

Effects of trachoma vernacular radio message framing on preventive behaviour in West Pokot, Kenya

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ABSTRACT

Trachoma is one of the leading non-communicable causes of avoidable blindness globally, affecting low-income and marginalized communities in Sub-Saharan Africa. In Kenya, communities like West Pokot continue to experience transmissions in spite of SAFE preventable measures' adoption. Though there are well-documented socioeconomic and environmental determinants, notable limited attention on framed trachoma messages in the county has been realized. As such, adopting preventive behaviour has been challenging. Thus, this study examined the effects of Trachoma vernacular radio message framing on preventive behaviour in West Pokot, Kenya. The study was guided by framing theory and the Health Belief Model. Further, it employed the qualitative research design using eight focus groups. The qualitative research design explored meanings and social interactions in West Pokot while providing in-depth insights into trachoma disease. Data was analyzed thematically to discover dominant frames, audience interpretation of messages, and behavioural responses. Findings showed wide access to vernacular radio stations and dominant dissemination of trachoma messages. The study utilized different frames like loss, gain, and thematic frames. The loss frame was dominant, which concentrated on the severity of trachoma disease, while the gain frame emerged as a way of encouraging positive behaviour like proper hygiene and sanitation. The thematic frame presented trachoma as a societal challenge that required collective responsibility, while episodic portrayed trachoma as an individual responsibility for prevention measures. The study also found out the indication of cognitive and emotional effects, which suggested the power of framing in shaping perceived severity, vulnerability, and benefits of preventive action. The study concluded that vernacular radio framing affects community understanding and adoption of preventive behaviours. It recommends stronger collaboration and balanced and hybrid framing between vernacular broadcasters and public health authorities. Finally, it recommends a mixed-method research approach to enhance understanding of mediated health behaviour change in endemic, low-literacy communities.

Keywords: Framing, Preventive Behaviour, Trachoma, Vernacular Radio, West Pokot

I. INTRODUCTION

Over the years, trachoma has remained a leading infectious cause of blindness globally. An estimated 137 million people live in trachoma-endemic areas and about 1.9 million people are visually impaired due to the disease which accounts for 1.4% global blindness (Weldegebreal et al., 2024). The trachoma burden is prevalent in marginalized and low-income communities especially in sub-Saharan Africa, parts of Asia and the Middle East countries (Ageed & Khan, 2024). The disease is caused by intracellular bacterium *Chlamydia trachomatis* and thrives in dry, dusty and hot climates. Such conditions are associated with inadequate sanitation, overcrowding, and limited access to proper healthcare and services.

Development of trachoma is as a result of frequent infection with *Chlamydia trachomatis*, which leads to conjunctivitis especially among young children. Its fast transmission happens through direct contact with nasal and eye discharge from infected persons, dirty and contaminated fomites and flies. In common settings, young children are considered the primary carriers of the infection who easily transmit it to their peers and siblings. Regular infection over time causes dense scarring of the upper eyelid which if unattended may progress to corneal cloudiness, trichiasis and eventually cause permanent blindness (Buda, 2025). Worldwide, trachoma is ranked as the eighth leading cause of preventable blindness. Studies show that trachoma related blindness mostly affects women who record approximately 64 % of recorded cases (Ageed & Khan, 2024). This is due to their caregiving role and exposure while attending to affected children. Notably, the disease goes beyond visual challenges as it imposes critical social economic challenges within a community. Such effects include notable productivity reduction and aggravated patterns of poverty among already vulnerable people. As such, trachoma has remained a major public health concern in most developing nations.

In Kenya, trachoma cases have been prevalent in several endemic counties. A survey conducted in six districts Samburu, Kajiado, Narok, Baringo, Meru North and West Pokot found out that trachoma remains a public health concern across all the six studied areas. The survey revealed that active trachoma among children aged 1 - 9 was predominant in Kajiado, Samburu, Narok and west Pokot (Karimurio et al., 2006). The findings emphasized on the need for fast and sustained implementation of the World Health Organization's SAFE strategy (Surgery, Antibiotics, Facial cleanliness, and Environmental improvement) to eradicate trachoma as a public health challenge. Though socioeconomic and environmental issues are considered the vital roles in trachoma persistence, studies have shown that communication barriers have also contributed to the continued transmission of the disease. Limited access to health knowledge, lack of culturally appropriate health messages and limited access to formal health education have reduced commitment of preventive measures within the communities. Mass media, especially radio, serves as an important platform for health communication. This is attributed to their ability to broadcast in local languages, affordability and ease of access to the population which enhances message comprehension and cultural relevance (Ngugi, 2015; Kinuthia, 2025).

Vernacular radio plays an integral role in defining health crises, identifying their causes, and suggesting remedies. Radio messages concerning health pandemics and endemic diseases often shape public opinion regarding disease causation, transmission, and control, thereby influencing preventive and treatment behaviours. Studies, such as Aldrete and Fernandez-Ardèvol (2024) demonstrate that framed trachoma messages significantly affect public attitudes, ultimately promoting positive health behaviours. Health communication messages promote behaviour change among the targeted group. If successfully designed, it can increase knowledge and awareness of the health issue influencing perceptions which may lead to behaviour change increasing demand for health services and inform demanding decision making.

Moreover, exposure to media-based health information shapes individuals' beliefs, attitudes, and intentions. Seale (2003) observed that public understanding of health crises is intrinsically linked to the way issues are represented in the media. Similarly, Ngunjiri et al. (2025) assert that framing and misinformation in media coverage can alter public perceptions, either enhancing or undermining health interventions. Media framing of health issues triggers emotional and cognitive responses, sometimes leading to stigma or fatalism. In marginalized communities such as West Pokot County, where literacy levels are low and direct exposure to formal health education is limited, vernacular radio provides a primary source of health information. Given the pivotal role that media; particularly radio, plays in the social construction of health realities. Therefore, this study was aimed at finding out the effects of Trachoma vernacular radio message framing on preventive behaviour in West Pokot, Kenya.

1.1 Statement of the Problem

Trachoma remains a leading cause of preventable blindness globally affecting marginalized and low-income communities, in Sub-Saharan Africa. Despite interventions guided by World Health Organization SAFE strategy, the disease continues to persist in endemic regions such as West-Pokot, Kenya. While socio-economic factors contribute to its transmission commination related challenges have also influenced prevention. Limited access to appropriate health information, low literacy levels and inadequate health education have reduced community commitment to preventive behaviours in marginalized and rural areas where vernacular radio serves as a primary source of health Information.

Although they play a significant role in airing Trachoma related messages, little empirical evidence exists on how the framing of these messages affects community perceptions and preventive behaviour in West Pokot Kenya. Media framing shapes understanding of disease, while encouraging positive health actions. However, no evidence whether the way Trachoma messages are framed affects preventive behaviour among the target population. This study seeks to address the knowledge gap by examining the effects of Trachoma vernacular radio message framing on Preventive behaviour in West Pokot Kenya.

II. LITERATURE REVIEW

2.1 Theoretical Review

The theoretical framework section focused on the framing theory, and Health belief Model to analyze the effects of Trachoma Vernacular Radio Message s on preventive behaviour in West Pokot, Kenya.

2.1.1 Framing Theory

The role of radio in shaping public discussion and understanding of important societal issues cannot be ignored. It defines challenges, builds relationships and proposes relevant solutions. Nevertheless, the effectiveness of radio content depends on how issues are framed. Entman (1993) explains framing as a process of selecting and giving prominence on certain issues while trivializing others. He also explains that framing involves selecting angles or lenses

of perceived actuality and making them more prominent in a text hence promoting a specific problem definition, casual understanding, moral appraisal and providing recommendation for issues described. Thus, in health communication, media framing determines if an issue is presented as a structural challenge, individual responsibility or a universal societal problem.

Recent framing studies demonstrate the power of frames on perception and interpretation of mediated messages by the target audience. Aldrete and Fernández-Ardèvol (2024) differentiate episodic and thematic frames as used in media. Episodic frames focus on individual or exact events, personalized issues and trivialize broader structural causes. In contrast, the thematic frame focuses on issues within wider socioeconomic and environmental settings and emphasizes on shared responsibility and universal solutions. In context of this study- public health messaging, thematic framing is more applicable in promoting and sustaining positive community level behaviour change.

In addition, Levin et al. (1998) as quoted by Ngure and Mberia (2019) identify loss and gain frames. They identified the frequent use of loss frames in media messaging. Loss frame stresses on the negative effects of procrastination by presenting likely harm or opposing outcomes. Thus, mediating health communication messages, such framing increases risk awareness and inspires adoption of preventive behaviour change. Nevertheless, extreme dependence on loss frames can create fear within vulnerable audiences. Regardless of any perspective media uses, framing of trachoma messages has effects on how target audience understand and respond to risk involved.

Wamathu (2018) cites De Vreese's (2005) concept of frame building and frame setting processes. In frame building, media stations construct and shape frames through journalistic decisions, organizational structures and cultural narratives. Frame setting on the other hand involves the nexus between media and audience perceptions. It determines how audiences understand and adapt to media messages. Applying this ideology to vernacular radio in West Pokot, frame building determines how trachoma disease is represented, while frame setting determines whether community members adopt preventive behaviour like environmental sanitation, facial cleanliness and hygiene, in line with the WHO SAFE strategy (Bailey & Lietman, 2001; Wamathu, 2018). Based on the significance of media framing in shaping health views and behaviour changes, it is significant to examine how trachoma-related messages are sourced, packaged and disseminated through vernacular radio in endemic areas. Such areas include marginalized communities like West Pokot County where literacy levels are comparatively low and vernacular radio serves as a primary source of health information. As a result, framing of health messages may greatly impact preventive habits.

2.1.2 Health Belief Model

The model was developed by Becker in 1974, building upon on the work of Rosenstock from 1966. The main purpose of the model was to understand people's failure in disease prevention in the United States and patient's responses on preventive measures based on disease symptoms. Since inception the model has gained empirical support, mainly because of its application on obesity studies, diabetes, and other health fields such as Cancer, HIV among other Chronic illnesses, where it has been instrumental in explaining and predicting health-related behaviour (Champion & Skinner, 2008).

The health belief model is founded on behavioural and psychological principles, asserting that health behaviour is driven by the desire to avoid illness and belief in effectiveness of proposed preventive action. The model explains health behaviour changes and predicts other health-related actions, especially those that pertains uptake of health services. It assists in analyzing people's perception and views on health issues and evaluate their effects on health preventive behaviour. That is, an individual's beliefs in the personal threat of an illness and their confidence in the effectiveness of preventive measures determine their adoption behaviour (Champion & Skinner, 2008). The Health Belief Model comprises of six key elements that help predict people's actions in disease prevention and control. The original model included four variables; perceived susceptibility, perceived severity, perceived benefits, perceived barriers, while cues to action and perceived self-efficacy were later added as the model evolved (Champion & Skinner, 2008). This framework suggests that people's beliefs on health issues, the perceived benefits and barriers to action and their confidence in effectively implementing preventive measures influence their engagement and disengagement towards health-promotion behaviour (Champion & Skinner, 2008). Further, the theory posits that modifying variables can influence changes in health behaviour amongst different communities. Individual characteristics such as psychosocial (personality, peer pressure etc.), structural variable (knowledge on disease and prior contact with the disease) and demographics (gender, religion, level of education, economic status, race, age among others) can affect perceptions of health-related behaviour (Sulat et al., 2018).

In the perspective of trachoma in West Pokot, perceived severity shows the seriousness of blindness, perceived vulnerability reflects the jeopardy of infection in the community, perceived barriers denote complications to embracing preventive practices, and perceived benefits stress the positive consequences of environmental and hygiene interventions. These concepts offer a basis for understanding how vernacular radio messages impact awareness, motivation, and preventive behaviour (Green et al., 2020). Linking the two, framing theory describes how trachoma messages are constructed and presented, while the Health Belief Model explains why audiences respond to these

messages by accepting or resisting precautionary behaviour. The linking of the two frameworks offers an all-inclusive insight of how vernacular radio messaging forms health opinions and influences trachoma prevention practices in marginalized, trachoma-endemic communities like West Pokot County.

2.2 Empirical Review

Several studies in health communication have demonstrated that message framing influences individual adoption of recommended behaviour. Ngure et al. (2025) found that gain framed messages are more effective in promoting preventive behaviour health actions, while loss framed messages are more persuasive for detection behaviour. Applying this trachoma gain-framed vernacular radio messages that highlight benefits of face washing and environmental sanitation could motivate communities in West Pokot to practice preventive behaviour.

Several empirical evaluations emphasize the importance of linguistic and cultural relevance in radio health messaging. Research shows that health communication delivered in local languages improves comprehension, recall, and behavioural outcomes among rural populations. For instance, Wakefield et al. (2010), in *Annual Review of Public Health* found that mass media campaigns are more effective when messages are culturally tailored and audience-specific. Similarly, Noar et al. (2017), demonstrated in *Health Communication* that tailored and framed messages significantly increase behavioural intention and health action compared to generic messaging. In sub-Saharan Africa, radio remains one of the most influential health communication channels. A study by Kincaid et al. (2013), found that exposure to radio health campaigns in rural African settings was positively associated with improved preventive behaviour, particularly when messaging reflected local cultural norms and language. Additionally, Sarrasat et al. (2015), found that a large-scale radio campaign in Burkina Faso significantly increased care-seeking behaviours for child health, demonstrating the power of culturally adapted radio interventions.

In the Kenyan context, Kinuthia (2025), analyzed radio health campaigns in rural counties and found that locally tailored messages in vernacular languages significantly increased listeners comprehension and engagement compared to Swahili or English broad cast. This suggests that language and cultural context are critical in message framing for effective health communication. This is because the audience understand and relate to health information when it is communicated in mother tongue and framed within familiar cultural references. As such, strengthening the argument that language choice and cultural context are key in effective health communication in Kenya (Iwu et al., 2025). Radio remains one of the most accessible mass media in rural Kenya. According to Kariuki (2013) in his studies conducted in Turkana and Marsabit counties on behavioural health outcomes related to water, sanitation and hygiene (WASH). The studies reported that listeners exposed to health messages were 42% more likely to adopt handwashing [practices compared to non-recipient of the WASH messages. As such messages framing especially on positive calls to action were associated with higher rates of behavioural change

Evidence from Kenya also supports the role of vernacular communication in shaping health behaviours. Linnemayr et al. (2017), in *AIDS and Behaviour* found that culturally appropriate messaging improved HIV prevention engagement in Kenyan communities. While this study focused on HIV rather than trachoma, it reinforces the broader conclusion that culturally resonant communication enhances understanding and behavioural uptake. While evidence supports the effectiveness of radio campaigns and health message framing, few studies have specifically investigated vernacular radio framing for trachoma prevention in Kenya. Most research has focused on WASH broadly or on other communicable diseases. Moreover, there is limited empirical data on whether *framed messages* differentially impact preventive behaviour in trachoma-endemic areas like West Pokot. This gap highlights the need for focused research on how specific frames influence attitudes, intentions, and actual preventive actions among community members.

III. METHODOLOGY

3.1 Research Design

The study employed qualitative data collection, with thematic analysis to analyze focus group discussion data. The analysis was guided by media framing and priming theories to examine how vernacular radio messages influence the audience perceptions and preventive behaviour towards Trachoma in West Pokot, Kenya. Research design is the use of evidence-based procedures and guidelines that provide the structure and instruments for conducting a study. It is also a consequence of the research objectives, research questions, target population, sampling strategies, and the phenomena of interest (Majid et al., 2017). The qualitative research design was most appropriate because the study aimed to explore how vernacular radio messages shape perceptions and preventive behaviour towards Trachoma. Since the research focused on meanings, experiences, interpretations, and community discussions, a qualitative research design provided the depth, cultural sensitivity, and contextual understanding required to answer questions effectively.

3.2 Study Area

The study was carried out in West Pokot in the Rift Valley. It borders Turkana County to the North; Baringo County to the East; Elgeyo Marakwet County and Trans Nzoia County to the south and Uganda to the west, according to the 2019 Kenyan Population and Housing Census, the total population of West Pokot was 621, 247 (Ekitela & Odera, 2021).

3.3 Target Population

The study was conducted in West Pokot, rift Valley Kenya. Data were collected from selected villages within the area namely, Kapkres Village Tampalal village, Sinenden village, Remaa Village, Marich Village, Tapach Village, Kasulol Village and Nyarkulian Village. These villages were purposively selected because they fall in areas with strong vernacular radio coverage and active listenership. Also, selection was bases on accessibility and community willingness to participate.

3.4 Sampling Procedure and Sample Size

The target population of this study was the residents of West Pokot County. The study recruited participants using purposive sampling. A total of 48 participants took part in eight focus group discussions, each comprising 6 participants. The number of FGDs was determined by data saturation, where no new themes emerged. Participants were grouped homogeneously based on gender and age to encourage open discussion.

3.5 Data Collection Instruments and Procedure

The primary data collection for this study was a Focus Group guide. The guide contained semi-structured, open-ended questions aimed at eliciting participants' views on Trachoma messages. All the focus group discussion sessions were audio-recorded with participants' consent and transcribed verbatim.

3.6 Data Analysis

Discussions conducted in the vernacular language were transcribed into the original language and subsequently translated into English to ensure accuracy of meaning. The coding processes were employed, with initial coding involving identifying meaningful themes and assigning codes to participants' statements. The codes captured themes related to Trachoma messages, frames, reactions, and behavioural responses. Both deductive and inductive coding approaches were used, with deductive coding allowing themes to emerge from data, and deductive coding was informed by media frames drawn from framing theory.

3.7 Ethical Consideration

To enhance the trustworthiness of the findings, credibility was ensured through the use of verbatim participant quotations to support identified themes. Dependability was strengthened by maintaining a clear and consistent coding procedure, while confirmability was addressed through peer review of the coding and thematic development process. Transferability was enhanced by providing detailed contextual descriptions of the study setting and participants, enabling readers to assess the applicability of the findings to similar contexts.

IV. FINDINGS & DISCUSSION

4.1 Findings

This section presents the findings on the framing of trachoma in vernacular radio messages in West Pokot, Kenya. The analysis examines the presence of vernacular radio in stations, broadcasting of Trachoma messages, messages brought out during the broadcasting of the disease and framing of the Trachoma. The findings are organized and presented in relation to the hypothesis that Trachoma vernacular radio message framing has no effect on preventive behaviour in West Pokot Kenya.

4.1.1 Presence of Vernacular Radio Station

Data from the eight Focus Group Discussions indicated universal access to vernacular radio across all study villages. All participants confirmed the presence of at least one vernacular radio station operating within their locality. The following 3 radio stations were consistently identified: North Rift Radio, Ralai Radio and, Kokwo Radio. While North Rift Radio was mentioned in six of the FGDs, Ralai Radio and Kokwo radio were mentioned across all the villages. This indicates that Ralai and Kokwo Radio have broader coverage and strong audience penetration within the study area. The distribution of radio across villages is as tabulated below:

Table 1*Presence of Vernacular Radio Station*

FGDS	Presence of Vernacular Radio	Vernacular Radio	Village
1	Yes	North Rift Radio Ralai Radio Kokwo Radio	Kapkres village
2	Yes	Ralai Radio Kokwo Radio	Tampalal village
3	Yes	Ralai Radio Kokwo Radio	Sinenden village
4	Yes	North Rift Radio Ralai Radio Kokwo Radio	Remaa Village
5	Yes	North Rift Radio Ralai Radio Kokwo Radio	Marich Village
6	Yes	North Rift Radio Ralai Radio Kokwo Radio	Tapach Village
7	Yes	North Rift Radio Ralai Radio Kokwo Radio	Kasulol Village
8	Yes	Ralai Radio Kokwo Radio	Nyarkulian Village

4.1.2 Broadcasting of Trachoma Messages

Based on the table 2 above, participants across seven out of the eight FGDs confirmed that vernacular radio stations air Trachoma-related messages within their communities. Only focus group 8 (Nyarkulian Village) expressed uncertainty, indicating that Trachoma messages are rarely broadcasted. This indicates that trachoma communication is an established component of programming in West Pokot. Further, uncertainty observed from Nyarkulian village shows lack of uniformity in message distribution arising from unequal campaign intensity, differences in listening patterns, and differences in frequency and signal strength. Framing effects are dependent on message angle, repetition, and saturation. Reduced exposure limits salience and persuasive power of dominant communities. These findings therefore indicate, there was strong dissemination of Trachoma messages, minor variability in perceived frequency, and high potential framing effects as a result of wide exposure.

Table 2*Trachoma Messages on Radio*

FGDs	Do radio air Trachoma messages?	Village
1	Yes	Kapkres village
2	Yes	Tampalal village
3	Yes	Sinenden village
4	Yes	Remaa Village
5	Yes	Marich Village
6	Yes	Tapach Village
7	Yes	Kasulol Village
8	Not sure, they rarely broadcast	Nyarkulian Village

4.1.3 Messages brought out by Vernacular Radio stations in West Pokot

Based on the table above, seven out eight FGDs identified recurring themes in Trachoma messages broadcast via Radio. These themes demonstrate how the messages were designed and communicated to residents of West Pokot. From FGDs 1, 4, 5 there was strong emphasis on negative effects and dangers of the Trachoma disease. The FGD participants frequently indicated that the disease damages the eye, causes blindness and harmful consequences of the disease. The repetition of dangers, negative effects, and effects on eyes indicate use of loss framing with Trachoma primarily as a threat, reinforcing its seriousness and potential severity. Loss framing positions the disease as a high-risk pandemic requiring urgent attention, Further, from FGDs 2, 5, 6, and 7 there was strong emphasis on the causes of the Trachoma disease; how Trachoma spreads, its bacterial nature, and transmission through flies. The causal framing defined the origins of the disease, enhancing the audience's understanding by linking the Trachoma disease with identifiable behaviour and environmental conditions. Further preventive measures for Trachoma disease were widely

mentioned across FGDs 1, 2, 3, 4, 5 and 6. The participants highlighted radio broadcast messages on disease control and preventive behaviour, community education and hygiene practices. This indicates the gains of preventing behaviour.

Table 3

Messages brought out by Radio

FGDs	village	Themes brought out
1	Kapkres village	Dangers of Trachoma disease, its effects on eyes, causes and preventive measures
2	Tampalal village	Awareness on cause of Trachoma disease and how to control it
3	Sinenden village	Community education on the Trachoma disease and preventive measure
4	Remaa Village	The Trachoma disease and its negative effects
5	Marich Village	Spreading of Trachoma disease and prevention The effects of Trachoma disease
6	Tapach Village	Spreading of Trachoma disease and prevention
7	Kasulol Village	How it is spread and affected people in various villages. A bacterial disease spread by flies
8	Nyarkulian Village	More on politics, development in West Pokot and not on Trachoma disease

4.1.4 Framing of Trachoma as Individual or Societal Challenge

Findings from the eight GGDs indicate that Trachoma disease is a societal challenge rather than purely an individual health problem. Seven out of eight villages identified Trachoma disease as a societal issue. Participants described the disease as affecting entire villages, spreading across communities and requiring collective action. This indicates community framing, where the disease is positioned as a shared burden that demands communal responsibility, public health coordination and collective preventive behaviour.

Further FGD 3 and FGD 7 participants identified Trachoma as both an individual and societal challenge. The dual framing suggests that while the infection affects individuals physically (eye damage and blindness) its transmission dynamics and control require community- wide hygiene practices, environmental sanitation and responsibility with collective action. Noticeably even in Nyarkulian Village, where there was limited coverage, participants still conceptualized the disease as a societal concern rather than isolated individual problem. This indicates that community-level perception of Trachoma may extend beyond media exposure.

Overall, the vernacular radio messaging, as indicated by participants, constructs Trachoma primarily as a collective public health issue. The dominance of societal framing reinforces that prevention, control and management require community efforts rather than isolated individual action. This aligns with public health communication strategies that emphasize shared responsibility in combating communicable diseases.

4.2 Discussion

This study sought to examine the effects of vernacular radio message framing on trachoma preventive behaviour in West Pokot County. It was guided by framing and Health Belief Model concepts. Findings prove that vernacular radio plays an important role in determining community understanding, risk awareness, and protective responses to trachoma. The results provide sufficient observed basis to cross-examine the null hypothesis that *trachoma vernacular radio message framing has no effects on preventive behaviour in West Pokot, Kenya*.

Findings indicated widespread access to vernacular radio platforms and messages within the area of study. Ralai and Kokwo Radio exhibited the strongest diffusion within the community. The realization supports previous studies that portrayed radio as the most popular and trusted medium among low literacy and marginalized communities (Wamathu, 2018; Ngugi, 2015). The high exposure elevates message prominence and promotes the likeliness of framing and behaviour change effect, especially in health communication where repetition of important information is core for behaviour strengthening or change. Analysis on messages disseminated to the target audience indicated high use of loss frame. This mostly occurred on dangers of vulnerability, severity, and irreversible impact of trachoma such as blindness. The findings align with Weldegebreel et al. (2024), who posits that loss frames heighten risk perception and can motivate preventive action. Respondents' recall on cornea eye damage, 'cloudy' vision, blindness, and suffering implies that loss-framed messages were cognitively dominant and emotionally activating. Nevertheless, as suggested by Ngure and Mberia (2019), over reliance on fear-based frames may cause anxiety or fatalism, especially among vulnerable audiences. Therefore, the findings emphasize the need for balanced framing.

Additionally, the study realized the use of gain frames in trachoma messages. This was eminent in messages encouraging proper hygiene, environmental sanitation and facial cleanliness. The frames promoted the benefits of preventive behaviour which align with WHO's SAFE strategy. The presence of loss and gain frame in the study suggests the need for hybridization in the framing approach. For instance, use of fear appeal that could create urgency while giving solution-oriented messages could encourage preventive behaviour change among target audience. Such combination is reliable in best results in health communication. Notably, the study discovered that trachoma was largely

framed as a societal rather than an individual challenge. Respondents across the 7 out of 8 FDGs groups described trachoma as a challenge affecting the entire community that required collective action. This reflected thematic framing that positions health issues within broader communal, environmental and social contexts (Aldrete & Fernández-Ardèvol, 2024).

The societal framing supports Entman's (1993) ideology where mediated radio messages presented trachoma as a community challenge, attributed causes to behavioural and environmental conditions. Also, radio messages made appeals to collective responsibility to minimize the spread. Also, through Kinuthia's (2025) perspective, vernacular radio stations engaged in frame building by selecting disease causes, severity and prevention as salient narratives, while frame setting only occurred as target audiences interpreted these frames and linked them to environmental cleanliness and hygiene practices. Considering Nyarkulian Village where trachoma coverage was notably minimal, respondents still considered the disease as a societal problem. As such, framing effects may extend beyond instant exposure and become included within community dialogue, reinforced by prior campaigns and interpersonal communication. Generally, the findings prove that vernacular radio framing considerably influences how trachoma is understood, the level of perceived risk, and the embracing of preventive behaviour. As such, the null hypothesis is overruled.

V. CONCLUSION & RECOMMENDATION

5.1 Conclusion

The study concludes that vernacular radio message framing plays a significant role in shaping trachoma-related opinions and preventive behaviour in West Pokot County. Further, the findings confirm that radio messages are not just informational but present health realities by presenting trachoma as a serious, universal public health threat that requires collective responsibility. Also, the dominance of the loss frame increased risk awareness insight and reinforced the seriousness of trachoma. The gain frame provided guidance on prevention measures through environmental sanitation improvement and proper hygiene. Additionally, episodic and thematic framing enhanced community level understanding and communal responsibility that align with SAFE and WHO recommendations. Additionally, the power of radio messages remains prominent even in areas with low literacy. With proper selection, framing and cultural alignment of public interest issues like health, vernacular radio messages can ensure behaviour change and promote preventive behaviour within a society.

5.2 Recommendations

Based on the findings of this study, several recommendations are proposed to enhance the effectiveness of Trachoma communication and strengthen preventive behaviour at the community level. For journalists and vernacular radio stations, there is a need to rethink the current framing approaches and adopt a more balanced hybrid framing strategy. While loss framing has been effective in raising awareness about the severity of Trachoma, integrating it more deliberately with gain-oriented and efficacy-based messaging would likely strengthen long-term behavioural change. A hybrid approach that combines clear explanations of risks with practical, achievable solutions can reduce fear fatigue and promote sustained preventive practices. In addition, greater emphasis should be placed on thematic framing that highlights the broader structural and communal dimensions of Trachoma. By situating the disease within environmental, sanitation, and collective responsibility contexts, radio stations can reinforce the understanding that prevention requires coordinated community action rather than isolated individual efforts. Consistency and impartiality in disseminating Trachoma messages are also essential. Regular and balanced coverage ensures that the issue remains salient without being overshadowed by competing agenda items such as politics or development. For policymakers and public health authorities, collaboration with vernacular radio stations should be strengthened during health campaigns. Given the demonstrated influence of radio framing on audience perceptions, coordinated partnerships can ensure that campaign messages are culturally relevant, linguistically appropriate, and strategically framed. Furthermore, monitoring and evaluation mechanisms should go beyond measuring message reach to assess how audiences interpret and understand framed messages. Evaluating both exposure and framing effects will provide deeper insight into whether communication strategies are effectively shaping preventive behaviour.

Community health programmes should adopt multi-level communication strategies that integrate interpersonal, group, and mass communication approaches. While radio plays a critical awareness-raising role, interpersonal communication through community health workers and group forums can reinforce understanding and address misconceptions. A participatory approach should also be prioritized to ensure inclusivity and mutual understanding. When communities are actively involved in Programme design and implementation, they are more likely to internalize prevention messages and sustain behavioural change. Finally, further research is recommended to expand the scope and depth of inquiry. Future studies should incorporate mixed methods approaches to generate quantitative data that can complement qualitative insights and enhance generalizability. Increasing the study population would also strengthen empirical robustness. Comparative research across different Trachoma-affected countries would provide valuable

insight into how media framing operates in diverse sociocultural contexts and how variations in framing strategies influence audience perceptions and preventive behaviour.

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