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Abstract

Purpose: The study sought to establish the influence of abstinence communication campaigns on prevention of HIV and AIDS among undergraduate university students in Kenya.

Materials and Methods: The study employs a descriptive research design, with the focus on undergraduate students from all the seventy-four universities. Sample size determination was done as follows where the Fisher's formula was used to select an appropriate sample from the populated to be targeted. The study thus, targeted 384 undergraduate students. In order to avoid biased results, the study excluded the respondents who participated in the pilot study. The study used qualitative as well as quantitative which prior to analysis, was sorted to ensure completeness. Quantitative data was collected using three hundred and eighty-four semi-structured questionnaires. On the other hand, qualitative data was collected by use of seven Key Informant Interview (KII) guides. Coding of the responses was done, in order to enable the data to be recorded into SPSS software. The quantitative information was investigated descriptively and inferential statistics were drawn by the use of Statistical Package for Social Sciences (SPSS variant 21.0). Results were then presented in tables, diagrams and charts. Qualitative data collected from the open-ended part of the questionnaire was analyzed using content analysis and the results were presented in prose form.

Results: The findings revealed that medium of delivery and prevention of HIV and AIDS are positively and significantly related (β=0.391, p=0.023). Likewise, frequency of abstinence and prevention of HIV and AIDS are positive and statistically related (β=0.399, p=0.003). The table further indicates that source of the abstinence campaign messages and prevention of HIV and AIDS are positive and significantly related (β=0.351, p=0.001). Upon interacting the stakeholder intervention in the model, it was found to be positively and significantly related as shown by (B=0.033, p=0.009).

Unique contribution to theory, practice and policy: The cultivation theory may be used to anchor future studies in abstinence communication campaigns. The study recommended that students in universities are encouraged to get tested and know their status; the university management needs to scale up the awareness strategies to students on the need to practice safe sex to prevent HIV infection for future healthy and capacitated generation; the government through the ministry of health needs to invest in propagating the messages by use of the interactive, student-centered methods of teaching, rather than heavily didactic ones, which has been proven to be more successful.

Keywords: *Abstinence Communication Campaigns, Prevention, HIV and AIDS, Undergraduate University Students*

1.0 INTRODUCTION

Risky sexual behavior is commonly defined as behavior that increases one's risk of contracting sexually transmitted infections and experiencing unintended pregnancies. They include having sex at an early age, having multiple sexual partners, having sex while under the influence of alcohol or drugs, and unprotected sexual behaviors (Centers for Disease Control and Prevention, 2010). Some of these behaviours have hit the headline in the University context since the prevalence of sexual misconduct has been on the alarming rise. One of the major and serious outcomes from sexual misconduct is the contacting and spread of HIV/AIDS and STIs.

HIV/AIDS itself has yet to have a cure however it is rapidly spreading and ravaging the young tax at an alarming rate despite numerous protection measures introduced to curb the situation (Fentahun & Mamo, 2014). Globally, 33.2 million people were estimated to be living with HIV and 2.5 million were newly infected with HIV in 2007. According to World Health Organization reports, the number has risen to approximately 36.9 million people living with HIV/AIDS. In the Sub-Saharan Africa about 4.9% of adults (15-45 year) live with the virus. Adult aged (15 to 49 years) HIV prevalence rate in Kenya is at about 4.8% (WHO, 2017).

Campaigns have been seen to produce effects that are specific in a large group of individuals within a specified period of time, and through a coordinated set of communication activities (Noar, Palmgreen, Chabot, Dobransky & Zimmerman, 2009). They employ single or multiple media at the national, regional, and local levels, either as stand-alone efforts or as part of multi-component programs. Campaigns that achieve even small effects could pronounce a meaningful and cost-effective aftermath on the prevalence of sexual behaviour among multitudes of people. This rationale has led campaigns to have become such an integral part of HIV/AIDS and STIs prevention efforts through the changes in morals of the public. Some variables, such as awareness of existing HIV/AIDS prevention methods, have been associated with utilization of such methods (Ndabarora & Mchunu, 2014).

Since 1980s, the government of Kenya has been on the forefront in creating public awareness campaigns. Due to the perception of the powerful and influential tool role of mass media (television, radio, newspapers, and posters), many organizations decided to use mass media and alternative media which has attracted so much attention because of the large audience it addresses. Numerous public health prevention campaigns have since been propagated by international agencies (for instance, United Nations) in conjunction with the local government, the NGOs and religious institutions and have committed themselves to this course of eradicating the HIV/AIDS pandemic. These campaigns have majorly focused on behavior change by advising on the use of condoms, abstaining from sexual acts, reduction of sexual partners, and monogamy as well (Okaron, 2015). In addition, the national ministries of health in in collaboration with the NGOs, integrated the Voluntary Counselling and Testing (VCT) into the general health care and made free to any individual. VCTs were clearly shown to be a key entry point for HIV/AIDS prevention, care and support (Cawley *et al*., 2014).

In universities, diverse initiatives have been underway to mitigate the high sexual prevalence such as use of posters and educational materials, student orientation programmes, offering of a wide variety of HIV and AIDS related courses at the Certificate, Diploma and Postgraduate levels as well as a compulsory HIV and AIDS core unit to all students etc. However, awareness

and knowledge of HIV and AIDS does not always correspond with reduction to sexual behaviour (Romo, 2012; Ndabarora & Mchunu, 2014). It has been reported that university students are the group of people who exhibit a high sexual prevalence and in addition, they rarely use existing preventive measure to HIV/AIDS and STIs. For instance, the use of condom has been reported to be low university students, which is attributed to the fear of compelling infidelity into their sexual partners (Mberia & Mukulu, 2011).

Ideally, the most efficient and reliable prevention mechanism to sexually transmitted infections still remain to be abstinence. This is a mechanism that takes the individual and the collective effort in order to affect. However, the uptake and acceptance of sexual abstinence as a prevention strategy among university students remain relatively unknown (Khasiani, 2013). In spite of these university students being at the disposal of a high degree of knowledge about HIV/AIDS and HIV modes of transmission, they do not embrace the existing HIV prevention methods let alone abstaining from risky sexual practices. This, therefore, factors in the negligence of the undergraduate university students towards the information they receive from the campaigns.

Statement of the Problem

Sensitization and enlightenment of the public in Kenya have rapidly and effortlessly been on the spread across the nation in support to promote social and behaviour change among the young and the old people. Vigorous campaigns by various NGOs such as the Population Service International (PSI) Kenya have hit the ground running in the last two decades (Agha, 2001). Some of the dedicated campaigns are; The PSI HIV/Aids Campaigns, The Nimechill (Kiswahili slang for “I have abstained) Campaign- launched in 2004 by PSI, The Voluntary Medical Male Circumcision Campaign (VMMC) endorsed by WHO (2007) and launched by the government of Kenya in 2008, The Mpango Wa Kando Campaign launched by PSI (2013) as well as the communication process and HIV/AIDS Campaign Messaging (Okaron, 2015).

