ABSTRACT: The COVID-19 pandemic has claimed over six million lives worldwide (Ritchie, 2022). In Kenya, more than three hundred thousand lives have been lost (Ministry of Health, 2022). Prevention has been the main focus. This has necessitated behaviour change. The government, non-governmental organisations, and private agencies set out to find Social and Behaviour Change Communication (SBCC) strategies at the start of the pandemic. Different strategies received different types of feedback. One strategy that has been proven time and time again to be effective in mass communication and education while entertaining is puppetry. It was, however, only partially utilised. This research sought to explore communication for social and behaviour change communication and how it was applied to curb the spread of COVID 19 using a case study of puppetry in Kenya. It attempted to answer the following questions: What types of puppets were used in Kenya for social and behaviour change communication? How was puppetry used for social mobilisation for social and behaviour change communication? What factors hindered puppetry's use for social and behaviour change communication using puppetry? How was puppetry used for social mobilisation for social and behaviour change communication? What factors hindered puppetry's use for social and behaviour change communication? The theoretical base of this research was informed by the health belief model, which provides a framework for designing messaging that targets perceived barriers, benefits, self-efficacy, and threats; the social learning theory, which explains how behaviour is learned through observation; and the social marketing theory, which provides a framework for how behaviour change messages are designed using marketing principles. This study used a qualitative research design. It analysed past studies to give a framework and then used interviews and observation to collect current data by observation and key informant interviews for thematic analysis. The population chosen for this study was all the puppet shows created, digitally recorded, and aired for SBCC to communicate behaviour change as a prevention measure against COVID-19. For this research, the Dr Pamoja show was purposely chosen as the sample as it met all the criteria for this study. Coding was used for thematic analysis of the collected puppetry video samples from the Dr Pamoja show produced by Project hand up to communicate SBCC against COVID-19. The codes were derived using the deductive approach, and the show analysed both the latent and the semantic. The gaps in the data were informed by Key informants, including the Dr Pamoja show’s director, an AMREF representative, sixteen (16) puppeteers, a community leader, a health representative, and ten (10) parents. After collecting and analysing the data, findings showed that the main types of puppets used are glove puppets, and puppetry remains an effective tool for social and behaviour change communication in Kenya. It was found to be efficient in communicating advocacy messages through influence, persuasion, and social marketing, and also in social mobilisation at both the community level and national level by promoting health messaging that is personalised, normative, and identity-relevant and relies on people's connections and sense of accountability. The data also showed that episodes translated to Kiswahili and Kikuyu were more popular than the other languages. It is, however, faced with social challenges such as perception, motivation, cultural, psychological, and production challenges such as financing. The study recommends better utilisation of puppetry for SBCC and incorporation of puppetry in communication by the government, non-governmental organisations, and mainstream media. It further recommends that further research be conducted on memory retention of new behaviours learned from puppetry, gender issues in puppetry, and the use of puppetry in other areas such as therapy, play, and education.

Key Words: Communication for Social, puppetry advocacy messages, puppets, Behaviour Change
I.0 INTRODUCTION

1.1 Background of the Study
According to the Centre for Social and Behaviour Change Communication (SBCC, 2021), SBCC uses behavioural science-based communication strategies to positively influence knowledge, attitudes, and social norms among individuals, institutions, and communities. SBCC strategy includes health communication and social and community mobilisation and emerged from information, education, and communication techniques (Koenker et al., 2014). This is crucial for community transformation, especially in health communication. SBCC uses strategic communication based on proven ideas and models to improve health. It has combated HIV/AIDS, malaria, and COVID-19. SBCC techniques vary by audience budget, goals, message, deadlines, and literacy. SBCC uses puppetry.

Puppetry is animation. It involves building and manipulating puppets for theatrical performances (Britannica, 2021). Puppetry originated in 5th-century Ancient Greece (Jaramillo, 2022). The Cambridge Dictionary (2022) defines a puppet as a toy that can be moved with strings, rods, or human hands. Puppetry is the most fundamental, effective, dynamic folk art form for communicating and entertaining all ages, according to Gupta (2020). It's a captivating mass communication medium. It has been utilised for therapeutic and public awareness.

Since 1969, Sesame Street, an American TV show, has taught kids about difficult topics like natural disasters and addictions. The performance employed puppets to educate everyone, especially children, about COVID-19 vaccination and prevention (Sesame Workshop, 2022). Since its debut, the show has aired over 150 episodes to six million TV viewers and 2 billion YouTube views in 120 countries, (Byrne, 2015). Only half of these viewers were kids. This demonstrated admiration for the art and made it suitable for broad communication.

Most Indian states deploy puppets. Puppetry is an essential, powerful, and dynamic folk art form for all ages. It is an ancient art and “powerful medium of mass communication.” (Gupta, 2020). Persuasion makes viewers see icons as reality, according to Chattopadhyay (2017). In an Argentina-based puppetry education experiment, Canton, Sassone, and Cavantes (2019) discovered that “puppets can be mirrors teaching us about ourselves as well as discussing topics clearly, non-threatening manner.”

According to the World Encyclopaedia for Puppetry Arts (UNIMA, 2016), African puppetry was first documented in 1829 by Englishman Hugh Clapperton, who recounted an amazing boa-puppet performance in Nigeria. Based on doll archaeology, several historians agree that puppetry started in Egypt. Tham-Agyekum and Loggo (2011) found that puppets can break the ice and start conversations about taboo themes in many societies while evaluating indigenous communication including theatre, theatre, and puppetry. In Ghana, puppets have promoted social harmony and reproductive health communication.

In South Africa, puppets were used for social reform, according to Kruger (2018). The African Research and Educational Puppetry Programme dominates South Africa. Since 1987, they have employed puppetry to solve social challenges in disadvantaged communities. Kruger (2018). They were best known for Puppets Against Aids, originally performed in Johannesburg, South Africa in 1988. Unthreatening and culturally acceptable puppets were used for communication. ARREP affected Kenya and other nations.

The Kenya Institute of Puppet Theatre (KIPT), formerly Community Health Awareness Puppeteers (CHAPS), has pioneered puppetry as a Participatory Education Theatre (PET) practise to promote health, socio-economic advancement, good governance, and environmental conservation in local communities. Dr Eric Krystal of FPPS in Nairobi brought a group of South African puppeteers, led by Gary Friedman, director of the ARREP, to Kenya in 1994 to educate local Kenyans to start their HIV-AIDS programme. Kyalo (2018), a prominent Kenyan puppeteer and Krystal Puppeteer member, recounts his initiation to puppetry during that training session in his article.
When it initially came to Kenya, CHAPS addressed Family Planning difficulties via puppetry. It addressed HIV/AIDS and other issues. In his work about Kenya's CHAPS, Riccio (2014) outlines how puppetry is used in Nairobi, even in Korogocho, to discuss HIV/AIDS, disability, corruption, and poverty. According to Eschuchi (2013), Kenyan puppetry has addressed HIV/AIDS, nutrition, family planning, drug misuse, corruption, governance, environment and conservation, gender violence/abuse, children's rights, and more. This study examined how Kenya employed puppetry for social and behaviour change communication during the COVID-19 pandemic and how it could be used for SBCC elsewhere.

1.2 Statement of the Problem
Health communication can help manage communicable and incommunicable diseases using social and behaviour change communication. SBCC can quickly offer essential information, debunk myths and misconceptions, retain public trust, prepare communities for action, and reassure and support communities and countries, according to the Emergency Communication Preparedness Implementation Kit (2016). SBCC uses puppetry in politics, health, education, and gender concerns.

Kenya's government used various mediums to spread COVID-19 prevention messages. Daily statistics, leading by example, experts' opinions, influencers, compelling messaging, print and electronic media, etc. were used to discuss vaccinations. According to Aswani (2021), these techniques failed to persuade Kenyans to be vaccinated because they were communication without purpose and clashed with the approach used. Masks, handwashing, social distance, and immunisations are still being promoted by the government until 2022. Using present techniques, the government has struggled to shift social and behavioural patterns.

Kenyan COVID-19 preventive studies are available. Mathooko (2021a) examined COVID-19 pandemic messaging in Kenya and found that utilising English to disseminate health information was difficult. Swahili is widely spoken in Kenya, hence the paper given at the Global Communication Summit organised by the Valenti School of Communication, University of Huston, USA in April 2021 suggests employing it. Mathooko (2021b) used social marketing to study COVID-19 pandemic communication in Kenya. This document promotes Swahili health communication. These two studies discuss SBCC language and social marketing. The impact of puppetry on COVID-19 prevention is not addressed.

Although puppetry is effective, it has been employed less than other methods of communication (Eschuchi, 2017). Research shows puppetry can be used in health communication, therapy, education, and social issues. Even with this information, mainstream media and the government in Kenya underuse puppets for SBCC.

Project Hand Up (PHU) and other Kenyan puppet production firms used Dr Pamoja to shift social and behavioural norms during the COVID-19 pandemic (Project Hand Up, 2020). In partnership with AMREF Africa and other charities. This research aims to highlight the use of puppetry as a medium for SBCC and explore its application during the COVID-19 epidemic.

1.3 Objectives of the Study

1.3.1 General Objectives of the Study
The main objective of this research was to examine communication for social and behaviour change using a case study of puppetry in Kenya.

1.3.2 Specific Objectives of the Study
This study’s specific objectives were:

1. To examine the types of puppets used for social and behaviour change communication in Kenya.
2. To explain puppetry advocacy messages for social and behaviour change communication in Kenya.
3. To investigate the efficacy of puppetry for social mobilisation for social and behaviour change communication in Kenya.
4. To identify factors and challenges hindering the use of puppetry for social and behaviour change communication in Kenya.
1.4 Research Questions Of The Study

The study sought to answer the following questions:

1. What types of puppets are used in Kenya for social and behaviour change communication?
2. Which advocacy messages are applied using puppetry for social and behaviour change communication in Kenya?
3. How effective is puppetry for social mobilisation to achieve social and behaviour change communication in Kenya?
4. What factors and challenges affect the use of puppetry as a communication tool for social and behaviour change in Kenya?

1.5 Scope of the Study

This study examined Kenyan SBCC puppetry to combat COVID-19. The research focused on digitally recorded puppet shows shared with Kenyans. We believe Project Hand Up's Dr Pamoja was the only Kenyan puppet show that focused on social and behaviour change during the COVID-19 pandemic. The Nairobi-produced show aired nationally on Akili TV. The study examines COVID-19 pandemic-related social and behavioural incidents on television.

This study only considered these variables. First, it covered Kenyan puppets. Second, it covered advocacy themes including persuasion, influence, and social marketing. Thirdly, it described its communal and national social mobilisation. Fourth, it examined social and production issues affecting SBCC puppetry. The target audience and SBCC implementation were included.

This research employed the Health Belief Model to explain personal behaviour change and Bandura's social learning theory to explain interpersonal behaviour change. Social marketing theory, which uses Price, Promotion, Place, and Product to strategize social and behavior-change communication, will also inform it.

The study used video content analysis and key informant interviews for exploratory qualitative research. The study focused on Kenyan puppetry studios’ 2020–2023 SBCC COVID-19 preventive puppet presentations. This study included only 42 Dr. Pamoja puppetry show episodes. Ten episodes of the English Dr. Pamoja Show produced for SBCC against COVID-19 in 2021, 2022, and 2023 were picked by non-random selective sampling. Content analysis for this sample uses the lead researcher's code words to assess script phrasing and character mannerisms in episodes.

2.0 LITERATURE REVIEW

2.1 Social and Behaviour Change Communication Theories

Social change is a process of altering social patterns, behaviors, and cultures. It involves transformations in institutions, functions, and cultures, according to sociological perspectives. Factors contributing to social change, as noted by Mondal (2014), include the physical environment, demographic factors, cultural factors, ideational factors, economic factors, and political factors. Changes in these aspects can lead to shifts in social dynamics (Soken-Huberty, 2020).

Cultural factors, comprising values, ideas, and beliefs, play a crucial role in social change. Cultural shifts influence the speed, direction, and limitations of social change. They can result from discoveries, inventions, diffusion, or borrowing from other cultures. Physical factors, such as migration, also contribute to social change (Dawson & Gettys, 1929).

Social change encompasses individual behavior, group dynamics, and societal structures. Changes in cultural norms can lead to modifications in individual behavior. Group dynamics are influenced by political systems, technological advancements, and social movements, affecting how group members interact. Societal structures, which involve relationships between individuals and groups, change due to political, economic, and technological factors (Forsyth, 2015).
Behavior change is a significant component of social change. Principles for effective behavior change communication messages include actionability, clarity, usefulness, accuracy, and relevance. Elements of behavior change include willingness, benefits, barriers, and the likelihood of relapse. Education, social norms, cultural shifts, and policy interventions can bring about behavior change (Crothers, 2013). The trans-theoretical change model outlines six stages of behavior change: pre-contemplation, contemplation, preparation/determination, action, maintenance, and termination. This model has been criticized for not considering the social context and the duration of each stage.

Development communication aims to improve the quality of life for marginalized and underdeveloped populations, while health communication focuses on disseminating health-related information for personal and public health improvement. Behavior change communication (BCC) is an integral part of development and health communication, relying on established theories and models of behavior change (Enatough, 2021).

Social and Behavior Change Communication (SBCC) integrates development and health communication. It operates at three levels: individual, interpersonal, and community. The individual level focuses on psychological processes and personal behavior change, employing theories such as the Health Belief Model and the Theory of Planned Behavior. The interpersonal level targets social networks and is based on Bandura's Social Learning Theory. The community level employs cultural and social change processes, drawing from the Theory of Gender and Power and Rogers' Diffusion of Innovation, emphasizing social influence and personal networks. This study draws on theories such as the Health Belief Model, Social Learning theory, and social marketing theory to inform its research on social and behavior change communication.

The Health Belief Model (HBM)
The health belief Model (HBM) was developed in the 1950s by social psychologists, including Hochbaum, Rosenstock, etc. (Glanz et al., 2015). It was initially designed to explain the failure of people participating in programs to prevent and detect diseases. It was later extended to help study people's behavioural responses to health-related conditions. For example, Jones et al. (2014) suggest that messages will only achieve optimal behaviour change if designed to successfully target perceived barriers, benefits, self-efficacy, and threats.

People are likely to change their behaviour if they experience risk susceptibility, risk severity, benefits to action, barriers to action, self-efficacy, and cues to action (Glanz et al., 2008). Perceived susceptibility is when one believes one will likely get a condition or disease. On the other hand, perceived severity is when one considers the seriousness of the health and social consequences of the illness or disease. The risk susceptibility and severity are labelled a threat (Green et al., 2020). Perceived barriers are a non-conscious cost-benefit analysis that an individual considers as barriers to negative aspects of a particular action. For example, one considers the financial cost, the unpleasantness and inconvenience, and the time required before acting. Therefore, in SBCC, a communicator presents possible benefits of the action. The cues to action are internal or external stimuli that trigger someone to decide and adopt a recommended action (LaMorte, 2022). Internal stimuli can include having the symptoms yourself, for example, a headache, coughing, or a fever. External stimuli, on the other hand, can include, for example, a family member falling ill, advice from a friend, or even reading the newspaper. Another construct of HBM, which was recently proposed, is self-efficacy (Rosenstock et al., 1988). This is how much a person believes they can follow through, perform the action required, or even change their behaviour. Since this research was focused on Behaviour change during a health crisis, the HBM provides an adequate and relevant tool for this study. When it was first developed, the theory was meant to be used by psychologists in the US public health service to explain the failure of people to participate in programs that prevent and detect disease.

In SBCC, communication often tends to achieve behaviour change regarding health. Therefore, for this research, it was essential to study how puppetry communicates social behaviour during COVID-19, a health...
concern. For this reason, this study relied on the health belief model to explore the use of puppetry in SBCC to achieve behaviour change at the individual level.

**Social Learning Theory (SLT)**

In the classical Bobo doll experiment, Bandura and his colleagues (Bandura, Ross & Ross, 1961) showed children a film where an adult is aggressive towards an inflatable toy called the Bobo doll. The kids were then separated into three groups and delivered a film continuation. For the first group, the adult was rewarded for their aggressive behaviour. In the second group, the adult received a punishment. In the third group, the adult received nothing. Finally, the kids were left alone in a room with a similar Bobo doll; the children from the first group who saw the aggressive behaviour reward replicated the behaviour. The theory posits that we learn from our environment, thoughts, feelings, and behaviour.

The Social learning theory, according to Kunkel et al. (2006), is a theory that explains the process by which human beings acquire behaviours through observation of their external environments and provides a valuable framework for the study of communication. Using the Bobo doll experiment (1961), Bandura explored the importance of a model in the theory. As social learning involves observation learning, a model is considered as who or what one is observing. In a family setting, a model for a child could be a parent or older siblings. It could be a live model, a verbal model, or a symbolic model.

The theory brings together aspects of behaviour and learning (Johnson, 2022). This is because it explains how we observe the behaviours of others and whatever rewards or punishment that behaviour results in. We then learn from these observations what behaviours to adopt in the future. The theory presents four conditions for observational learning: attention, retention, reproduction, and motivation (Stone, 2016). Attention is achieved through appeal. In the case of puppetry, the puppets can hold the viewers' attention, providing the first condition for social learning. The entertaining nature of puppets provides for both attention and retention. Finally, the messaging involves motivating an action to occur and guiding its reproduction in the audience.

In his research, Eschuchi (2017) illustrated this theory by using puppets to teach school-going children about handwashing. All the conditions of SLT were present. The children observed the puppets, and they paid attention to the presentation. After the show, the children did what they had seen the puppets do. They had retained the information and were motivated enough to replicate it.

SBCC involves creating a strategy that will achieve cognitive learning and behaviour change. This theory then posed a basis to explain puppetry adoption for SBCC when communicating behaviour change against COVID-19.

**Social Marketing Theory (SMT)**

Social Marketing Theory (SMT), introduced by Philip Kotler and Gerald Zaltman in the 1970s, adapts marketing principles to promote socially desirable behaviors and essential information. SMT serves as a framework for planning, designing, evaluating, and promoting social campaigns, addressing societal and psychological barriers while offering strategies to overcome them.

SMT is characterized by the four Ps: product, price, place, and promotion. The "product" can be either tangible, like handwashing soap, or intangible, such as gender equality. "Price" refers to what individuals must give up or trade to adopt the desired behavior, with lower costs increasing the likelihood of change. "Place" relates to the accessibility of the product to consumers, ensuring easy access to necessary resources. "Promotion" involves strategies for communicating information to the audience through various mediums, including traditional channels like newspapers and new media like social networks.

In Social and Behavior Change Communication (SBCC), SMT plays a significant role, combining elements such as awareness creation, audience targeting, message reinforcement, interest stimulation, and goal
achievement. This theory provides a foundation for analyzing the use of tools like puppetry in SBCC campaign.

CONCEPTUAL FRAMEWORK

Independent Variable

<table>
<thead>
<tr>
<th>Types of puppets (Medium)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hand puppets</td>
</tr>
<tr>
<td>• Rod puppets</td>
</tr>
<tr>
<td>• String puppets etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communicating advocacy messages using puppetry (Message)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Persuasion</td>
</tr>
<tr>
<td>• Influence</td>
</tr>
<tr>
<td>• Social marketing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Mobilization using puppetry (audience)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Community level</td>
</tr>
<tr>
<td>• National level</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Factors affecting the use of puppetry (noise)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Social factors</td>
</tr>
<tr>
<td>• Production factors</td>
</tr>
</tbody>
</table>

Social and behaviour change Communication

• Target audience
• Implementation

3.0 RESEARCH METHODOLOGY

The study focuses on puppetry as a means of Social and Behavior Change Communication (SBCC) in Kenya, specifically in relation to COVID-19 prevention measures. The research design employed is qualitative and case study-based. Qualitative research relies on non-numerical data, emphasizing linguistic symbols, stories, verbal communication, and written texts to understand complex social processes.

The target population encompasses puppetry productions created for SBCC regarding COVID-19 prevention in Kenya, including the puppeteers, their partners, and the audiences. The study is conducted on puppetry studios such as Project Hand Up (PHU), Krystal Puppeteers, CHAPS, Kenya Institute of Puppet Theatre (KIPT), and Puppets 254. These studios collaborated to produce a show named "Dr Pamoja" broadcasted on Akili TV and YouTube, which was highly watched by children and adults with children at home.

The sampling approach combines purposeful, criterion, and convenience sampling. The criteria for sample selection include the use of English, production dates between January 2020 and March 2023, puppets used in at least 50% of the episode, production in Kenya, airing on Kenyan TV, and communication of COVID-19 prevention measures.

The sample size consists of ten episodes from PHU's YouTube page. This size was determined based on media content analysis guidelines, ensuring thematic saturation regarding puppetry for SBCC.
Data collection involves coding schemes for thematic analysis of puppetry shows and key informant interviews with individuals knowledgeable about the subject. Key informants include puppeteers, a show director, a community leader, a health representative, and parents. Interviews are conducted through various means based on interviewee preference. Data processing and analysis include reviewing transcribed data and coding, thematic organization, and the presentation of findings. Ethical considerations were taken into account, with ethical clearances and privacy protection for participants.

4.0 RESULTS AND DISCUSSION

4.1 Response Rate
Thematic content analysis of selected episodes of the Dr Pamoja Show and interviews with the Dr Pamoja Show director, an AMREF representative, puppeteers, a community leader, a health worker, and parents whose children have watched the show. The interviews were conducted with all the respondents. Thus, the response rate for this study was one hundred per cent (100%).

4.2 Demographic information
The Dr Pamoja show episodes that were selected for this study were ten (10) in number with a total duration of thirty (30) minutes and fifty-seven (57) seconds. They averaged three (3) minutes and (six) 6 seconds per episode. After transcribing, the total word count for the sample was five thousand two hundred and seventeen (5,217) words and averaged five hundred and twenty-two (522) words per episode. This study interviewed thirty (30) respondents, including the Dr Pamoja Show director, an AMREF representative, sixteen (16) puppeteers, a community leader, a health worker, and ten (10) parents whose children have watched the show. The parents had children aged between five (5) to ten (10) years old. The respondents were thirty (30) in total, twenty-two (22) males and eight (8) females.

4.3 Content Analysis of The Dr Pamoja Show.
Content analysis is a scientific study of content of communication with reference to its meaning, intentions, context and message (Prasad, 2008). It provides for the reduction of a phenomenon into defined predefined categories to allow for analysis and interpretation (Harwood & Garry, 2003). Content analysis is useful in identifying and interpreting meaning in recorded communication forms by looking at small pieces of data, what they represent, and then applying a framework to organize them in an order that helps describe or explain a phenomenon (Kleinheksel et al., 2020).

Ten (10) episodes of the Dr Pamoja show were selected for this study. The show is set in a studio setup with callers calling in. The goal was to design a show with fewer puppeteers while creating a show with two versatile characters that could bring comedy, information, and ideas in a safe, entertaining, but educational setup. The show presents medical information that would otherwise have been deemed overwhelming in a safe learning and entertaining environment. During the production of the show, there was a need to reduce the number of puppeteers in the studio as part of the COVID-19 social distancing conditions that had been set up by the government to mitigate the spread of the virus. The director created a unique show that used only two main characters and needed only two puppeteers in the studio.

4.4 Description of characters
The show used two main characters and eighteen (18) supporting characters. The main characters are Dr Wilfred Collins Pamoja and Bali Simia Simias Ludifica, the Thirty-third and a quarter. Dr Pamoja's name comes from the Swahili word Pamoja meaning “together”. The show's director specifically chose the name to represent how we were all ‘together’ during the pandemic.

Dr Pamoja represents a friendly doctor who is portrayed as a safe and patient adult who is approachable for questions about the COVID-19 pandemic. He is extremely kind, and even though he is extremely knowledgeable, he does not talk down on anyone. He answers all the questions politely and patiently. He was
the ideal character for the show to present medical information non-threateningly. In the show, he is a brown puppet with dark hair dressed in a white lab coat with two pens in the front pocket. He is dressed in a tidy official outfit. He is operated by a hand within a glove as a puppet, with ropes attached to the hands for peripheral movement.

**Bali** is a colourful unrealistic monkey who is goofy and fun. He represents a small child who is full of life and curious. Being a monkey ‘gives Bali permission’ to be silly and ask any question safely. Like any child, Bali has fears and concerns that are addressed by Dr Pamoja during the show whenever he asks a question. Bali is covered in orange/red fur with a white face, ears, palms, and feet. Like Dr Pamoja, he is also manipulated as a glove puppet, with rods attached to his hands, legs, and tail for extra movement.

Throughout the show, to keep up with Bali’s portrayal as a monkey, he either asks for bananas or bananas are offered to him. This also forms a base for Bali, representing a young child to be easily distracted. Throughout the show, Bali, who has a child’s personality, interrupts, plays, gets distracted and is curious. This makes the show relatable to kids and also entertaining. Dr Pamoja, on the other hand, remains calm, patient, and kind. He does not scold or reprimand Bali. Instead, he gives him a safe space and gently provides correct medical information.

The show also has seventeen (17) supporting characters. These characters are added to the show in different episodes to achieve the desired effect of a studio that is set in ‘real’ life with ‘real’ characters. They include the main characters’ mothers, the different crew on the ‘show’, celebrities, other puppets, listeners and callers. The show also incorporated a live set for a real-life demonstration.

**Mama Pamoja and Mama Bali:** These are the main characters’ mothers. They are introduced into the show both for comic and educational effect. They reinforce the messaging (hands, mask, space) and also portray the roles of every single member of the community to participate in the ‘fight’ against COVID-19.

**Callers and Listeners:** There are callers and listeners to keep up with the setup of the show being a studio. These serve to represent the general public. In most cases, they are of divided opinions or just have questions. These questions represent the concerns that the Kenyan public had during the pandemic. Dr Pamoja addresses these questions with medically correct information that has been simplified to make it understandable for everyone.

**Keff Joinange and Amos:** The ‘celebrities’ of the show. The show used Keff Joinange, a puppet from the famous XYZ show, who is a parody of a Kenyan news anchor, Jeff Koinange. Amos ‘called into the show’ himself and wrote a song to support the show and build on the theme of inclusivity. Amos is a Kenyan musician from a Duo called Amos and Josh.

**Jose and Ritesh:** Real-life ‘heroes’ Jose and Ritesh are also introduced in the show. Jose, who is a real-life firefighter and a person with a disability, calls into the show to answer Bali’s question and also to represent people with disabilities. He, too, provides crucial information in a gentle and informative way. Ritesh, who is the tallest man in Kenya (Makena, 2017), identifies as a person with a disability. He also called into the show.

**Show crew:** To make the ‘show theme’ more realistic, in some episodes, the show added a director, Mr Lucas, who is also a puppet calling “action” for the show to start. There is also an announcer, one (1) female, and one (1) male show crew member. In one episode, they add Bunny, a female puppet. Bunny is a white lady rabbit who is a show host.
Buyer, Mama Inema, Sargent, Hotel staff, Cadet: The show incorporates real-life scenario simulations. In one episode, there is a buyer and Mama Neema; the setting is a market. The characters are introduced to emphasize the point that the COVID-19 prevention measures were to be applied and had to be followed everywhere. Another real-life simulation uses a puppet Sargent and real-life actors who play hotel staff and cadets. The Sargent is an authoritative, factual, no-nonsense puppet who represents an army sergeant doing a drill bit. He uses a loud voice, repeats instructions, and demands responses to his question. The sergeant was introduced to add repetition and participation to the show. The directors’ idea was to have children say “yes sir” along with the cadets. This was a demonstration of COVID-19 prevention measures in a hotel setting. The show visited a hotel, Leleshwa getaway in Kajiado County, and used their staff for the demonstration. The choice of hotel was influenced by its nearness to the founding place of Krystal puppeteers’ group, PHU, and Puppets 254.

4.5 Synopsis of the episodes

The show has ten (10) episodes – the title and episode description are listed in Table 4.4.2.

<table>
<thead>
<tr>
<th>Episode No.</th>
<th>Title</th>
<th>Episode Length (in seconds)</th>
<th>Air Date</th>
<th>No. of views (as of May 6, 2023)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Handwashing</td>
<td>136</td>
<td>April 24, 2020</td>
<td>5,059</td>
</tr>
<tr>
<td>2</td>
<td>Social distancing</td>
<td>175</td>
<td>May 31, 2020</td>
<td>7,386</td>
</tr>
<tr>
<td>3</td>
<td>Elbows</td>
<td>147</td>
<td>June 21, 2020</td>
<td>3,369</td>
</tr>
<tr>
<td>4</td>
<td>Hands</td>
<td>83</td>
<td>December 12, 2020</td>
<td>1,725</td>
</tr>
<tr>
<td>5</td>
<td>Mask</td>
<td>75</td>
<td>December 13, 2020</td>
<td>988</td>
</tr>
<tr>
<td>6</td>
<td>Space</td>
<td>75</td>
<td>December 13, 2020</td>
<td>596</td>
</tr>
<tr>
<td>7</td>
<td>Legend Amos of “Amos and Josh” Fame calls into the show</td>
<td>314</td>
<td>August 26, 2021</td>
<td>4,127</td>
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<td>The Tallest Man in Kenya Ritesh Barot</td>
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<td>Open like never before - restaurants in Kenya are Opening with New Covid Rules</td>
<td>477</td>
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Table 4.1 The Dr Pamoja shows episodes that were used in this study (n=10)

**Episode 1- Handwashing**

The episode starts with Bali running up and down the studio in a panic about getting sick with COVID-19. He also states in fear that his father, mother, and dog will get sick too. He says the virus ‘is going to get him.’ Dr Pamoja tries to calm him down and asks him if he has a question. Bali, still in panic mode, states that the virus will get all over his fur, giving him a cough and fever, and then he will infect his whole family. Dr Pamoja asks him if he has put water and soap outside so people can wash their hands before coming in. He also asks him if he has been washing his hands before eating, after using the toilet, when his hands are dirty, and after every cough and sneeze. Bali says he has and demonstrates a twenty-second (20) hand wash.

When Dr Pamoja asks him if he knows why he does these things, he answers that it is to mitigate the risk of contracting the Coronavirus and the associated acute respiratory infection and prevent the further spread of COVID-19 in the community. Dr Pamoja is impressed, but Bali says his knowledge came from a dictionary, and now he can spell a hippopotamus. Being a representation of a child and a monkey, Bali gets distracted by a banana, and Dr Pamoja has to ask him to focus. He reassures Bali that he is doing the right thing, keeping his
family safe, and has no reason to panic. When Bali asks for a hug, the doctor stops him. The episode ends with bananas raining down on them.

**Episode 2 - Social distancing.**
The episode starts with a montage of Bali on the bus. The passengers are all wearing masks and practicing social distancing. Then it cuts to a scene in the studio where the crew are setting up. Once it is all ready and the director, Mr. Lucas, has been paged, the show begins. Bali is supposed to ask a question, but all that seems to be on his mind is a banana. Dr Pamoja keeps trying to redirect his attention to the subject matter. Mr. Lucas cuts in and asks him to ask about social distancing and not plantains. When Bali asks if he can talk about bananas instead, the whole cast and crew shouts no.

Dr Pamoja, in his kind nature, steps in and says that if one practices social distancing, they can behave as normal, which for a monkey, he should still have a banana. He however insists that not everyone should avoid going and doing unnecessary things. Bali comments that they are in a studio, but the doctor assures him that they are maintaining social distancing.

Dr Pamoja emphasizes that COVID-19 should be taken seriously by maintaining social distancing, staying home as much as possible, avoiding travel, never crowding other people, and staying two (2) meters away even from people we know and trust when they have flu-like symptoms. Bali interjects that COVID-19 is spread from person to person easily, and sometimes contagious people do not show any signs and symptoms. Therefore, we should avoid shaking hands. He also adds that there should be social distancing in public transport. One passenger in a tuk-tuk and half the seats should be occupied in a bus or matatu.

When he is congratulated by Dr Pamoja for knowing this, Bali chimes in that he has an article about it. As a gift from the doctor, bananas rain on them. Bali is happy, and the director, Mr Lucas, calls to end the show and reminds Bali to wash his hands before eating the banana.

**Episode 3 - Elbows.**
The episode starts with the bus montage showing social distancing, mask-wearing and spacing in public buses. Then it cuts to the studio. Dr Pamoja is holding a clipboard, and Bali, on the other hand, is holding his hand over his mouth. When the doctor tries to talk to him, he responds without lowering his hand, making him inaudible. When the doctor insists that he takes his hand down, