was offered at convenient locations and free of charge. This sparked the research about what motivates people to participate in health intervention programs and would later result in the HBM (Glanz & Rimer, 2005).

In short, the HBM can be explained as follows: in order to adopt a desired health behavior individuals must consider themselves susceptible to a certain condition; regard the potential consequences of acquiring the condition as severe; be convinced that an action that is available to them will be beneficial, reduce either their susceptibility to, or help them avoid, the condition, and finally; believe that the benefits of the course of action at their disposal outweighs the barriers (or cost) to do so (Glanz, et al., 2008). Figure 1 (see below) demonstrates this relationship in the process towards an individual's behavior change.



**Figure 1:** The Health Belief Model. This model is based on the HBM as presented in Glanz & Rimer (2005), Redding *et al* (2000) and Glanz *et al* (2008)

According to Glanz & Rimer (2005), there are four main constructs derive the HBM: *perceived susceptibility*, *perceived severity*, *perceived benefits* and *perceived barriers*. To achieve successful behavior change each of these constructs are necessary. *Perceived susceptibility* is the belief that a person has about the chances of contracting a certain condition. Thus, the first step is to convince the target group of the risk (Glanz & Rimer, 2005). In the case of HIV/AIDS in Kenya, heterosexual transmission is the most prominent mode of transmission, but many married couples may not view themselves as susceptible since they are married and assume they have no reason to think the partner is unfaithful (Kenya National AIDS Control Council, 2009, p. iii). The next step for the person at risk is how they relate to the *perceived severity* of contracting the condition. The consequences that can affect this notion can be of medical/clinical nature (i.e. pain, disability or death) or of social nature (effects on the ability to work, social relations, status and family life). The two abovementioned constructs can be combined and labeled a *perceived health threat*.

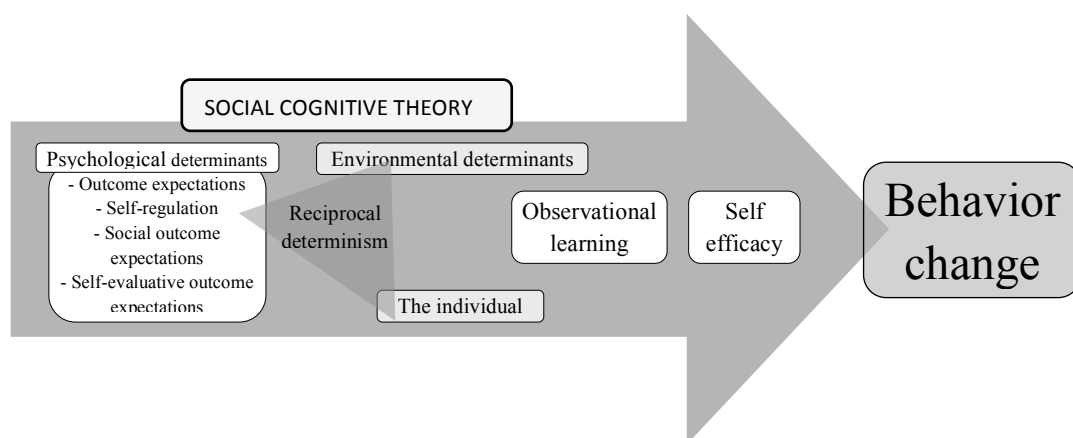
The *perceived benefits* of adopting a certain health behavior to avoid, or reduce, the perceived *threat*, influence whether or not health behavior change is achieved (Glanz, et al., 2008, p. 47; Redding, et al., 2000). Redding *et al.* (2000) label this construct as *perceived effectiveness* and explain that it “/.../requires the belief that the precautionary behavior effectively prevents the condition” (p. 181). Despite being convinced of the benefits of taking action to avoid a condition the person at risk might be hindered by *perceived barriers*. The required action might be expensive, have side-effects, be time-consuming, inconvenient or unpleasant and thus, the force of the health threat, combined with the perceived benefits, minus barriers, determines the course of action (Glanz, et al., 2008).

In addition to these four main constructs, another two constructs has been argued to affect health behavior. *Cues to action* is an external or internal stimuli that triggers the individual to engage in a health behavior (Redding, et al., 2000). A cue can be a sneeze, someone in the family falling ill, media

publicity on a topic or a barely conscious perception of a poster that trigger the action<sup>4</sup> (Glanz, et al., 2008). *Self-efficacy* concerns the individual's perception of ability to successfully execute the behavior that is required and overcome the barriers in order to produce the desired outcomes. Even if the health threat and the benefits of taking action are well perceived a change of behavior is difficult to achieve without the perception of one's self-efficacy to do so. The HBM also realizes that variables such as demographic, socio-psychological, educational and structural have indirect effect on behavior (Glanz, et al., 2008, p. 50) and these factors will be further incorporated using another theory of behavior change (*see next section*). Weinstein (1993) argues that the limitations of individual health-behavior theories calls for utilizing them in combination with others and can then be promising in order to further understand health-related behaviors.

### 2.1.2 SOCIAL COGNITIVE THEORY

SCT (first known as *social learning theory*) expands the influential factors that affect a person's behavior and proposes an ongoing process and interplay between environmental/social factors, behavior and the individual, that forms the concept of *reciprocal determinism* (Glanz & Rimer, 2005). The theory recognizes the environmental factors that shape the individual behavior but highlights the individual's ability to construct and alter these factors to suit their purposes. Furthermore, the ability to interact with the environment and alter it allows for individuals to work together in organizations to achieve collective change that benefits an entire group (Glanz, et al., 2008). The main constructs involve a number of key concepts and a change in any of these concepts impacts the other and effectively the outcome (Redding, et al., 2000). The relationship between these constructs and concepts are demonstrated in figure 2 below.



**Figure 2:** The Social Cognitive Theory.

<sup>4</sup> According to Glanz *et. al* (Glanz, et al., 2008) the concept of cues is but theoretically formulated and no systematical studies have been conducted on them due to the difficulty of studying their often fleeting nature (p. 49).

These key concepts can be grouped into five categories, each requiring further explanation. The *psychological determinants of behavior* consist of a number of concepts. The main one is that of *outcome expectations* which Glanz *et al.*, (2008) defines as “/.../beliefs about the likelihood of various outcomes that might result from the behaviors that a person might choose to perform and the perceived value of those outcomes” (p. 172). The concept rests on the basic idea that people aim to maximize benefits and minimize the costs when determining what course of action to take. This can be manifested in the case of short-term benefits, but the SCT emphasizes the capacity of foresight that allows people to accept immediate high costs if it brings them closer to a visualized distant goal with greater benefits (Glanz, et al., 2008, p. 172). This is closely related to *self-regulation* where short-term negative outcomes become secondary to a more important long-term goal with an anticipated positive outcome (p. 174). The *social outcome expectations* relates to the social norms and influences of peers who evaluate a person’s behavior as well as the person’s proneness to be affected by their evaluation. *Self-evaluative outcome expectation* is also a social function but is based on the individual’s own feelings about performing a certain behavior or not. *Self-efficacy* is an important concept in SCT and refers to the conviction of an individual that he or she possesses the ability to perform a certain behavior in different situations. This concept is an important variable that mediates between attitudes, skills, knowledge, and behavior (Redding, et al., 2000). *Observational learning* is a concept where behavior change is motivated by observing someone else adopting a certain behavior. The success of achieving this motivation is dependent on an individual’s access to the message (or story of behavior change), ability to understand the message, self-efficacy to adopt the behavior and perception of the benefits (motivation) of doing so. In order to find the motivation and self-efficacy to adopt a new behavior, the SCT emphasizes the importance of “coping” models, who face and successfully overcome a struggle with the same barriers and challenges as the observer’s (Glanz, et al., 2008). *Environmental determinants of behavior* regard the influences of the environment on behavior. SCT’s states that these influences can be so strong that no amount of observational learning will lead to a behavior change if the environment of the observer does not support the behavior (Bandura, 2002, as cited in Glanz, et al., 2008).

## 2.2 ADDING DIMENSIONS OF MUSIC AND CULTURE

Both the HBM and the SCT will provide a framework for our understanding about behavior change in this thesis. Even though they touch upon the environmental factors such as culture, it is also essential to include relevant research that specifically points to the importance of cultural dimensions and community participation in health interventions. It is well known that behavior change is notoriously difficult to sustain and recent research highlights the importance of cultural aspects and community

involvement in intervention strategies (Panter-Brick, et al., 2006; Bingley, 2011; Bastien, 2009; Galavotti, et al., 2001). Panter-Brick, et al. (2006) stresses the importance of health interventions to not merely be culturally appropriate, but also *culturally compelling* in order to ultimately be effective. In order to achieve this goal the interventions need to be nestled into the social landscape of the community, build on existing local practices and be packaged in a compelling way that allows for community mobilization. Furthermore, the compelling element is vital as a trigger to propel the intention to change into actual behavior change (p. 2812). The conclusions are based on a study conducted in the Gambia that utilized local practices of songs and posters to motivate the women to fix the holes in their mosquito nets. The use of community-led songs acted as a culturally compelling medium that inspired and motivated health-seeking behaviors. In conclusion, they argue that focus must be put on both the content and the form of the health messages and that using song can be “/.../an effective and culturally compelling vehicle for moving behaviors from stated intention to collective action” (p. 2824). The argument for the power of music to be culturally engaging is supported by a study conducted by Bastien (2009) in Tanzania that emphasize how the narratives in the songs become “/.../deeply embedded in local experiences and interpretations of the AIDS epidemic/.../” (p.1360). The study was based on popular songs about HIV/AIDS that young people (age 13-18) repeatedly referred to in interviews. The analysis allowed for identification of local perceptions of the epidemic, from the origin of the disease, preventive measures, spread, stigma and discrimination that were reflected in the songs. Bastien’s (2009) study reveals how musicians and songs reflect these local perceptions and possibly contribute to shaping the AIDS discourse of the population. These studies collectively emphasize the power of cultural elements such as music to drive behavior, attitudes and to mobilize communities and individuals to action. A major review of HIV/AIDS interventions targeting youth in Sub-Saharan Africa stress the importance of consistent and correct information, delivered in an appropriate way, because there is no ‘magic bullet’-type of intervention (Speizer, et al., 2003; Piot, et al., 2009).

There is continually more research being conducted on the use of music, poems and drama in HIV/AIDS intervention strategies. There are examples in academia with a focus on either a mass education-entertainment level (Galavotti, et al., 2001; Vaughan, et al., 2000; Bertrand, et al., 2006), HIV/AIDS discourse in popular culture (Bastien, 2009; Chitando & Chitando, 2008), descriptive and experimental research of peer-education in AIDS clubs and school-based interventions (Norton & Mutonyi, 2007; Gallant & Maticka-Tyndale, 2004; Maticka-Tyndale & Penwell Barnett, 2010) or the different approach of Medical Ethnomusicology in Uganda (Barz, 2006). Despite this, there seems to be a lack of studies that investigate existing initiatives from a theoretical perspective of behavior change.

## 2.3 MEDICAL ETHNOMUSICOLOGY

The cultural aspects of music, poems and drama can also be taken one step further by identifying additional benefits above community participation and behavior change intended for intervention strategies. A new field of research, called Medical Ethnomusicology (ME) is fundamentally interdisciplinary and can be found at the intersection between culture, music and healing (Bingley, 2011, p. 61). ME was first formulated by Barz in 2002 to inspire further studies in the field of ethnomusicology that he defines as something that “/.../directly relates to issues of disease, suffering, bereavement, health care, and related topics” (Barz, 2002 as cited in Barz, 2006). With the lack of a unified theory, Barz adopts the definition of medical anthropology, which is a closely related discipline:

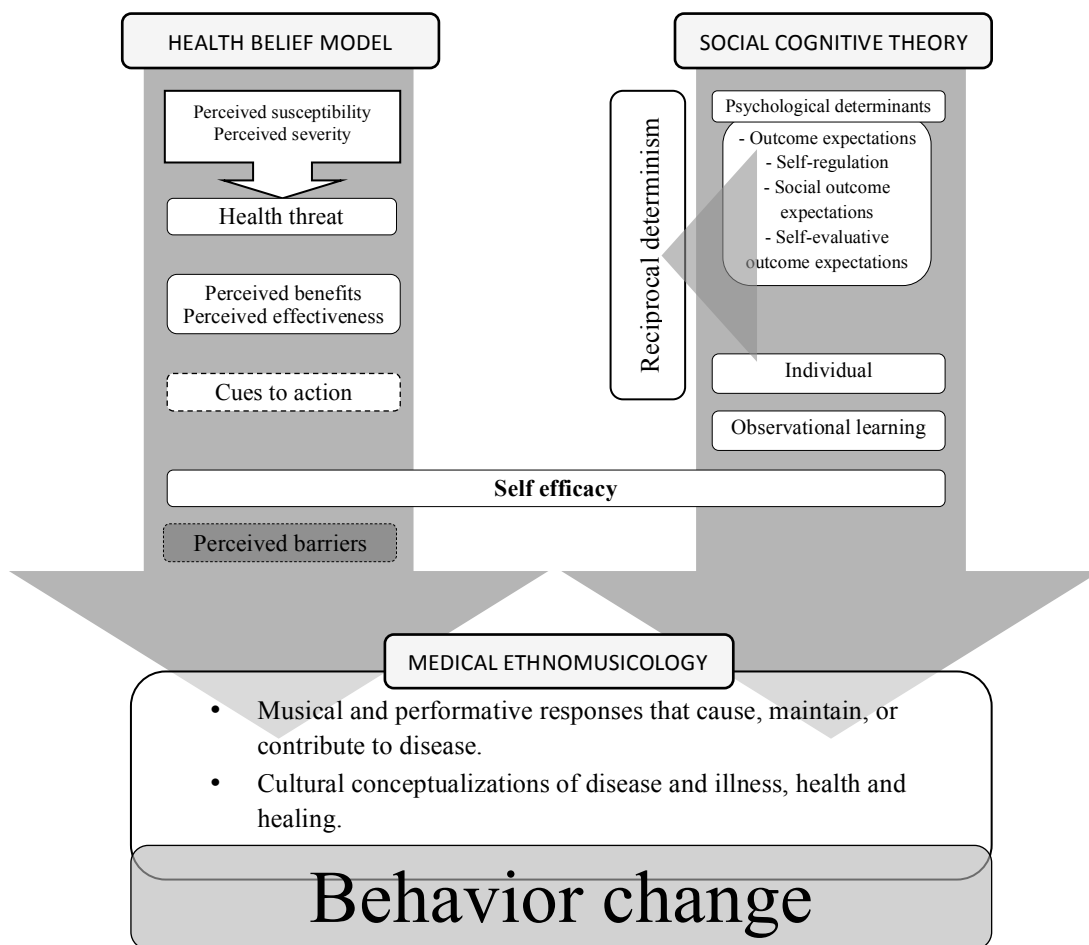
Medical ethnomusicology can be briefly defined as a branch of research grafted onto ethnomusicology and biomedical studies that focuses on factors that cause, maintain, or contribute to disease, illness, or other health-related issues, and the complementary, alternative or supportive musical strategies and performative practices that different communities have developed to respond to cultural conceptualizations of disease and illness, health and healing. (Baer et al 1997, cited in Barz, 2006)

While emphasizing the performance of music in culture, this field of research also incorporates the local understandings of medicine, general health care, spirituality and healing that communicates and shapes the local AIDS discourse (Barz, 2006, p. 60). The response to the nationwide health threat of HIV/AIDS using localized oral performance traditions, singing, dancing and drama comes as no surprise to anyone in this area of the world. The oral traditions of communicating messages through culturally appropriate songs and dances is often the only tool, and considered the most appropriate vehicles for communicating such messages (Barz, 2006, p. 62).

## 2.4 AN ETHNOMUSICOLOGICAL FRAMEWORK FOR BEHAVIOR CHANGE

As argued in the introduction to this chapter: each behavior change theory has different strengths/weaknesses and contributes in various ways to a more holistic approach when they are tailored properly. The HBM focuses more on the perception a person has about contracting a condition and the perception of the effectiveness and benefits of taking appropriate action. In contrast, the SCT is more elaborate about the environmental and social factors that are crucial in determining whether or not a person takes action. Additionally, for the purpose of this study, it is important to add the contributions of the discipline of Medical Ethnomusicology, even though it is not a unified theory with defined concepts and constructs. Figure 3 demonstrates how the three theories are intertwined and understood in relationship to each other for this study.





**Figure 3:** The Health Belief Model, Social Cognitive Theory and Medical Ethnomusicology provide the holistic theoretical framework for this study.

### 3. RESEARCH DESIGN

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*This chapter aims to present a detailed account of how this study was conducted as well as a methodological discussion about the chosen methods and the advantages and disadvantages that these contain. Additionally, circumstances that can affect the validity of the study and how these issues have been handled are discussed.*

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#### 3.1 SETTING THE SCENE

During a conference in Malmö in May 2012, I was fortunate enough to meet the director for an organization in Nakuru, Kenya who runs a school and orphanage for children that have been orphaned because of HIV/AIDS. The organization, Learning and Development Kenya (LDK) was founded in 1998 and is located in the Rhonda slum of Nakuru where it accommodates approximately 75 children in the orphanage and provides over 300 students primary and secondary education. During our very brief conversation the director told me about how they use music in the efforts to raise awareness of HIV/AIDS. The director also pointed out the value for them to have someone to conduct a study of this sort. Since it was a perfect fit I was invited by the LDK, and Nakuru became my base during the time I collected material for this thesis.

#### 3.2 METHODOLOGICAL DISCUSSION

This study was conducted using qualitative interviews, song analysis and observation-participation during four weeks in November and December 2012, in Nakuru, Kenya. In order to answer the research questions, a qualitative approach was chosen to explore the importance of these elements as perceived by composers, performers and receivers as well as the attitudes and behaviors that the methods convey. Analyzing the lyrics of the songs allowed for more in-depth information on the messages and behaviors that are propagated. Furthermore, observing the songs, poems and dramas and documenting them on video allowed for a deeper understanding of the context and reactions from both performers and receivers of the information.

Trying to establish a causal relationship between the use of creative elements such as songs, poems and drama, and actual behavior change was beyond the scope and resources for this study. Such a study, as much as it would be desirable, would have required a quantitative approach in methodology with surveys comparing a larger number of students that have been exposed to these elements of intervention, with those who have not. Compared to a quantitative approach, a qualitative inquiry offers the possibility to gain a different type of knowledge (Golafshani, 2003). While a quantitative approach would strive for generalization and prediction in the findings, a qualitative approach seeks to illuminate, generate understanding and extrapolate its findings (Hoepfl, 1997; Stenbacka, 2001). Furthermore, a

quantitative approach would be of even more value when the behaviors, attitudes and possible misconceptions delivered through these mediums have been established as well as how well they are received in an initial stage. Hence, a qualitative method has been chosen, which also has certain limitations. One of the disadvantages of using in-depth interviews in evaluation work is that it is very prone to bias (Pathfinder International, 2006). By focusing on the people that compose and perform these songs present the possibility of an exaggerated perception of the effectiveness of these methods. In order to minimize bias, additional informants have been chosen that are not directly involved in using these methods but that possess experienced knowledge about HIV/AIDS interventions in the area. Additionally, by obtaining the lyrics of the poems and songs offered the contingency of critically analyzing the messages and behaviors that they convey from a theoretical perspective. Another problem is that of isolating these elements for information. Interventions seldom include only one mode of transmitting information, which means that additional, complementary information is often provided through other mediums that are not in the scope of this study. Lastly, qualitative data based on a small sample of informants, though valuable, cannot be generalized (Pathfinder International, 2006) and this study makes no attempt or claims to do so. When conducting qualitative research in general, and using participatory methods in particular, it is important to acknowledge and even embrace ones involvement in the research in terms of validity (Winter, 2000; Barz, 2006). Therefore, it is important to acknowledge the unavoidable Eurocentric bias involved in this study and that it affects everything from data collection to analysis (Reviere, 2001). On the other hand, Sordahl (1994, as cited in Brock-Utne, u.d.) argues that researching phenomena in your own culture can be a disadvantage and create “cultural blindness”.

### 3.3 DATA COLLECTION

#### Semi-structured interviews

Eleven interviews with a total of fourteen people were conducted using semi-structured interviews during November and December 2012 in Nakuru, Kenya. The sampling method can be categorized as a sort of snowball sample since all of the informants were acquaintances or someone in the extended network of my field assistant. The informants were selected with the intention to get information from three main categories: the composers, the performers, and the receivers of music, poems and dramas. Since the composers and receivers were found to be so closely intertwined<sup>5</sup>, these categories were

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<sup>5</sup> The songs, poems and dramas are often a joint collaboration between the teacher and the children, so while the children mainly belong to the receiver- and performer-group of the message, they are also included in the composer-group. Additionally, some adult composers were also the performers of the songs outside of school settings at for example, public functions and events organized by NGOs.

divided into three groups: school teachers, students and health professionals. Informed consent<sup>6</sup> was received from all interviewees<sup>7</sup> after being informed about the purpose of the study and their guaranteed anonymity. Additionally, it was deemed appropriate (due to the abovementioned issue of bias) to also interview experienced health professionals that are not directly involved in the use of these methods. An important aspect that presents a significant weakness for this study is the underrepresentation of female informants. In retrospect, a more balanced gender representation would have been desirable, especially since women have been shown to be particularly vulnerable to being excluded from participatory field work (Mikkelsen, 2005, p. 70).

The teachers were selected to be somewhat representative from the area and came from a mix of schools, but all of them were private<sup>8</sup>, some at primary level, and some also including secondary level. The teachers had, besides teaching other subjects, the responsibility of composing and teaching songs, poems and dramas about HIV/AIDS to the students at their school. The purpose of interviewing this group was to get first-hand information on how they work with these methods, what behaviors and attitudes they wish to convey and what their perception is on its effects on the kids and the wider community. Additionally, the teachers provided the songs and poems that were used for analysis.

The students that were interviewed attended a school that utilizes music, poems and drama to teach about HIV/AIDS. Due to the overlapping boundaries between composers and receivers, the purpose of interviewing the students was to get information about their experiences and impressions about these methods as well as to find out how - and to what extent - they were involved in the process. There were no specific criteria for selecting these children other than that two boys and two girls were to be represented from different grades. Consequently, one boy from grade 6, one girl from grade 7, one boy from grade 8 and one girl from grade 8 were interviewed in a focus group. This interview was successful even though it can be admitted that the involvement from the informants in the interview varied greatly despite efforts to try to have all four to actively contribute in the dialogue. Additionally, two ex-students from schools that use these methods were interviewed with the purpose of finding out what/if they remember from these songs, poems and dramas.

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<sup>6</sup> Information Letter and Consent Form can be found in the appendix. A minor mistake about the information in the letter is that it was not tailored to fit each group, but the letter was read aloud and explained before the consent form was signed.

<sup>7</sup> One representative for the Kenyan AIDS NGOs Consortium (KANCO) is excepted since he was interviewed as an official representative.

<sup>8</sup> The reason for this is bad timing. I arrived in Nakuru just two weeks before the end of the semester, thus, there was very little time and teachers were very busy with final exams.

Three informants that are not actively participating in composing, performing or planning interventions that include music, poems or drama were interviewed to address the issue of bias in this study. One was a financial coordinator at a local NGO and the other was a pharmaceutical technologist at an international NGO with programs running in the Nakuru district. The third informant in this group was Mr. Cosmas Mutua, an official representative for the Kenyan AIDS NGOs Consortium (KANCO). KANCO is a national membership network consisting of NGOs (non-governmental organizations), CBOs (community based organizations), and FBOs (faith-based organizations), Private Sector actors and Research and Learning Institutions involved in, or that have interest in, HIV & AIDS activities in Kenya (KANCO, 2012). The purpose of this interview was to gain some more insight into how these methods are used more broadly in HIV/AIDS intervention strategies by NGOs, FBOs and CBOs in the wider community. Even though the interview did not focus primarily on music, poems and drama, it gave perspective on the importance of using various elements of *edutainment*<sup>9</sup> to mobilize a targeted audience.

### Text analysis

Songs, poems and drama dialogues were retrieved from the teachers and performers for text analysis. A total of 31 songs, poems and dialogues were retrieved, where 25 were written by teachers/performers and six were composed by students. These consisted of songs written in English as well as in Swahili, which in the latter case were translated into English. The teachers were asked to try and provide a combination of songs and poems that represent the various messages that they want to communicate where some are written by the teachers themselves and some by the students. This was not thoroughly successful, and a majority of the collected song material consists of songs composed by only a few of the informants.<sup>10</sup>

### Direct observation

To be able to gain some insight into how the elements of song, poems and drama are performed, participation-observation played a vital role. Even though only a few of all the collected songs and poems were observed and recorded on video, they provided a good foundation for understanding of how

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<sup>9</sup> *Edutainment* is short for education-entertainment and utilizes entertainment elements such as music, various media and general entertainment to captivate an audience with an aim of increasing knowledge on social issues and adopt more favorable attitudes (Vaughan, et al., 2000).

<sup>10</sup> A possible reason for this was that the study was conducted while the schools had their final exams and the teachers were particularly busy during this time.

they are presented and how the students participated in them. An issue that might have affected the manner of how things were presented is that it was arranged especially for me to observe and video tape the performance. On the other hand: the songs, poems and dramas are developed for that specific purpose so the impact of this can be assumed as close to minimal.

### 3.4 DATA ANALYSIS

The data was analyzed using the elements identified in the theoretical framework with the purpose of answering the research questions. But, initially, all interviews were coded and thematically divided into groups corresponding to which research question they were related to. Coding the interviews according to concepts and themes is useful not only in the analysis, but also in the presentation of the material. Once the texts were collected and translated by my field assistant, a thorough discussion was held about the challenges he ran into while translating, about multiple meanings of various words and imagery. The texts were schematically analyzed and categorized according to themes in accordance to appropriate theoretical aspects, behaviors and attitudes were identified and listed accordingly. These were analyzed and labeled according to the following themes of behavior, attitudes, beliefs and emotions: *descriptive* (how HIV is spread), *condom use*, *abstinence*, *faithfulness*, *imagery*, *consequences*, *misconception*, *grief* and *hope*.

#### 4. FINDINGS

Anyone who goes to Nakuru will find it hard to miss the sound of music from just about every place imaginable. There is often a constant blend of popular Kenyan and western music from the speaker's in the *matatus* (minibus), motorcycles, tuk-tuks, shops and restaurants that becomes the accompaniment of the intense, but yet stress-free, atmosphere of the public space. When walking the streets of Nakuru, paved with shops, restaurants, market stalls and small fruit stands, it is not uncommon to see people spontaneously make a few dance moves or sing along to the music that is playing nearby. A few lines, popular among all ages, are trafficked by *matatus* with large speakers and heavy thumping bass that resonates through the seats and bodies of the passengers. These *matatus* take people from the town center to the outskirts of Nakuru where the area called Langa Langa<sup>11</sup> and the Rhonda slum meet the fence of Lake Nakuru National Park. If you take a stroll through these areas on a weekday morning you are likely to hear children singing at their school gatherings, and on the weekend; live music, gospel choirs and traditional African choirs are singing in their respective churches that are found on just about every block.

In a comparable fashion, music, poems and drama are all used as methods to respond to HIV/AIDS in the schools and the community. They appear in many instances, in various forms and with different audiences, messages and purposes. The interviews reveal that the elements are used in schools as an education method; in public campaigns for mobilization of a crowd; and as edutainment in community campaigns and public events. All teachers give similar accounts on how they use these methods in their schools. The songs, poems and dramas are most often an extension of a lecture about HIV/AIDS but one teacher informant also mentions how the messages about HIV/AIDS become a part of what is primarily a music or dance class. They partly teach existing songs, poems and dramas to the students, but just as commonly the students come up with their own. If the teacher notices that a student's composition is incorrect, for example, if there is a misconception about how HIV/AIDS is transmitted, they help the students to correct this. Additionally, one teacher informant mentions that he uses his own songs, but when he noticed that they have no impact he gives the students an opportunity to come up with their own based on their personal experiences. The student informants confirm their involvement in

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<sup>11</sup> Langa Langa has a nice tarmac road that dates back to the colonial days when the British made a race course for car racing. There is also an area in Langa Langa called *Racecourse* where I stayed while collecting material for this thesis. *Langalanga* is a Maasai word that means "around and around".

composing and further emphasize how they teach the songs, poems and dramas to their fellow students at their own school, but also in competitions<sup>12</sup> where many schools participate.

You know when I sing those songs I feel very good because the kids in this school they are not the only one that will know the song because people go to the competition and it will be a crowd of people. /.../ some will know they are infected with the disease. So, when you sing them those songs, I think those people will feel encouraged, and those who are still not infected they will know how to protect themselves from the disease.

– Student informant, 12 years old.

The fact that students educate each other about these issues is argued as important by a representative of an NGO: “/.../to compose songs, poems and pass to the other youth, the other youth will take it very positively unlike an old man telling the youth”. Furthermore, the students were aware of their role as educators to their parents and the older generation, an eight-grade student says: “/.../we try to educate them to tell them about these dangers /.../so even them they can protect themselves”, and another one adds: “...also we children sing to the older people to be aware of HIV”. A teacher informant also argues that “When a pupil goes home and say, just to sing ‘daddy, it is good to be faithful, faithful is the best thing in marriage’...the daddy will not react, but maybe just say ‘hey, what are you singing?? Why are you making noise...’ and at the same time, the information has been passed.” Another informant who works for an NGO confirms: “/.../some of the parents of these children are infected with HIV/AIDS, /.../they know nothing about HIV, they just believe that maybe it’s just like any other disease. But, if a child who is educated can go and teach their parents about it, the parent gets the knowledge and even goes for tests and then starts on ARVs”.

Some of the schools have so-called “HIV/AIDS clubs” where the students are taught about HIV/AIDS and then make up songs, poems and dramas based on what they have learned. These are then performed for visitors, on Closing Day, Parent’s Day and public holidays. A representative for an NGO that runs a number of schools tells me about how they have public campaigns where the HIV/AIDS clubs present their material for the nearby community. Traditional dances and songs in the local language are incorporated with dramas that deal with local perceptions of the disease. A majority of the informants stress the importance of the songs being conveyed in their mother tongue using culturally compelling

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<sup>12</sup> The competitions are on a local, regional and national level where the highest prize is that of a chance to perform for the president.



means: "...you can use those songs and poems from within talented people in the community. Those will feel appreciated and even the community people members will understand their language. I'm an artist, I sing in slang – 'sheng', we call it 'sheng'. Yeah, when I sing in sheng at least I give the message to many youths who know sheng...and they will listen to it." The public campaigns also include other organizations that provide voluntary counseling and testing (VCT) free of charge to the people at the event. One informant says: ".../when you go there with those who are doing voluntary counseling and testing, people don't go there immediately, but after getting this information, you will find that people are in line there – they want to know their status...", and another: ".../some of them even enter the VCT before you tell them to. Some of them even ask for the VCT even if you are not informed they are actually there."

A separate phenomenon of drama that seems to become more and more popular in public campaigns as a means of raising HIV/AIDS awareness is that of *magnet theater*. Magnet theater performances take place in public spaces like a market place, a busy junction or in village centers and often in cooperation with organizations that provide VCT. The performers start by singing traditional and popular songs and dances to draw attention and mobilize a crowd before they start enacting a drama on a particular theme. Once a crowd has gathered, the actors act out a scene with humorous features but a serious and locally relevant scenario and stop the performance at a certain point to engage the audience in creating the ending. A facilitator<sup>13</sup> mediates the discussion between the audience members, and when they have agreed on an ending, the actors act it out.

/.../you know, with magnet theater, you go to the people, you don't form your own judgment, you give them a chance to express what they feel, cause in the problem-solving, they are the ones giving the solutions, you don't give them the solutions, you are just like a mediator. So, it's like, you create a scenario that will ignite their thinking, and now, through their thinking, one person will give this opinion, another will differ, but in the end of it all, they will come to a certain conclusion. So, you will get that, they give you the solution which works for them. Other than you giving them a solution that will work for you but not for them, they give you the solution that will work for them, and actually it is doing something good.

– Magnet theater performer.

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<sup>13</sup> Someone who facilitates the discussion between the audience members and helps them find a proper ending to the magnet theatre.

The dramas at the schools are shorter, often featuring a dialogue between two actors where the protagonist either acts “correctly” as a role model or “carelessly” to statute an example. There are often humorous elements in the dramas and often laughter and clapping will erupt from the audience during the enactment, followed by loud cheers and applauds when the drama is over. Something that stood out in the interviews was the ability of the informants to remember and give very detailed accounts of the storyline and key messages of dramas and songs that they had seen or heard.

The songs, poems and dramas touch upon and number of issues concerning HIV/AIDS<sup>14</sup>. These range from: plain descriptions of the disease; its modes of transmission; ways to avoid contracting the disease; exhortations to the listeners to change behavior; expression of grief over the impact of HIV/AIDS in the society; expressions of hope for the future; encouragement for those living with HIV; discouraging stigmatization of those living with HIV; dispelling myths and misconceptions; narratives of people being infected with HIV and metaphors of HIV/AIDS. Here is an example of a metaphor that demonstrates a common type of depiction:

**HIV/AIDS**  
*A poem by a teacher*

The animal has climbed up the hill  
To tear and chew people  
When it catches you, I tears you and tears you,  
Until you die.

The animal has no cure, we can't tell its origin  
It has killed people in the East  
In West  
South  
And  
North  
It has killed doctors, pastors, teachers and pilots.

When it catches you it will tear you  
And tears you  
Until you die

The animal is a big disaster  
It has made me to be left orphan  
It comes as a tiny insect yet grows into a huge animal  
When it catches you, it will tear and tear you until you die  
Yes, the animal is HIV/AIDS, the most dangerous disease.

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<sup>14</sup> See appendix 1 for the full list of songs, poems and dramas and the respective themes and messages they include.

The main behavioral messages concerning transmission that is aimed at the youth is that of abstinence which is found to be very prominent in the songs and poems investigated in this study. Here is one example:

**I love my body**  
*A poem by a female student, age 12*

I love my body,  
I love myself,  
I can do many things,  
I can make decision  
I will not blindly follow others  
I will not be mislead or misused.

I respect my body  
I will not allow anybody touch me a way I don't like  
I will not allow anybody to touch my private parts or tell me to undress  
Many have allowed it  
Only to end up contracting SDIs and HIV/AIDS

Leading to suffering from prolonged diseases  
Stigmatization  
Wasting family resources  
Loosing self esteem  
Dying an early death  
And filling homes with graves

My fellows youths, let's say "No" always

Thank you.

One informant remembered a song that he learned in church that he sang during the interview:

**Only remedy**  
*A song by an unknown composer*

The only remedy of AIDS, Jesus said  
Avoid sexual immorality oh oh x2

Being faithful in marriage is the only shield,  
Is efficient as compared to the condom  
Which cannot break.

Father and Mother let's be faithful free and free  
From adultery oh oh x2

My friends be careful  
While living on the earth  
Avoid sexual immorality oh oh x2  
My friend stop coveting  
Jesus said it is adulterv

Many songs and poems feature expressions of grief, and here is an example that also contains religious connotations:

**AIDS**  
*A poem by a female student, age unknown*

AIDS is there,  
In the East and West,  
North and South,  
Killing farmers, teachers, doctors,  
Killing parents, and leaving orphans behind

Then everywhere you hear sad songs,  
The strong and healthy are dying and dying, many lay in grave  
Covered with thick earth  
Never to wake up again

But now I tell you,  
To choose only good things,  
That will make you,  
Inherit the Lord's kingdom

Even though the majority of the informants mention that condoms are propagated as a way of protecting against contracting HIV, a few argue that the emphasis on abstinence is a problem: “our problem is being too much Christians...that is why HIV/AIDS is also spreading. Ok, let me use better terms: being much religious on it, on the aspect of HIV/AIDS, not everybody will abstain. [...] So, you have to tell them ‘ok, you who cannot be satisfied, then you must follow this type, and this type, and this type...’, because, in the end of the day: we are just trying to stop HIV/AIDS”, and another informant adds: “/.../ in our society they are emphasizing on abstinence, and yet, according to what I think, abstinence is not really working, especially among young people. So you find that, the best way is...we give them an alternative, on how they can protect themselves.” An NGO representative argues that this is a problem of the past “/.../because the available media, they tell people ‘if you are not faithful and you can’t abstain, use condom’. So, [the churches] try to block but, you can’t block the message.” A poem written by a 12-year old student provides a hint as to the lack of effectiveness of propagating for abstinence:

**When I grow up (excerpt)**

/.../

So many youths have contracted,  
SDIs and HIV/AIDS, when they could have prevented it.

Teachers have taught us,

Pastors have preached,

Our parents and government too

To make us understand the importance of abstaining

But ignorant is our generation

They don't seem to understand

/.../

Dealing with stigma and encouraging those that are living with HIV/AIDS plays a major role in these methods as discrimination is a widespread problem. A performer states: “They isolate them, you know, or call them ‘bad blood’, or you don’t even shake [their hand] because they have AIDS. These songs/.../bring us together and tell us ‘let’s stop through abstinence and use of condom but those who have AIDS are still our community members, we don’t outcast them, no – let’s give them hope and tell them they have a life to live...’”. A teacher suggest that “when you sing a song...maybe that song will encourage...maybe it was like ‘Let me go and die...’, but you can sing a song that [is about] avoid dying because there is still ways you can handle yourself and prolong your life.” One seventh-grade student adds that “it also encourages people infected with HIV, because if you are infected in HIV and you are alone in the household you will remember the song and you will be happy.” But, an eight-grade student adds that “/.../there is some songs that discriminate the HIV-positive. /.../ they are trying to get to educate those who are not infected, but at the same time they are discriminating those who are HIV positive.” Stigmatization is closely related to misconceptions about HIV/AIDS which is also addressed in the songs, poems and dramas. For example, “/.../through the songs, through the play, they are taught that you can shake hands without being infected”, and one teacher stress the importance of making this entertaining: “/.../you look at the funny myths about HIV and then you [clear] them”. Still, some of the teacher informants also reveal their own misconceptions about HIV by claiming that it is transmitted through what is termed “deep kisses”.

The majority of the songs and poems investigated express grief and despair about the state of the epidemic, but many of the songs also deliver hope to both those affected and infected by HIV/AIDS. Here is one example where hope is the central theme:

**A hope song**

*A song by a performer, 21 years old*

A better day is in the horizon  
Days of hope are screaming  
Bringing forth feeling of achievements  
Togetherness and oneness  
Brought by love and hope

*CHORUS:*

Hope is what we are praying for  
Looking forward to a better tomorrow  
Getting past myths of disbelief  
Hope is what we are looking for

We are breaking the lies of stigmatization  
Bringing and teaching the facts  
Tackling issues that are real  
Ensuring that only the real issues are talked about  
And also tackled at hand

*CHORUS*

We are giving hope to the orphans  
That tomorrow it does not have to be like this  
That we can create of world  
The way we simply want it  
All we have to do is have hope

*CHORUS*

Hope starts with you and me  
Making that hope work for a better today  
A better tomorrow will be determined today  
By the steps we are willing to make  
And the focus that we have

All informants emphasized the importance of using these elements to raise awareness of HIV/AIDS. One informant puts it this way:

*/.../ music is very lively and most appealing to everyone. So every time you want to pass very important information, by using music you will touch the hearts of...almost everybody. When you are using different genres or different categories of music, you will know the music you will use to touch the youth, you will know the music you will use to touch the old, the middle age...the church...but within it you use the aspect of AIDS...you sensitize them with AIDS...*

## 5. ANALYSIS

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*This chapter aims to analyze and explain how the findings can be understood using the concepts of the Health Belief Model (HBM) and Social Cognitive Theory (SCT) presented in the theoretical framework (figure 3, chapter 2). The theoretical concepts and recurring themes are analyzed to gain understanding of how they interact and affect each other, and ultimately behavior change.*

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As a university student from Sweden, with only textbook knowledge of HIV/AIDS, it is impossible to emotionally grasp the immense footprint the epidemic has made in the lives of many Kenyans. However, it is feasible to gain understanding of this footprint by analyzing the themes that are utilized to express its impact using established theories of behavior change. This will be achieved by using the analysis of the songs, poems and dramas in terms of frequency of themes and concepts. Table 1 below shows the frequency of the most recurring themes in the 31 songs, poems and dramas that were analyzed.

Theme	Frequency count	Frequency (%)
Consequences	21	68
Grief/despair	19	61
Hope	14	45
Role model	11	35
Modes of transmission	9	29
Abstinence	9	29
Imagery	6	19
Faithfulness	3	10
Condom use	3	10
Misconception	2	6

**Table 1:** These are the themes and behaviors that have been identified in the 31 songs, poems and dramas as well as the frequency of their appearance.

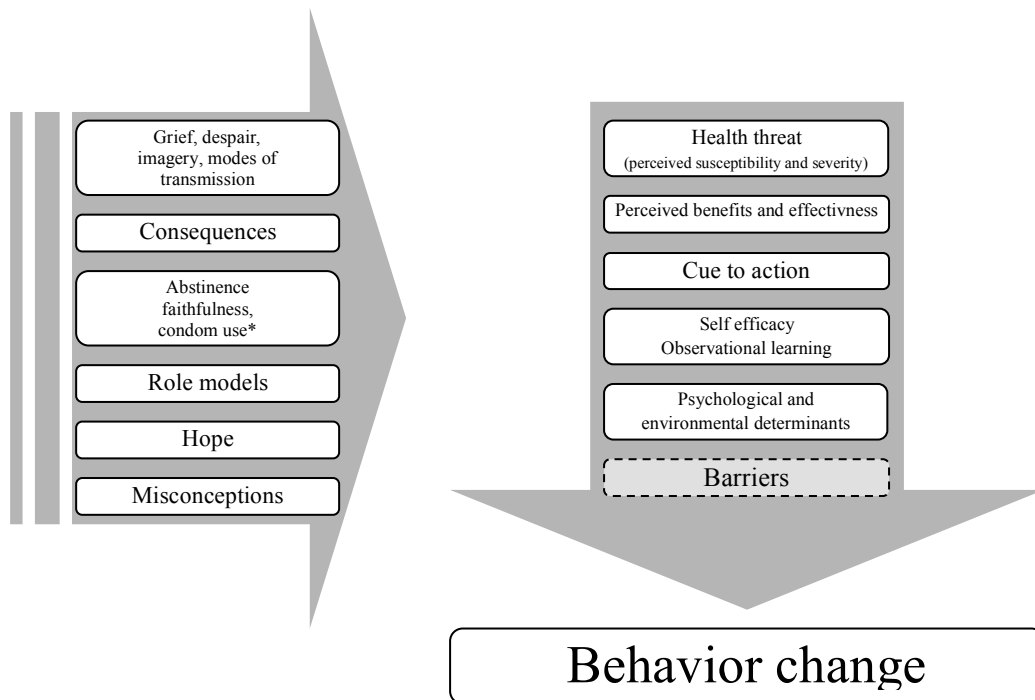
Similarly, table 2 shows the frequency in the same songs, poems and dramas of the most central theoretical concepts derived from the Health Belief Model and Social Cognitive Theory.

Theoretical concept	Frequency count	Frequency (%)
Perceived susceptibility*	20	64
Perceived severity*	20	64

Cue to action	16	52
Self efficacy	10	52
Observational learning	10	52
Perceived benefits/effectiveness	10	52
Psychological determinant	8	26
Environmental determinant	7	23
Perceived barriers	7	23

**Table 2:** These are the central theoretical concepts of the HBM and SCT that were identified in the songs, poems and dramas, as well as the frequency of their appearance. \*These two concepts make up a *perceived health threat*.

The theoretical concepts can be matched with the identified themes to better understand how these interact. Figure 4 (below) gives a visual overview of these concepts and themes and how they interact with each other.



**Figure 4:** This model presents the most important interactions between theoretical concepts and themes identified in the songs, poems and dramas that affect behavior change in this study.\*Even though these are desired behaviors, this analysis shows how they might become a barrier for other desired behaviors.

All concepts and themes overlap and affect each other to various degrees and since some concepts in behavior change theories are a result of, or requirements for actions to be taken, they have been categorized as *dependant* on other concepts. Therefore, those concepts have not been identified in the material, but will be a part of the analysis nonetheless.



Even though the interactions between the concepts and themes are complex, a few major interactions have been identified as significant for analysis. Thus, the analysis will focus on the following themes: 1) health threat, consequences and barriers, 2) barriers, abstinence and faithfulness, 3) self-efficacy, abstinence and faithfulness, 4) culturally compelling cues to action, 5) observational learning and role models, 6) local response of grief, hope, and healing.

#### 1) Health threat, consequences and barriers

There is today no comparable disease in Sweden that would deserve the description of a monster that “chews and tears people until they die” or that has “filled our homes with graves”, and that is in the “North, South, East and West /.../ killing farmers, teachers, doctors, /.../ parents, and leaving orphans behind.” From a HBM perspective, there is no doubt about the *perceived susceptibility* and *severity* of HIV/AIDS conveyed through the songs, poems and dramas, depicting a horrendous *health threat* for those who listen (Redding, et al., 2000). The poems and song lyrics clearly reflect that the disease is everywhere, it kills people of all professions and social classes and that it leads to “/.../stigmatization, wasting family resources, loosing self-esteem and dying an early death”<sup>15</sup>. It does not discriminate depending on your occupation or social status, and the consequences are dire on a societal, economic and personal level.

The consequences that are found in the quoted lyrics above can be identified as *psychological determinants* that the SCT argues affect an individual’s behavior. Primarily, these determinants have a direct affect on the individual’s *social outcome expectations* (Glanz & Rimer, 2005) of, in this case, avoiding contracting HIV. In simpler terms, an individual can, by adopting a certain behavior, avoid being stigmatized by the community, having livelihood possibilities reduced, loose self-esteem or die an early death. The lyrics seem to intend to say that the consequences are a result of contracting HIV, but on the other hand, the four possible consequences can be interpreted as something that is a result of being exposed as HIV-positive. This can create an unwanted, and probably unintended, *barrier* (see figure 1) to take action (Glanz & Rimer, 2005), in this case to get tested and receive appropriate treatment (UNAIDS, 2002). Thus, taking the *health threat* seriously and overcoming the *barriers* of the psychological determinants, can result in being called “bad blood” or people not wanting to shake your hand due to misconceptions of how HIV is spread.

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<sup>15</sup> See the poem “I Love My Body” in chapter 4.

## 2) Barriers, abstinence and faithfulness

To develop this argument further, we can look at another behavior that can be identified in the results as a possible *barrier*, namely the emphasis on abstinence and faithfulness (figure 4). Abstinence and faithfulness are behaviors that are emphasized as solutions to avoid contracting HIV, but in some contexts this can be problematic (Barz, 2006, p. 15). This becomes especially evident when promoted alongside strong religious connotations where contracting HIV can be understood as a direct result of failure to remain faithful or abstaining. The song *Only Remedy* clearly states that these two alternatives are the “only remedies of AIDS”. Consequently, possible barriers are created for those who wish to know their status. In this case, such a barrier is the risk of being exposed as an adulterer (whether or not this is the case), and can be identified with the SCTs concept of *social outcome expectations*. In other words, the social stigma associated with the behaviors becomes a *barrier*, or a *psychological determinant* of whether or not one decides to go and get tested. In the light of SCT, another concept can be identified in the behavior that is propagated for in the abovementioned example. The behavior requires an individual to possess *self-regulation*, in other words, to remain faithful or abstain has to be perceived as worth the benefits of avoiding contracting HIV. Glanz, et al. (2008) states that individuals have the ability to anticipate a positive future outcome of adopting a behavior and bear through possible hardships to achieve it (p. 174). This concept speaks in favor of abstinence and faithfulness as a viable option for those who possess such self-regulation. Lastly, the SCT concept of *self-evaluative outcome expectations* can be identified, which requires that the individual perceives that he/she has the ability to be faithful or abstain (Glanz, et al., 2008)<sup>16</sup>.

## 3) Self-efficacy, abstinence and faithfulness

The concept of *self-efficacy* is closely related to the abovementioned concept of *self-evaluative outcome expectations* and is central for both SCT and HBM (Glanz & Rimer, 2005). This concept becomes interesting when applied on the issue of emphasis on abstinence and faithfulness (figure 1). Even though these are the main behaviors that are encouraged, the informants reveal that it is not working to the extent it is being propagated for. Thus, somewhere in the promotion of these behaviors there is a lack of communicating the self-efficacy of sustaining them which can be attributed to environmental and psychological factors. One can therefore argue that alternative ways of actions, i.e. condom use, should be emphasized more to provide an alternative, and increase the level of self-efficacy to sustain a HIV-

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<sup>16</sup> Abstinence (if sustained) can be considered “fool-proof”, while faithfulness proves to be more complicated since it, in order to be effective, requires commitment from both (or all) parties involved.

avoiding behavior suitable for a broader audience<sup>17</sup>. A poem by a student reflects that, despite the many efforts from teachers, pastors, parents and governments to teach abstinence, that “ /.../ignorant is our generation, they don’t seem to understand.”<sup>18</sup> This claim is strengthened by the fact that there is no empirical evidence that abstinence is working in Kenya (Kenya National AIDS Control Council, 2009, p. 45), even though there are “strong indications” that Kenyans are reducing their number of partners (p. v). This does not propose that abstinence is *never* working or that none possess the level of self-efficacy to sustain the behavior. The success in Uganda of lowering their incidence rates is largely attributed to a change in behavior regarding abstinence and reduced number of sexual partners (Carter, 2004). The poem “I Love My Body”<sup>19</sup>, written by a 12-year old student, reveals strong confidence in the self-efficacy of sustaining abstinence and encourages others to do the same.

#### 4) Culturally compelling cues to action

An interesting function of songs, poems and dramas in contributing to behavior change is what the HBM labels as a *cue to action*, which refers to events or strategies that motivate behavior change (Redding, et al., 2000). The results reveal a number of examples of where people get the information about HIV/AIDS through these elements which consequently trigger them to take action. Firstly, children can act as a deliverer of the cue to action by educating their parents about the disease when they perform for them on public events such as Closing Day, Parent’s Day, or school competitions. A representative for an NGO claims that many of the children’s parents lack knowledge about HIV and a child can educate them so that they eventually get tested and start on ARVs. Secondly, it can also work preventively when the child sings a song about faithfulness in the home and consequently pass the information of behavior change to the parents. Thirdly, the results reveal that when songs, poems and dramas are performed in conjunction to the possibility of VCT, many people take the opportunity to do so. Once again, it is difficult to attribute this solely to the performance of the songs, poems and dramas<sup>20</sup>, but a few possible contributing factors are worth noting. Songs, poems and dramas that are *culturally compelling* (Panter-Brick, et al., 2006), including localized perceptions and issues related to HIV/AIDS (Bastien, 2009), can affect the *psychological and environmental determinants of behavior*

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<sup>17</sup> A recent study in Kenya stresses the importance of increasing not only the supply of condoms, but equally the demand for such prevention methods (UNAIDS, 2012, p. 20).

<sup>18</sup> See the poem “When I Grow Up” in chapter 4.

<sup>19</sup> See chapter 3.

<sup>20</sup> As mentioned previously, the concept of *cues to action* is only theoretically formulated and there are no systematical studies conducted, due to the often fleeting nature of what triggers someone to take action (Glanz, et al., 2008, p. 49).

that might otherwise pose as barriers. These might be issues of stigmatization, misconceptions and lack of knowledge. Traditional dance, poems, music, youth-appealing language<sup>21</sup>, peer-to-peer education and Magnet Theater are all elements that can make people more open to the information that is being passed, especially when adjusted to suit the target audience. What is more, these elements can encourage those who are infected when there is a public call for dealing with stigmatization and thus, break the barriers that might hinder others from getting to know their status. The ability for such events to mobilize and unite a community and create a feeling of togetherness and a “common cause” should not be underestimated. The phenomena of Magnet Theater proves such an example where the audience themselves discuss and unite on a solution that is their own and that can ultimately help the community members to break barriers caused by environmental psychological determinants.

#### 5) Observational learning and role models

The concept of *observational learning*, that according to SCT can motivate behavior change (Glanz & Rimer, 2005), becomes primarily apparent in the elements of drama. By using narratives of *coping models*, the audience can identify with the challenges of a character in a play and witness this character overcome existing barriers and adopting the behavior change. This method poses the possibility of providing the self-efficacy of an observer to do the same (Glanz, et al., 2008). In doing so, it is vital that the narrative and coping model is based on local issues and challenges related to HIV/AIDS that the audience can relate to (Galavotti, et al., 2001). Magnet Theater takes this a step further and involves the audience in creating the plot and shape a coping role model that suits them. Another type of observational learning can be identified in the way that the students compose their own songs, poems and dramas to educate their peers. Whether or not the compositions and narratives include role models, the composers themselves become role models to the other students. Additionally, by attending school competitions, students from different schools become role models and provide observational learning to each other. The use of such peer-education initiatives has proven great potential in Uganda (Norton & Mutonyi, 2007) and is also emphasized by an NGO representative as essential to reach the youth.

#### 6) Local response of grief, hope, and healing

Returning to the song *Only Remedy* that has its origin in a church setting in Nakuru: while well intended for those who are not infected, this is the sort of song that one student refers to as “.../discriminating against those living with HIV/AIDS”. Songs like these are direct musical responses to the epidemic, not

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<sup>21</sup> In this case, referring to the use of slang (*sheng*) when targeting youth.

as a formal intervention, but representing a part of the community and its response. The songs, poems and dramas that have been included in this study have been primarily from schools and performers actively involved in raising awareness of HIV/AIDS. Nevertheless, the impact of a more widespread response to the epidemic from other parts of the community, such as churches, should not be underestimated. The song *Only Remedy* is one such fragment, and gives a glimpse of what a representative for an NGO argues is an attempt by churches to “block” the message about condoms as a preventive measure. In the discipline of ME, such a response can be understood as factors that can ultimately contribute to the spread of HIV/AIDS, while also offering healing and strength to others (Barz, 2006).

Such additional functions of the songs, poems and dramas add new dimensions to their impact and use. Children growing up as orphans due to HIV/AIDS run the risk of developing emotions of depression, resentment, anger and hopelessness in addition to being culturally and socially marginalized, (UNICEF, 2004), increasing the importance to find hope and faith in a positive future. The songs, poems and dramas can be viewed as a stage that allows for ventilation and expression of the feelings and issues of concern for the children affected by HIV/AIDS. Instead of harboring the feelings inside, the children share their stories, encourage each other and join together in engaging forms of expression. The student informants mention that they “feel very good” when they perform for others since they know that those who listen will be encouraged. From observing a performance in a classroom, it becomes evident how appreciated the performances are and that they engage the audience, reacting with laughter, cheers and applause. Thus, the positive effects are present both as a receiver and deliverer of the performance despite the seriousness of the issues that are addressed. Music can also be therapeutic for many, providing relaxation as well as comfort and relief (Barz, 2006, p. 61). As described earlier, the songs and poems elaborately describe HIV/AIDS as a serious *health threat*, but the same depictions can be understood as important expressions of grief and despair to deal with the impact of HIV/AIDS as a community.

With the many stories and experiences that might burden children that have been orphaned, expressing themselves through these elements and sharing their stories with the community empowers them while encouraging their peers. One teacher informant argues that it is vital to use the children’s own personal stories for the songs to have an impact. Many of the informants agree with the importance of using appropriate music as a medium to communicate issues related to HIV, whether it be aimed at the youth, the elderly or any other audience. This argument rhymes well with the conclusions of Panter-Brick, et al. (2006) that stress the importance of interventions to be not merely *be culturally appropriate*, but also *culturally compelling*, in order to be effective.

## 6. CONCLUDING DISCUSSION

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*This chapter will discuss the analysis in relation to the research questions that were set out to be answered in this thesis.*

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Cultures utilize music and the arts to respond to societal issues, as entertainment and to express emotions and ideas, but to varying degrees and forms. Even though literacy rates are very high in Kenya<sup>22</sup>, oral tradition remains strong and penetrates many parts of the society. The community response to HIV/AIDS in schools, churches, FBOs, CBOs, NGOs and performers, collectively reflect the real issues of the epidemic and contribute to the local HIV/AIDS discourse. These methods are there, and they matter on many levels. This study, though limited in its scope, provides a glimpse of how the songs, poems and dramas can be both beneficial as well as a barrier to behavior change.

### **How are music, drama and poems integrated in HIV/AIDS interventions aimed at youth in Nakuru, Kenya?**

Music, poems and drama were found to be used in schools as a way to educate and engage the students about the issues of HIV/AIDS and to entertain and perform for parents, visitors and other schools at public events. The students were found to be not mere recipients, but also composed their own songs, making it culturally compelling by utilizing poems and dramas based on their own experiences and knowledge. NGOs were found to utilize these elements as *edutainment* to mobilize and educate the community at public events, often in conjunction with voluntary counseling and testing (VCT). In such a setting the music, poems and dramas can serve as important *cues to action* and trigger individuals to behavior change. A separate form of engaging and participatory drama, called *magnet theater*, was found to be used in public spaces to raise awareness of HIV/AIDS, also often with the possibility for VCT. Dramas were found to be particularly important in providing role models and *observational learning* that is an important aspect of the Social Cognitive Theory.

In 2007, the Kenya AIDS Control Council published a strategy for targeting the youth with HIV/AIDS interventions that looks very promising. Great emphasis is put on the importance of involving the youth themselves in designing and implementing communication strategies, to create youth-appealing interventions and to provide a coherent and unified message about HIV/AIDS (National AIDS Control Council, 2007). Various methods are suggested to be used, and utilizing music is mentioned as important to mobilize an audience, but is not mentioned to any greater extent. Such failure to recognize

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<sup>22</sup> Recent data from 2009 show a literacy rate of 93.6%, scoring almost ten percentage points higher than any neighboring country (Indexmundi.com, 2013).

music is a “missed opportunity” according to Bastien (2009) and such elements should be utilized more extensively. By acknowledging the power of music in contributing to the public discourse of HIV/AIDS, it is vital to look at what channels are available in society and to engage role models in the public interventions. In fact, collaborations between musicians and organizations are increasing and are getting more recognized as vital to promote social change (Noss Van Buren, 2007).

**What are the main messages in these methods? What challenges do they address? What are the behaviors, attitudes and norms that are promoted?**

The songs, poems and dramas were found to express emotions of grief and despair, expressing a serious *health threat* but also hope for a better future and *self-efficacy* to sustain a HIV/AIDS-avoiding behavior. Challenges of stigmatization, dispelling myths, information about means of transmission and the promotion of abstinence and faithfulness were addressed in the findings. The main messages that are propagated using these elements are that of abstinence and faithfulness and they were both found to be problematic in some contexts from a behavior change perspective, especially considering religious factors. The lack of promotion of condom use as an alternative was expressed as a problem, but condoms also turned out to be difficult to promote to youth due to factors of culture, tradition and misconceptions. Many of the songs, poems and dramas included imagery of HIV/AIDS and narratives of role models, both coping and “failing” examples.

The analysis shows that there is a perceived lack of promotion of condom use as a method of protection communicated through songs, poems and drama. It is important to reflect on what the reasons for this might be. Apart from religious institutions that are opposed to or discredit the use of condoms, the reasons that the demand for condoms is low (UNAIDS, 2012, p. 20) might be that they are culturally inappropriate for many young Kenyans. The challenge then would be two-fold: to make condoms culturally appropriate and to increase demand. A study by Maticka-Tyndale & Kyeremeh (2010) about condom use among school-going youth in rural areas of Kenya reveals a complexity of reasons why condoms are not used. The major causes are misconceptions and a disbelief in the effectiveness as protection but also a fatalistic attitude, where a short life with HIV/AIDS and sex is preferred, since the risk of contracting HIV is considered unavoidable anyways. Achieving behavior change is partly about challenging such cultural and social norms that might be contributing to the spread of an illness. Songs, poems and dramas that are nestled in the cultural traditions and practices might have the ability to effectively communicate messages that are able to dispel such issues and pave the way for a sustained behavior change.

### **What are benefits and risks of using these methods in this area?**

All of the elements have the benefit of being culturally compelling, especially when they involve the youth in creating them since they are then based on their own experiences. Additionally, that provides the possibility to dispel myths and the youth become role models for their peers, educating them about HIV/AIDS. Songs were found to be beneficial in terms of *cues to action* and a way for the youth to educate their parents about HIV/AIDS. They also provide encouragement and healing to those who are infected as well as affected (i.e. orphans), even though some songs can hamper the desired change in behavior by promoting false information. This study also shows that it is important to use these elements because of their power in shaping the local HIV/AIDS discourse, but it is vital that the information they contain are correct while adhering to local issues related to the epidemic. Thus, one important aspect of having the youth themselves compose songs, poems and drama is to identify and dispel misconceptions that they might have. There might be a risk that these misconceptions are not aired and revealed if a message is provided without the involvement of the receivers.

Culture is not static, and neither is Kenya *one* unified culture. Kenya consists of over 40 ethnic groups, each with their own particulars of culture, language and traditions (Kenya-Information-Guide.com, 2012). This is important to remember when creating interventions and also presents one of the greatest challenges. There is no 'silver bullet' in combating HIV/AIDS (Speizer, Magnani, & Colvin, 2003), and even if there were something close to it, the appearance of the bullet would have to change with short periods of time in order to be continuous. A 10-year old girl might be responsive to one message today, but will need a different message when she is 16, a message that might not be the same that would work for a 16-year old six years previously. Additionally, this is dependent on the culture and traditions where this young girl is situated. This presents a complex network of interactions between culture, religion, traditions, age, gender and other factors. Such factors can be adhered to by involving the youth in their own interventions and build on their own conceptions of HIV/AIDS, sex and relationships.



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## APPENDIX 1 - ANALYSIS OF THE SONGS, POEMS AND DRAMAS

#	Title	Themes	Concepts	Author	Type	Language	Recording
1	<i>AIDS is a killer disease</i>	G, CO	S1, S2	Teacher	Poem	English	Yes
2	<i>Respect Each Other</i>	A, T	SE, BE, S1, S2, CA	Student, age 12	Poem	English	Yes
3	<i>Abstain and secure your body</i>	A, T	SE, S1, CA	Student, age 12	Song	English	Yes
4	<i>When I grow up</i>	H, D, A, G, T, E, CO	SE, S1, S2	Student, age 12	Poem	English	Yes
5	<i>Challenges faced by a widow whom her husband died from HIV/AIDS</i>	G, H, CO	S1, S2, B, PD	Teacher	Poem	English	-
6	<i>HIV/AIDS</i>	G, T, I, CO	S1, S2	Teacher	Poem	English	-
7	<i>AIDS! AIDS! Has no cure, prevent it!</i>	C, T	B, P, ED, CA	Teacher	Poem	English	Yes
8	<i>But What Follows</i>	A, E, CO	OL, SE, S2, PD	Students, age 12/14	Drama	Kiswahili/English	Yes
9	<i>Why parents have failed to tell the truth</i>	G, E, CO	S1, S2,	Teacher	Drama	English	-
10	<i>I Love My Body</i>	H, A, T, CO	SE, S1, S2, B, OL, CA	Student, age 12	Poem	English	Yes
11	<i>Today I Am Asking</i>	I, G, CO	S1, S2	Teacher	Poem	Kiswahili	-
12	<i>Old But Young</i>	H, B, G, E, CO	S1, S2, CA, OL	Teacher	Poem	Kiswahili	-
13	<i>You Can't Tempt Me</i>	A, T, CO	SE, S1, S2, CA, OL	Teacher	Poem	English	Yes
14	<i>A long way with corners</i>	G, I, CO	S1, S2, CA	Performer	Song	Kiswahili	
15	<i>Only remedy</i>	A, M	SE, CA, BE, (B)	Unknown	Song	Kiswahili	Yes
16	<i>AIDS is a killer disease</i>	H, G, E, CO	S1, S2,	Teacher	Song	English/Kiswahili	Yes
17	<i>AIDS</i>	G, H, I, CO	S1, S2, BE, CA	Student, age 12	Poem	English	Yes
18	<i>Silent Epidemic</i>	G, I, CO	S1, S2	Performer	Song	English	-
19	<i>AIDS is real</i>	G, H, T, CO	S1, S2, B, ED, CA	Performer	Song	English	-
20	<i>Innocent girl</i>	D, G, E	OL	Performer	Song	English	-
21	<i>My Life</i>	G, M, E, CO	OL	Performer	Song	English	-
22	<i>A hope song</i>	T, H, CO	BE, PD, CA, SE	Performer	Song	English	-
23	<i>Crying out for love</i>	G, H, CO	B, PD, ED, CA	Performer	Song	English	-
24	<i>Mama taught us</i>	G, E, CO	S1, S2, OL, PD, ED	Performer	Song	English	-
25	<i>Change</i>	H,	CA, B, BE, PD, ED, SE	Performer	Song	English	-
26	<i>Sweet life</i>	H, D	CA, BE, B, PD, ED, SE	Performer	Song	English	-
27	<i>Mercy</i>	G, H, E, CO	S1, S2, OL, ED, PD	Performer	Song	English	-
28	<i>Save the generation</i>	A, B, C, G, I, E, T	OL, S1, S2, CA, B, BE, ED, SE	Performer	Song	English	-
29	<i>Not the end</i>	H, D	CA, B, BE,	Performer	Song	English	-
30	<i>Simple rules</i>	A, B, C	SE, BE	Performer	Song	English	-
31	<i>Cruel world</i>	G, H, E, CO	S1, S2, BE, SE, CA, OL	Performer	Song	English	-

### Themes:

A = abstinence, B = be faithful, C = use condom, T = HIV transmission, E = example (either a coping model or a "bad" example), G = grief/despair, H = hope, I = imagery of HIV/AIDS, M = misconception, CO = consequences.

### Theoretical concepts:

S1 = perceived susceptibility, S2 = perceived severity, BE = benefit/effectiveness, B = barrier, CA = cue to action, SE = self-efficacy, PD = psychological determinants, OL = observational learning, ED = environmental determinants.

## APPENDIX 2 - LIST OF INFORMANTS

The following informants contributed with their experiences and thoughts for the study.

1. Teacher, male, about 30 years old
2. Teacher, female, about 25 years old
3. Teacher and performer, male, about 30 years old
4. Performer, male, about 20 years old
5. Performer, male, about 20 years old
6. NGO representative (unofficial), male, about 40 years old
7. NGO representative, KANCO, male, about 40 years old
8. NGO representative (unofficial), female, about 30 years old
9. Ex-student\*, male, about 20 years old
10. Ex-student\*, male, about 25 years old
11. Student, female, grade 7
12. Student, female, grade 8
13. Student, male, grade 6
14. Student, male, grade 8

\*Student who have attended a school that utilizes songs, poems and drama in their HIV/AIDS program.

## APPENDIX 3 - INFORMATION LETTER & CONSENT FORM

### Information Letter

Dear interviewee,

My name is Elias Rådelius and I'm a student at Södertörn University in Stockholm, Sweden. I'm studying International Health and am now writing my bachelor thesis about the use of music, drama and poems in HIV/AIDS programs in Nakuru, Kenya.

You are invited to be a part of this study. I would like to interview you about the HIV/AIDS program at your school. This will be an opportunity for you to share your thoughts, impressions and experiences about this subject. The interview will be about 30-60 minutes long and I will use a recording device for documentary purposes only. There is no risk involved in participating in this study and no information will be shared that can identify you as the informant. By participating in this study you bring valuable information to the research about various methods of raising awareness in HIV/AIDS programs.

Your participation is voluntary and you have the right to refuse to answer questions that you do not feel comfortable with. You also have the right to stop the interview or withdraw from the study completely at any time.

If you have any questions, don't hesitate to ask.

Thank you.

Elias Rådelius  
Bachelor candidate, Södertörn University.

### Consent form

I hereby confirm that I have read the Information Letter above and the nature of the study has been explained to me and I agree to participate. All questions have been answered to my satisfaction.

Interviewee's name:

Signature:

Date:

.....

Name of the person obtaining informed consent:

Signature:

Date:

.....