Although abstinence is theoretically effective, in actual practice, intentions to abstain from sexual activities often fail, especially among undergraduate university students. HIV Hyper-epidemics persist in parts of the country and among certain groups such as sex workers where most of the university students in Nairobi fall victim. In 2016, the National Aids Control Council (NACC) revealed that in the university context, about 4.5% of all the students in different campuses in Kenya were HIV positive (NACC, 2016). According to reports by the Ministry of Health, more than fifty per cent of all new HIV infections in Kenya in 2015 occurred among adolescents and young people (aged 15-24 years), with young women (33% that is 23,312) being almost twice as likely to acquire HIV compared to their male counterparts. In comparison, young men accounted for 16% of all new HIV infections (12,464) (Ministry of Health, 2018). In 2017, according to the Kenya HIV Estimates Report, Nairobi had the highest number of new infections among young people between 15 and 24 years at 2,587 followed by Homa Bay (1,852), Siaya (1,641), Kisumu (1,630) and Migori (1,143) (Ministry of Health, 2018). The prevalence of this pandemic robes the country of its active workforce and thus the country loses on its labour productivity and the ability to achieve its big millennium goals. This, therefore, shows that there is need for rigorous campaigns to be done among undergraduate university students in order to instigate positive behavioural change.

Theoretical Review

Cultivation Theory

Cultivation Theory was developed by Gerbner (1973) who argue that media has a profound and engraved effects on the behaviour of an individual. The theory strongly advocates that cultivation is a mass media theory that arises from the pattern of operational practices. His concern is on how individuals select messages for exposure, how they process the information in those messages and what effects the messages exerted on people during exposures or immediately after. In addition, the theory goes an extra mile to explain the influence that a much broader scope of messages gradually exerted on the public as people were exposed to media messages in their everyday lives (Gerbner, 1970; Potter, 2014).

Morgan and Shanahan (2010) support the same sentiments that media cultivates a perception of the existence of phenomena and thus shapes the viewer's point of view of these phenomena and behaviour. Since the emergence of mobile phones, access to episodes aired on national television is now convenient enough to be watched anywhere and anytime. This is due to the affordability of these phones and their portability (Oteri, Kibet & Ndung'u, 2015).

By the late 1970s, the cultivation interpretation method began to draw the interest of researchers of media impact who simply used the organizational practices of the cultivation team and ran their own hypothesis experiments (such as Christiansen, 1979; Fox & Philliber, 1978). As this literature of cultivation theory tests developed, there were examples of researchers who tested some extensions to the operational practices defined, especially with measures of the cultivation indicator. These researches accepted the original theoretical framework of Gerbner for a cultural indicator and then sought to test alternative measures to fill the gaps in the range of meanings set out in that conceptualization. The production of cultivation indicator measures on additional topics is one example of this. For instance, by testing people's beliefs about mental illness (Diefenbach & West, 2007), beliefs about drug abuse (Minnebo & Eggermont, 2007), acceptance of homosexuality (Calzo & Ward, 2009), and beliefs about the environment (Holbert, Kwak, & Shah, 2003), to name a few of these extensions of topics.

Others operationalized cultivation indicators as knowledge, attitudes, beliefs, emotions, and behaviors. For example, Hawkins and Pingree (1980) tested different types of cultivation indicators to see if knowledge was related to beliefs. Hawkins and Pingree (1980) and others (Gerbner, Gross, Morgan, & Signorielli, 1986; Sparks & Ogles, 1990) found that the different types of measures were not related to each other very strongly. Based on such tests and empirical evidence, the current study therefore argues that cultivation theory is relevant to the context of sexual abstinence given the media campaign messages.

The theory particularly, shows the relationship that exists between the frequency of abstinence campaign and sexual behaviour of university students in Jomo Kenyatta University of Agriculture and Technology, Kenya. That is based on the principle that long-term use, receipt and assimilation of information from the campaigns exert some culture in the students towards the use and application of the campaign messages. Thus, it is against these back grounds that the current study applies the theory to the current problem.

1.3 Conceptual Framework

This conceptual framework shows the anticipated relationship between abstinence communication campaigns on prevention of HIV and AIDS among undergraduate university students in Kenya (Lekaram, 2014).

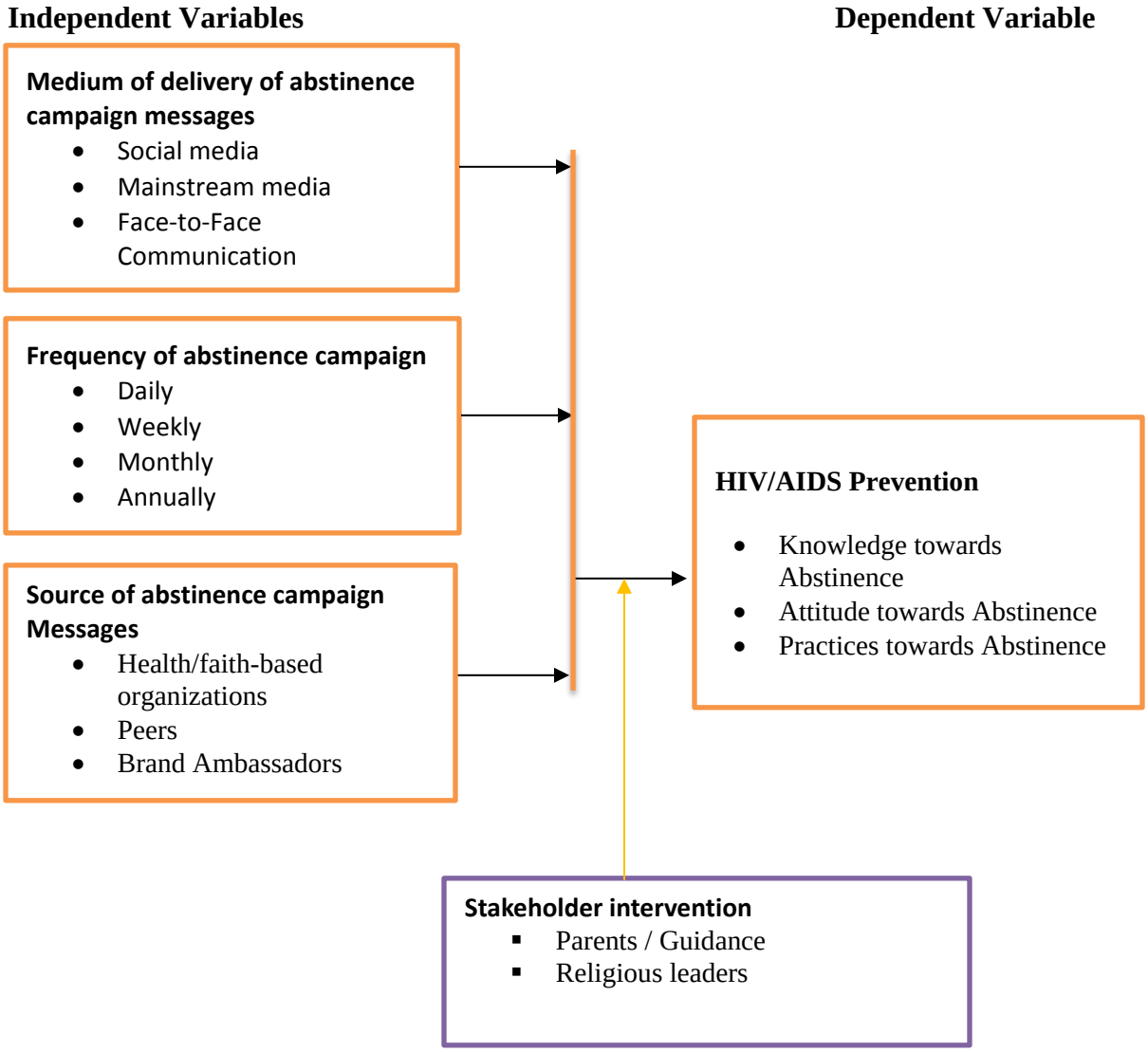

Figure 1: Conceptual Framework

Source: Researcher (2019)

Critique of the Existing Literature Relevant to the Study

The study finds considerable literature of evidence proving the need and significance of abstinence communication campaigns towards prevention of HIV and AIDS. Some of the

studies have been able to address the need for these campaigns to be widely spread out across the face of Kenya due to the rising cases of HIV/AIDs spread. However, in order for these campaigns to be effective in reaching out to mass people, there is a requirement to be met, and that is the campaign channel. Local channels accessible to a large number of people has been the main channel used by the various abstinence campaign programmes that existed before (Okaron, 2015; WHO, 2016).

For instance, regarding the medium of delivery of abstinence campaign and HIV and AIDS prevention, Alonge (2017) concluded that the students felt easy for them to share this information on social media where students were motivated to connect with others for HIV/AIDS message sharing. Daka, Jacob, Kakupa and Mwelwa (2017) likewise, corresponds by indicating that the government and NGOs can improve delivery oof campaign messages via the use of ICT structures of social media platforms such as Facebook, twitter and WhatsApp. This will enable easy facilitation of social media usage is in place and collaborate to make sure that information shared on social media regarding HIV and AIDS is useful. To a larger extent, Ndege (2015) confirms that the use of media channels in communication is able to enhance the campaign.

In terms of the frequency of abstinence campaign messages and HIV and AIDS prevention, Okaron (2015) indicated that the continuous dispersion of campaign messages has a positive behavioral change in the personal life of respondents because the words used by the designers caused behaviour change. The same is corroborated by Taggart, Grewe, Conserve, Gliwa and Isler (2015) and Coppola and Camus (2014) who stated that individuals who are continuously exposed to a message within which epidemiological data were marked by such adverbs compared to those who processed a message without such an adverbial marking expressed a higher level of perceived risk and declared a stronger intention to use a condom and to practice a screening test.

Source of the abstinence campaign messages and HIV and AIDS prevention, according to WHO (2018) has been noted to invoke positive behavioural change in Kenya through the campaigns such as the Voluntary Medical Male Circumcision Campaign (VMMC) endorsed by WHO (2007) and launched by the government of Kenya in 2008, The Mpango Wa Kando Campaign launched by PSI (2013) as well as the communication process and HIV/AIDS Campaign Messaging (Okaron, 2015). Wang (2018) along the same vein found that participation in social organizations increases the level of awareness of HIV/AIDS knowledge and is ultimately associated with positive HIV/AIDS behavioural change. Most importantly, stakeholder intervention is an all-faceted approach to ensure campaign towards HIV and AIDS prevention (Dzinamarira et al., 2020; Day et al., 2018).

However, in the case of the current study's population which is the university students, such channels are not much acknowledged. The students have buried themselves much into social media platforms to connect and receive information activities (Noar *et al*, 2009). These platforms offer much convenient and real time information with the help of smartphone technology that is almost owned by every student in Kenya. The government and other health related bodies not forgetting the faith-based organizations have tried, in the quest to propagate the spread of information about HIV/AIDs prevention to use these channels in order to reach the students ((Ministry of Health, 2018; Republic of Kenya, 2009). However, some of the spread of the virus

among the students is still on the rise. This clearly shows that there is still a gap in the universities that every stakeholder needs to fill by campaigning against the spread of the Virus. Some of the research gaps are therefore, summarized in the next section.

Research Gap

A geographical gap is identified by the study and the aim is to fill the gap for instance the study by Alonge (2017) was conducted in In Nigeria. Daka, Jacob, Kakupa and Mwelwa (2017) did a study in the University of Zambia. Another study by Wang (2018) to assess the impact of social organizations on HIV/AIDS prevention knowledge among migrants was conducted in China. These among other studies were in various geographical contexts as opposed to the Kenyan context.

Another gap identified is the scope gap. The study by Ndege (2015) focused on Kisumu west sub-county while the research by Okaron (2015) focused its scope on Nairobi County. Hartford and Coates (2017) on the other hand focused generally on Sub-Saharan Africa. The current study focused on prevention of HIV and AIDS among undergraduate university students in Kenya. The study by Rakotoniana (2014) on the role of churches in combating the HIV/AIDS epidemic revealed a conceptual gap. The limitation of the study is presented by the difference in the concepts since the current study is based in the prevention of HIV and AIDS among undergraduate university students in Kenya. In addition, the study presents a contextual gap since the study was conducted in Madagascar while the current study is based in Kenya.

Ochillo, Van Teijlingen and Hind (2017) also analysed the influence of faith-based organizations on HIV prevention strategies in Africa. Njuguna (2018) surveyed the perception of Jijue Jipange Campaign among Youth. Odondi (2015) also took a step to assess the influence of Seventh-day (SDA) Church HIV/AIDS Behavior Change Messages among Young People. These studies indicate a clear difference in the concepts of the study leading to a conceptual gap. The current study seeks to find out the prevention of HIV and AIDS among undergraduate university students in Kenya.

Empirical evidence also shows that the efforts relationship between campaigns and sexual behaviour has also been sparingly done. The study by Doyore and Jara (2014) was based in Hadiya Zone College students in South Ethiopia. Musepa, Ngoma, Nkumbula, Lwatula, Zgambo and Menon (2014) also focused on secondary school pupils in Zambia and thus presents a geographical gap. According to Mberia and Mukulu (2011), the study only sampled seven universities and thus the study presents a scope and a methodological gap. Okaron (2013) took a case study of Mpango WA Kando campaign in Nairobi County, however, the scope of the study comprised of respondents between the ages of 18-40 years. Current study's population consists of undergraduate university students. In addition, Mwamwenda (2014) focused on education level and human immunodeficiency virus HIV/AIDS knowledge in Kenya but did not focus on the measures to propagate abstinence of sex towards as a way of improving social behaviour as well as preventing of HIV and AIDS among students. These among other studies have presented several gaps in the literature such as the methodological gap, conceptual gap and contextual gap. It is, therefore, against these backgrounds that the current study seeks to fill the existing gaps by establishing the influence of abstinence communication campaigns on prevention of HIV and AIDS among undergraduate university students in Kenya.

2.0 METHODOLOGY

The study employs a descriptive research design, with the focus on undergraduate students from all the seventy-four universities. Sample size determination was done as follows where the Fisher's formula was used to select an appropriate sample from the populated to be targeted. The study thus, targeted 384 undergraduate students. In order to avoid biased results, the study excluded the respondents who participated in the pilot study. The study used qualitative as well as quantitative which prior to analysis, was sorted to ensure completeness. Quantitative data was collected using three hundred and eighty-four semi-structured questionnaires. On the other hand, qualitative data was collected by use of seven Key Informant Interview (KII) guides. Coding of the responses was done, in order to enable the data to be recorded into SPSS software. The quantitative information was investigated descriptively and inferential statistics were drawn by the use of Statistical Package for Social Sciences (SPSS variant 21.0). Results were then presented in tables, diagrams and charts. Qualitative data collected from the open-ended part of the questionnaire was analyzed using content analysis and the results were presented in prose form.

3.0 RESULTS

3.1Demographic characteristics of the sample

In this study, the general characteristics of the population under study was considered, which included; gender, age and the religion of the respondents.

Table 1: Demographic profile of the respondents

Variable	Category	Frequency	Percentage
Gender	Female	86	29.55
	Male	205	70.45
	Grand Total	**291**	**100.00**
Age	Less than 20 years	22	7.56
	20- 25 years	118	40.55
	26-30 years	102	35.05
	Above 30 years	49	16.84
	Grand Total	**291**	**100.00**
Religion	Protestant	129	44.33
	Muslim	72	24.74
	Catholic	68	23.37
	Hindu	22	7.56
	Grand Total	**291**	**100.00**

Source: Research Data (2020)

The results indicate that majority of respondents (70.45%) are male compared to their female counterparts who are 29.55% showing a representation of both genders in the study without bias. The findings from the above table revealed that majority of the respondents (75.60%) are between 20 and 30 years with 40.55% of them being between 20 and 25 years. The results likewise, indicate that 44.33% of the respondents are Protestants, 24.74% are Muslims, 23.37 are Catholics while 7.56% of them are Hindus.

3.2 Presentation of Descriptive Statistics for the Variables

Descriptive statistics was done to show the summary of the findings by including mean and the standard deviation per variable. This was done using the **5-point scale of where 1 =Strongly Disagree, 2 = Disagree, 3 =Neutral, 4 =Agree, 5 =Strongly Agree, M =Mean and Std. D =Standard Deviation.**

3.2.1 Medium of delivery of the Abstinence Campaign Messages

Table 2: Descriptive Statistics on Medium of Delivery

Statements	1	2	3	4	5	M	Std. D
The campaigns are done by use of WhatsApp as a medium of delivery of campaign messages which helps in HIV/AIDS Prevention	6.53	11.34	22.34	34.71	25.09	3.60	1.17
The campaigns are done by use of Facebook as a medium of delivery of campaign messages which helps in HIV/AIDS Prevention	10.65	8.25	23.02	27.84	30.24	3.59	1.29
The campaigns are done by use of Twitter as a medium of delivery of campaign messages which helps in HIV/AIDS Prevention	12.03	7.56	15.12	35.40	29.90	3.64	1.31
The campaigns are done by use of YouTube as a medium of delivery of campaign messages which helps in HIV/AIDS Prevention	12.03	12.37	21.65	32.65	21.31	3.39	1.28
The campaigns are spread through National television which helps in HIV/AIDS Prevention	12.37	6.87	23.71	18.21	38.83	3.64	1.38
I interact with campaign ambassadors face to face in the school which helps in HIV/AIDS Prevention	12.03	10.31	13.06	33.68	30.93	3.61	1.34
The University arranges forums to enlighten the students on the messages which helps in HIV/AIDS Prevention	12.71	8.25	21.31	21.99	35.74	3.60	1.37
Average						**3.58**	**1.31**

1 =Strongly Disagree, 2 = Disagree, 3 =Neutral, 4 =Agree, 5 =Strongly Agree, M =Mean and Std. D =Standard Deviation

Source: Research Data (2020)

The results in the table above revealed that majority of the respondents (59.80%) agreed that the campaigns are done by use of WhatsApp as a medium of delivery of campaign messages which helps in HIV/AIDS Prevention. The results further show that, 58.08% of the respondents agreed that the campaigns are done by use of Facebook as a medium of delivery of campaign messages which helps in HIV/AIDS Prevention. Besides, 65.30% of the respondents also agreed that the campaigns are done by use of Twitter as a medium of delivery of campaign messages which helps in HIV/AIDS Prevention. In addition, 53.96% of the respondents agreed that the campaigns are done by use of YouTube as a medium of delivery of campaign messages which helps in HIV/AIDS Prevention. In addition, 57.04% of the respondents agreed that the campaigns are spread through National television which helps in HIV/AIDS Prevention. The results further show that, 64.61% of the respondents agreed that they interact with campaign ambassadors face to face in the school which helps in HIV/AIDS Prevention. The results likewise, indicated that, 57.73% of the respondents agreed that the University arranges forums to enlighten the students on the messages which helps in HIV/AIDS Prevention. In summary, the average mean of the responses was 3.58 on a scale of five points. This means that the majority of

the respondents agreed with the statements on medium of delivery of the abstinence campaign messages. The average standard deviation is 1.31.

The Key informants were requested to indicate how they thought social media serves in preventing the spread of HIV/AIDs. These were some of their responses: The first respondents indicated, "*Social media is a very common platform and accessible to many if not all individuals in Kenya. With the uptake of mobile phone technology scaling up the ceiling, the use of social media is now a necessity and you find even school going children using such accounts as Facebook, twitter and Instagram. The intention of the government and related healthcare stakeholders is to make the information about HIV/AIDs so popular and cultivated to an individual as they grow up. Such platforms as social media re there to aid in that dissemination*". This was seconded by another key informant who noted that "*Through social media the personalities, brand ambassadors and the individuals who have successfully managed HIV/AIDs are able to link and connect to individuals at a personal level. At that level, they are able to exchange knowledge and practical experiences abut prevention and managing the HIV/AIDs. You see now it is easier for someone to believe it form the horses' mouth rather than the person they don't trust or don't know*".

These findings agree with Alonge (2017) who indicated that the main messages passed across were on methods of preventing HIV/AIDs. This is because of the convenience of social media platforms to pass information to a large audience and have positive effect on HIV/AIDS reduction. Furthermore, they advocated anti-stigma and general HIV/AIDs knowledge.

3.2.2 Frequency of abstinence of the Abstinence Campaign Messages

The students were requested to indicate whether the abstinence campaigns take part in their university. Their responses are as shown in figure 2 below:

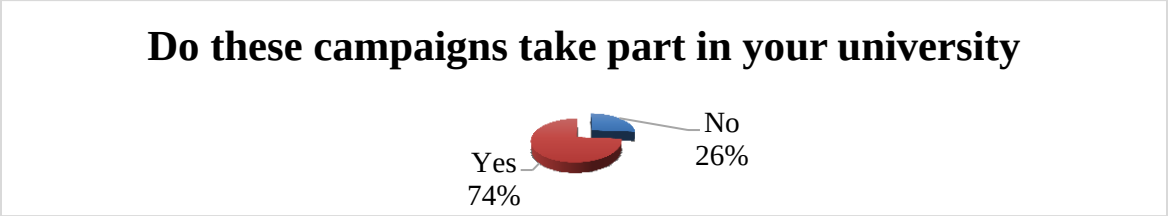

Figure 2: Abstinence Campaigns in Universities

The findings in figure 2 indicate that majority of the respondents (74% accepted that the campaigns take part in the universities but most of them cited that these campaigns are rare physically but do appear in several channels such as the mainstream media, social media, among others.

Table 3: Descriptive Statistics on Frequency of abstinence

Statements	1	2	3	4	5	M	Std. D
The abstinence campaign messages are conducted daily in the university and are geared towards HIV/AIDS Prevention	3.09	10.65	26.46	36.43	23.37	3.66	1.05
The abstinence campaign messages are conducted weekly in the university and are geared towards HIV/AIDS Prevention	4.81	9.28	20.27	34.71	30.93	3.78	1.13
The abstinence campaign messages are conducted monthly in the university and are geared towards HIV/AIDS Prevention	5.84	7.9	17.18	36.77	32.3	3.82	1.14
These number of campaigns are adequate for the spread of the information about HIV/AIDs and are geared towards HIV/AIDS Prevention	5.84	6.53	18.56	30.24	38.83	3.90	1.16
The campaigns cover more than just the university and are geared towards HIV/AIDS Prevention	7.9	8.93	30.93	26.46	25.77	3.53	1.19
Average						**3.74**	**1.13**

1 =Strongly Disagree, 2 = Disagree, 3 =Neutral, 4 =Agree, 5 =Strongly Agree, M =Mean and Std. D =Standard Deviation

Source: Research Data (2020)

The results in the Table 2 above revealed that majority of the respondents (59.80%) agreed that the abstinence campaign messages are conducted daily in the university and are geared towards HIV/AIDS Prevention. The results also exposed that majority of the respondents 65.64% agreed that the abstinence campaign messages are conducted weekly in the university and are geared towards HIV/AIDS Prevention. Additionally, 69.07% of the respondents agreed that the abstinence campaign messages are conducted monthly in the university and are geared towards HIV/AIDS Prevention. The results also showed that 69.07% of the respondents agreed that these number of campaigns are adequate for the spread of the information about HIV/AIDs and are geared towards HIV/AIDS Prevention. Majority of the respondents (52.23%) likewise, indicated that the campaigns cover more than just the university and are geared towards HIV/AIDS Prevention. On a five-point scale, the average mean of the responses was 3.74 which means that majority of the respondents agreed with the statements on frequency of abstinence of the abstinence campaign messages, however the answers were varied as shown by a standard deviation of 1.13.

The Key respondents were likewise, requested to indicate what the university has done to help the health sector in spreading the information about HIV/AIDs to the students. *The university has collaborated with the ministry of health and education in including HIV/AIDS units in the curriculums and thus it is sort of mandatory for every student to learn that course as a common unit*. Key respondent 1. *The university has a working VCT which helps to voluntarily council and test the students for HIV/AIDS. In addition, there are periodic campaigns where the HIV/AIDS awareness ambassadors are invited to pitch at the school in order to offer awareness and protection information to students. Free condoms are likewise provided to students and they are encouraged to either stick to one partner after knowing their status or used protection during sexual intercourse*. Key respondent 2. *Knowledge about status is very key and is the basic message to every individual. For those who test positive for HIV, the university health care programme recommends them to a licensed health care provider who will walk the individual*

through the steps on how to stay healthy and how to avoid transmitting HIV to others. Likewise, they are provided with free to cheap ARVS whose costs have been partly covered by third parties. They are usually encouraged not to worry about costs. Key respondent 6.

These findings agree with Okaron (2015) who stated that the campaign about the use of condom which was being aired on National televisions at prime times daily in bid to emphasize on the message and reach many people across the country, yielded positive behavioral change in the personal life of respondents because the words used by the designers caused behaviour change. Likewise, Taggart, Grewe, Conserve, Gliwa and Isler (2015) shows that due to the ability of social media to reach millions in a more convenient, frequently and in the cheapest ways. The ability to share and receive information about HIV was reported to be the benefit of social media use however the spread is challenged by low technological uptake especially in developing countries. Measures of frequency of use, satisfaction, and effects of use varied across studies.

3.2.4 Source of the Abstinence Campaign Messages

Table 4: Descriptive Statistics Source of the Abstinence Campaign Messages

Statements	1	2	3	4	5	M	Std. D
Health organizations are on the fore-front to spread the abstinence campaign messages for HIV/AIDS Prevention	8.25	11.68	18.21	31.96	29.9	3.64	1.25
Faith based organizations take part in the campaigns in our University for HIV/AIDS Prevention	6.53	8.25	12.71	34.02	38.49	3.90	1.19
My friends uphold and advocate abstinence in order to minimize the of spread of HIV/AIDS for HIV/AIDS Prevention	13.4	13.4	16.84	24.74	31.62	3.48	1.4
The campaign messages are propagated by ambassadors based on their accomplishments for HIV/AIDS Prevention	10.65	12.71	17.18	19.93	39.52	3.65	1.38
The campaign messages are propagated by ambassadors based on their affiliations and economic status for HIV/AIDS Prevention	8.25	9.28	17.53	37.8	27.15	3.66	1.2
Political leaders and media personalities take part in the campaigns in our University for HIV/AIDS Prevention	13.06	13.75	18.21	23.71	31.27	3.46	1.39
Average						**3.63**	**1.30**

1 =Strongly Disagree, 2 = Disagree, 3 =Neutral, 4 =Agree, 5 =Strongly Agree, M =Mean and Std. D =Standard Deviation ***Source: Research Data (2020)***

The results in the Table 4 above revealed that the majority of the respondents (61.86%) agreed that health organizations are on the fore-front to spread the abstinence campaign messages for HIV/AIDS Prevention. The results also showed that (72.51%) of the respondents agreed that faith-based organizations take part in the campaigns in the University for HIV/AIDS Prevention. Additionally, 56.36 of the respondents agreed that their friends uphold and advocate abstinence in order to minimize the of spread of HIV/AIDS for HIV/AIDS Prevention. Majority of the respondents (59.45%) agreed that the campaign messages are propagated by ambassadors based on their accomplishments for HIV/AIDS Prevention. Additionally, 64.95% of the respondents agreed that the campaign messages are propagated by ambassadors based on their affiliations and economic status for HIV/AIDS Prevention. The results also showed that 54.98% of the

respondents agreed that political leaders and media personalities take part in the campaigns in our University for HIV/AIDS Prevention. In conclusion, the average mean of the responses was 3.63 when viewed on a scale of five points. This means that the majority of the respondents agreed with the statements on source of the abstinence campaign messages. However, the answers were varied as shown by the standard deviation of 1.30.

The key respondents were likewise asked to indicate the sources of abstinence campaign that play a great role in providing the students with information on STI and HIV/AIDS infection. These were their responses: *Mainstream media as well as the health and education sector*. Key respondent 1. *Social media, Involvement of the parents, schools and health sector*. Key respondent 2. *Social media, mainstream media as well as person to person campaigns*. Key respondent 3. *Mainstream media is now efficient in targeting many persons but to stress the point, a personalized visit to the persons makes a whole lot difference*. Key respondent 5.

These findings corroborate those of Wang (2018) who acknowledged that participation in social organizations increases the level of awareness of HIV/AIDS knowledge and is ultimately associated with positive HIV/AIDS behavioural change. According to Okaron (2015), several campaigns initiated by the government such as the Voluntary Medical Male Circumcision Campaign (VMMC), The Mpango Wa Kando Campaign and The Nimechill Campaign yielded positive behavioural change among many young people.

3.2.5 Stakeholder Intervention

Table 5: Descriptive Statistics on Stakeholder Intervention

Statements	1	2	3	4	5	M	Std. D
Your parents offer full support for the abstinence campaign	6.19	11.68	17.87	24.4	39.86	3.80	1.25
Parents are constantly involved in conducting health campaigns for HIV/AIDS Prevention	8.25	13.4	17.87	24.05	36.43	3.67	1.31
The parents are actively involved in conducting health campaigns for HIV/AIDS Prevention	12.37	17.87	24.4	23.37	21.99	3.25	1.32
Your religion allows you to participate in the health campaigns for HIV/AIDS Prevention	8.59	14.78	20.96	33.33	22.34	3.46	1.23
Your religion prioritizes awareness creation in the propagation of campaigns about HIV and AIDS	14.09	11.68	19.24	30.24	24.74	3.40	1.35
Your religion is actively involved in conducting health campaigns for HIV/AIDS Prevention	11.68	16.49	23.37	24.05	24.4	3.33	1.32
Average						**3.49**	**1.30**

1 =Strongly Disagree, 2 = Disagree, 3 =Neutral, 4 =Agree, 5 =Strongly Agree, M =Mean and Std. D =Standard Deviation

Source: Research Data (2020)

The results revealed that most of the respondents (64.26%) agreed that their parents offer full support for the abstinence campaign. It was also revealed that majority of the respondents (60.48%) indicated that their parents are constantly involved in conducting health campaigns for HIV/AIDS Prevention. Likewise, 45.36% of the respondents indicated that their parents are actively involved in conducting health campaigns for HIV/AIDS Prevention. It was also agreed by majority of the respondents (55.67%) that their religion allows you to participate in the health campaigns for HIV/AIDS Prevention. Likewise, the results revealed that majority of the

respondents (54.98%) indicated that their religion prioritizes awareness creation in the propagation of campaigns about HIV and AIDS. Besides, 48.45% of them indicated that their religion is actively involved in conducting health campaigns for HIV/AIDS Prevention. Generally, the responses presented a mean of 3.49 which mean that majority of the respondents agreed with the statements on stakeholder intervention; however, the answers were varied as shown by a standard deviation of 1.30.

The Key respondents were likewise asked to describe the role of the government and NGOs towards prevention of HIV/AIDS. Most of the respondents were positive that the government has scaled up the country's need to acquire the knowledge about HIV/AIDS. *The government s working hard to support the infected by providing free-to cheap medications to the poor and economically disadvantaged. The government has likewise partnered with various faith-based NGOs and charitable organizations to help in providing care to the infected persons in the country*. Key respondent 1. *The set-up of VCTs in hospitals is a big step the government provided to hospitals and equipped them to help Kenyans know about their statuses. The ministry of health has likewise maintained the campaign of HIV/AIDS information to individuals by clearly stipulated procedures and knowledge about HIV/AIDS where it is available almost anywhere, the internet, in hospitals in school curriculums, etc*. Key respondent 3. *Provision of knowledge of condoms and how to use them really helps the mass on prevention. The message here is about preventive measures rather than cure. Abstinence messages in schools is the starting point, where the use of condoms comes in for prevention. Sticking to one partner is also so encouraged to avoid spread of HIV/AIDS*. Key respondent 4.

The findings agree with Lo, Chu, Ananworanich, Excler and Tucker (2015) that stakeholder participation can influence public opinion, lead to understanding research, promote the recruiting of volunteers, and help create multi-sectoral coalitions. This can also help to minimize the risk of disappointment and reduce the probability of a medical error. Likewise, Day et al. (2018) state that stakeholder engagement was more frequently conducted to inform early stages of HIV clinical trials compared to later stages and as such the process has been well established as a method to improve research implementation, procedures, and outcomes (Goodman & Sanders, 2017).

3.2.6 HIV and AIDS Prevention

The respondents were asked to indicate whether they have ever had any sexual relations. Their responses were tabulated in the figure below:

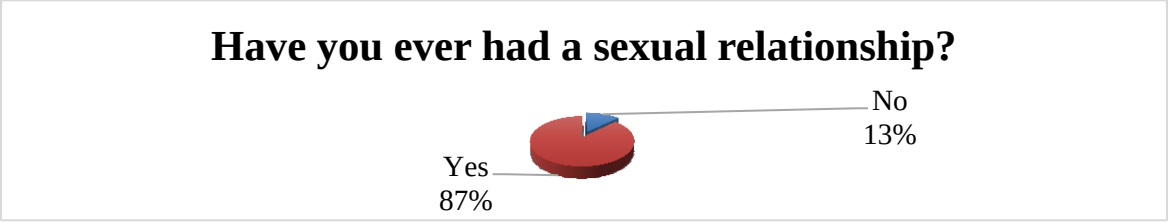

Figure 3: Sexual Relationships

Most of the respondents indicated that they have ever had sexual relations before. That is 87% of them have engaged in sexual intercourse before compared to 13% of them who have never had sexual relationships.

Table 6: Descriptive Statistics on HIV and AIDS Prevention

Statements	1	2	3	4	5	M	Std. D
Sex education at school is an enabler to sexual abstinence	6.53	10.31	23.02	35.05	25.09	3.62	1.16
Romantic relationships are a barrier to sexual abstinence	8.25	7.56	20.96	29.21	34.02	3.73	1.24
Use of protection motivates young people to engage in sexual relations rather than abstinence	7.90	6.87	16.15	38.83	30.24	3.77	1.18
I am concerned about contracting STI and HIV/AIDS infection	11.34	12.37	15.81	25.09	35.4	3.61	1.37
With the effectiveness of preventive measures such as condoms, abstinence becomes in effective	11.34	12.37	19.59	31.62	25.09	3.47	1.3
I have only one sexual partner and am loyal to the partner	10.31	16.49	24.05	24.05	25.09	3.37	1.3
I use precautionary measures such as using a condom, to prevent HIV infection during sexual intercourse	6.87	12.37	19.93	33.33	27.49	3.62	1.2
Average						**3.60**	**1.25**

1 =Strongly Disagree, 2 = Disagree, 3 =Neutral, 4 =Agree, 5 =Strongly Agree, M =Mean and Std. D =Standard Deviation

Source: Research Data (2020)

The results in the Table 6 above revealed that the majority of the respondents (60.14%) agreed that Sex education at school is an enabler to sexual abstinence. The results also showed that 78.9% of the respondents agreed that romantic relationships are a barrier to sexual abstinence. Additionally, (69.07%) of the respondents agreed that use of protection motivates young people to engage in sexual relations rather than abstinence. Majority of the respondents (60.49%) agreed that they are concerned about contracting STI and HIV/AIDS infection. Furthermore, 56.71% of the respondents agreed that with the effectiveness of preventive measures such as condoms, abstinence becomes in effective. 49.14% of the respondents indicated that they have only one sexual partner and am loyal to the partner. The table further indicated that majority of the respondents (60.82%) indicated that they use precautionary measures such as using a condom, to prevent HIV infection during sexual intercourse. In conclusion, the average mean of the responses was 3.60 when viewed on a scale of five points. This means that the majority of the respondents agreed with the statements on risk-taking. However, the answers were varied as shown by the standard deviation of 1.25.

These findings are in agreement with UNAIDS (2017) that the practice of safe sex is being informed on sexual health and healthy relationships. It also includes partners discussing their interest, boundaries, and HIV status. Safer sex means individuals are taking extra precautions to protect themselves and their partners from sexually transmitted infections (STIs), HIV, and unplanned pregnancy. In addition to safer sex, monogamy has been encouraged among families and youths are being advised to have only one trustworthy partner as a way of reducing the risk of contracting HIV, assuming neither of them are already infected with HIV. Furthermore,

testing has been a major message to the public in order for them to know their status (including their partners'). This has been made familiar by the introduction of Voluntary Counselling and Testing (VCT) units into the general health care and made free to any individual. VCTs have clearly shown to be a key entry point for HIV/AIDS prevention, care and support (Cawley *et al*., 2014).

3.3 Correlation Analysis

The Pearson correlation coefficient was used to determine the association between the variables. That is if it was positive or negative. It measures the strength of two variables that in a linear association, with a denotation of r. The denotation of r, is estimated using a threshold of +1 to –1. The association when a value is above 0 means the value of the other variable in linear comparison increase with a positive value, when the value is below 0 this shows that there is a negative association and the linear relation decreases on the same line (Taylor, 1990). When r = 0, we may not assert that there is no correlation at all between X and Y. The extreme values of r, that is, when r = ±1, indicate that there is perfect (positive or negative) correlation between X and Y. However, if r is 0, we say that there is no or zero correlation (Gogtay & Thatte, 2017).

Table 7: Correlation Analysis between Abstinence Communication Campaigns on Prevention of HIV and AIDS

Correlations		HIV/AIDS Prevention	Medium of delivery	Frequency of campaign	Source of abstinence campaign Messages	Stakeholder Intervention
HIV/AIDS Prevention	Pearson Correlation	1				
	Sig. (2-tailed)					
	N	291				
Medium of delivery	Pearson Correlation	.583**	1			
	Sig. (2-tailed)	0.001				
	N	291	291			
Frequency of campaign	Pearson Correlation	.548**	.313**	1		
	Sig. (2-tailed)	0.003	0.000			
	N	291	291	291		
Source of abstinence campaign Messages	Pearson Correlation	.615**	.430**	.308**	1	
	Sig. (2-tailed)	0.001	0.000	0.000		
	N	291	291	291	291	
Stakeholder Intervention	Pearson Correlation	.593**	.416**	.380**	.347**	1
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	
	N	291	291	291	291	291

** Correlation is significant at the 0.01 level (2-tailed).

The results in table 7 revealed that there was a positive and significant association between medium of delivery and HIV and AIDS prevention (r=0.583**, p=0.001). These findings agree with Alonge (2017) who indicated that the main messages passed across were on methods of preventing HIV/AIDs. This is because of the convenience of social media platforms to pass information to a large audience and have positive effect on HIV/AIDS reduction. Furthermore, they advocated anti-stigma and general HIV/AIDs knowledge. Likewise, Daka, Jacob, Kakupa

and Mwelwa (2017) showed that most students felt that social networks hastened the spread of the virus among social media users

The table further shows that shows that frequency of abstinence and HIV and AIDS prevention have a positive and significant relationship (r=0.548**, p=0.003). These findings agree with Okaron (2015) who stated that the campaign about the use of condom which was being aired on National televisions at prime times daily in bid to emphasize on the message and reach many people across the country, yielded positive behavioral change in the personal life of respondents because the words used by the designers caused behaviour change.

The findings further indicated that there is a positive and significant association between source of the abstinence campaign messages education forums and HIV and AIDS prevention (r=0.615**, p=0.001). These findings corroborate those of Wang (2018) who acknowledged that participation in social organizations increases the level of awareness of HIV/AIDS knowledge and is ultimately associated with positive HIV/AIDS behavioural change. According to Okaron (2015), several campaigns initiated by the government such as the Voluntary Medical Male Circumcision Campaign (VMMC), The Mpango Wa Kando Campaign and The Nimechill Campaign yielded positive behavioural change among many young people.

Moreover, the table also shows that there is a positive and a significant association between stakeholder intervention and HIV and AIDS prevention (r=0.593**, p=0.000). The findings agree with Lo, Chu, Ananworanich, Excler and Tucker (2015) that stakeholder participation can influence public opinion, lead to understanding research, promote the recruiting of volunteers, and help create multi-sectoral coalitions. This can also help to minimize the risk of disappointment and reduce the probability of a medical error. Dzinamarira, Kamanzi and Mashamba-Thompson (2020) likewise indicated that key stakeholders perceived HIV self-testing (HIVST) as a potentially effective initiative, which can be used in order to ensure that there is an improvement in uptake of testing services, especially for underserved populations in Rwanda.

All the r values indicated absolute values of greater than 0 which indicates that medium of delivery, frequency of abstinence, source of the abstinence campaign messages and stakeholder intervention have a linear and positive relationship with HIV and AIDS prevention.

3.4 Regression between Abstinence Communication Campaigns on Prevention of HIV and AIDS before Moderation

Table 8: Model of Fitness

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.774a	0.599	0.594	0.374938

a Predictors: (Constant), Source of abstinence campaign Messages, Frequency of campaign, Medium of delivery

b Dependent Variable: Prevention of HIV and AIDS

Table 8 above shows the results of the fitness of regression model which is used to explain the study phenomena. It was found that medium of delivery, frequency of abstinence and source of the abstinence campaign messages are essential variables in the HIV and AIDS prevention. This was supported by the coefficient of determination, R square of 0.599. This shows that the 4 variables of the study explain 59.9% of the HIV and AIDS prevention.

Table 9: Analysis of Variance (ANOVA)

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	60.143	3	20.048	142.609	.000b
	Residual	40.346	287	0.141		
	Total	100.489	290			

a Predictors: (Constant), Source of abstinence campaign Messages, Frequency of campaign, Medium of delivery
b Dependent Variable: Prevention of HIV and AIDS
Source: Research Data (2020)

The findings about the analysis on variance (ANOVA) indicate that medium of delivery, frequency of abstinence, source of the abstinence campaign messages and stakeholder intervention collectively significantly influence the prevention of HIV and AIDS. This is further supported by the F statistic 142.609 where the value was greater than the critical value at 0.05 significance level, F statistic = 142.609> F critical = 2.70 (3,287).

Table 10: Regression of coefficients

Variable	β	Std. Error	t	Sig.
(Constant)	0.351	0.047	7.485	0.000
Medium of delivery	0.391	0.047	8.274	0.023
Frequency of abstinence	0.399	0.045	8.892	0.003
Source of the abstinence campaign messages	0.351	0.047	7.485	0.001

a Dependent Variable: Prevention of HIV and AIDS
Source: Research Data (2020)

The regression of coefficient results in the table above revealed that medium of delivery and prevention of HIV and AIDS are positively and significantly related (**β**=0.391, p=0.023). This implies that an increase in 1 unit of aspects related to medium of delivery improves prevention of HIV and AIDS among undergraduate university students at the Jomo Kenyatta University of Agriculture and Technology by 39.1% (vice versa is also true). These findings agree with Alonge (2017) who indicated that the main messages passed across were on methods of preventing HIV/AIDs. This is because of the convenience of social media platforms to pass information to a large audience and have positive effect on HIV/AIDS reduction. Furthermore, they advocated anti-stigma and general HIV/AIDs knowledge. Likewise, Daka, Jacob, Kakupa and Mwelwa (2017) showed that most students felt that social networks hastened the spread of the virus among social media users.

Likewise, frequency of abstinence and prevention of HIV and AIDS are positive and statistically related (**β**=0.399, p=0.003). This implies that an increase in 1 unit of aspects related to frequency of abstinence improves prevention of HIV and AIDS among undergraduate university students at the Jomo Kenyatta University of Agriculture and Technology by 39.9% (vice versa is also true). These findings agree with Okaron (2015) who stated that the campaign about the use of condom which was being aired on National televisions at prime times daily in bid to emphasize on the message and reach many people across the country, yielded positive behavioral change in the personal life of respondents because the words used by the designers caused behaviour change. Likewise, Taggart, Grewe, Conserve, Gliwa and Isler (2015) shows that due to the ability of

social media to reach millions in a more convenient, frequently and in the cheapest ways. The ability to share and receive information about HIV was reported to be the benefit of social media use however the spread is challenged by low technological uptake especially in developing countries. Measures of frequency of use, satisfaction, and effects of use varied across studies.

The table further indicates that source of the abstinence campaign messages and prevention of HIV and AIDS are positive and significantly related (**β**=0.351, p=0.001). This implies that an increase in 1 unit of aspects related to source of the abstinence campaign messages improves prevention of HIV and AIDS among undergraduate university students at the Jomo Kenyatta University of Agriculture and Technology by 35.1% (vice versa is also true). These findings corroborate those of Wang (2018) who acknowledged that participation in social organizations increases the level of awareness of HIV/AIDS knowledge and is ultimately associated with positive HIV/AIDS behavioural change. According to Okaron (2015), several campaigns initiated by the government such as the Voluntary Medical Male Circumcision Campaign (VMMC), The Mpango Wa Kando Campaign and The Nimechill Campaign yielded positive behavioural change aZAmong many young people.

$\mathbf{Y}= 0.351+ 0.391\mathbf{X_1}. + 0.399\mathbf{X_2} + 0.351\mathbf{X_3}$

Where:

Y is *Prevention of HIV and AIDS*

$\mathbf{X_1}, \mathbf{X_2}, \mathbf{X_3}$= *Source of abstinence campaign Messages*, *Frequency of campaign*, *Medium of delivery*.

3.5 Regression Analysis After Moderation with Stakeholder Intervention

Table 11: Model of Fitness after Moderation

	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.808a	a	0.65	0.348442

a Predictors: (Constant), Interaction term, composite, Stakeholder Intervention

The results revealed that R square increased from 59.1% to 65.3% after moderation with the stakeholder intervention. This implies that stakeholder intervention moderates the relationship between abstinence communication campaigns and prevention of HIV and AIDS among undergraduate university students in Kenya.

Table 12: ANOVA after Moderation

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	65.644	3	21.881	180.224	.000b
	Residual	34.845	287	0.121		
	Total	100.489	290			

a Dependent Variable: Prevention of HIV and AIDS
b Predictors: (Constant), Interaction term, composite, Stakeholder Intervention

The results in the table above imply that the overall effect of moderation with legal environment is significant since the F statistic increases from 142.609 to 180.224 (see table 13). Where, F statistic = 180.224> F critical = 2.70 (3, 287).

Table 13: Regression of Coefficients after moderation

Predictors	β	Std. Error	t	Sig.
(Constant)	-1.028	0.711	-1.446	0.149
Stakeholder Intervention	0.361	0.226	1.597	0.011
Composite	1.041	0.201	5.179	0.000
Interaction	0.033	0.062	0.540	0.009

a Dependent Variable: Prevention of HIV and AIDS

Thus, the model can be represented as follows:

$$Y=-1.028+ 0.361M + 1.041X_5 + 0.033X_5 .M$$

Where;

Y= the dependent variable (Prevention of HIV and AIDS)

M = Moderating variable (stakeholder intervention)

X_5= variable composite $\{(X_1+X_2+X_3)/3\}$

X_5.M = Interaction term

β_1, β_2, β_3, = Change in Y with respect to a unit change in M.

The table of regression of statistics above, shows that stakeholder intervention and the prevention of HIV and AIDS are positively and significantly related (B=0.361, p=0.011). Additionally, the composite variable is positively and significantly related (B=1.041, p=0.000). Upon interacting the stakeholder intervention in the model, it was found to be positively and significantly related as shown by (B=0.033, p=0.009). This implies that an interaction of stakeholder intervention in the linear model improves the overall effect on the prevention of HIV and AIDS by 0.033 units. Dzinamarira, Kamanzi and Mashamba-Thompson (2020) who found that key stakeholders perceived HIVST as a potentially effective initiative, which can be used in order to ensure that there is an improvement in uptake of testing services, especially for underserved populations in Rwanda. Likewise, according to Day, Blumberg, Vu, Zhao, Rennie and Tucker (2018) stakeholder engagement was more frequently conducted to inform early stages of HIV clinical trials compared to later stages leading to positive behavioural change.

4.0 CONCLUSIONS AND RECOMMENDATIONS

Conclusion

The study concluded that medium of delivery of abstinence campaign messages, frequency of abstinence campaign messages and source of the abstinence campaign messages have a positive and significant influence on the prevention of HIV and AIDS among undergraduate university students at the Jomo Kenyatta University of Agriculture and Technology. Likewise, interaction of the stakeholder intervention was found to improve the influence on the prevention of HIV and AIDS among undergraduate university students.

This leads to a conclusion that social media plays a very significant impact in campaign messages since through social media the personalities, brand ambassadors and the individuals

who have successfully managed HIV/AIDs are able to link and connect to individuals at a personal level. At that level, they are able to exchange knowledge and practical experiences abut prevention and managing the HIV/AIDs. Likewise, social media has a very large mass to target at once as it is the case with mainstream media. Social media Mainstream media, person to person campaigns as well as the health and education sector were concluded to impact positively on the spread of the HIV/AIDS knowledge to students.

The study therefore concludes that the universities has collaborated with the ministry of health and education in propagating the information and awareness about HIV/AIDS units. There is availability and accessibility of VCT in the universities to help in voluntary council and test the students for HIV/AIDS. In addition, there are periodic campaigns where the HIV/AIDS awareness ambassadors are invited to pitch at the school in order to offer awareness and protection information to students. Students are encouraged to either stick to practice moral social behaviour, know their HIV status as well as use protection during sexual intercourse.

Stakeholder involvement has likewise been noted to be a significant player in sensitizing the public about the spread of HIV/AIDS. The government is working hard to support the infected by providing free-to cheap medications to the poor and economically disadvantaged. The government has likewise partnered with various faith-based NGOs and charitable organizations to help in providing care to the infected persons in the country. The set-up of VCTs in hospitals is a big step the government provided to hospitals and equipped them to help the affected and the infected on how to deal with the virus. The ministry of health has likewise maintained the campaign of HIV/AIDS information to individuals by clearly stipulated procedures and knowledge about HIV/AIDS where it is available almost anywhere, the internet, in hospitals in school curriculums, etc. Provision of knowledge of condoms and how to use them really helps the mass on prevention. The message here is about preventive measures rather than cure. Abstinence messages in schools are the starting point, where the use of condoms comes in for prevention. Sticking to one partner is also so encouraged to avoid spread of HIV/AIDS.

Recommendations

Therefore, based on the above, the current study encourages the students in universities to get tested and know their status. Since abstinence communication campaigns are well propagated via various technological means and are available to many students, the study encourages the undergraduate students to appreciate the abstinence communication campaigns messages towards positive behavioural change.

Media houses and other related practitioners are also encouraged to appreciate the wave of the current technological era in frequently propagating abstinence communication campaigns messages to the public towards the prevention of HIV and AIDS. Likewise, since stakeholder intervention was found to be significant in improving the overall effect on the prevention of HIV and AIDS, the study recommends the university in conjunction with all the stakeholders (parents, media and the community) to uphold the virtues related to abstinence communication campaigns which have been found to be significant in the prevention of HIV and AIDS among undergraduate university students in Kenya.

Policy-wise, the ministry of health needs to adopt the skills-based approaches that stress communication and coping strategies. This encompasses the interactive, student-centred methods

of teaching, rather than heavily didactic ones, which has been proven to be more successful. HIV/AIDS Awareness programmes need to be an all-inclusive aspect where all the stakeholders are encouraged to actively be involved and not shy away from educating the students as well as pupils in primary, high schools to universities. Organizations as well as NGOS are encouraged to actively invest in the communities by creating awareness and educating the students and the young persons since they are more vulnerable to effects of distorted information that can lead them astray.

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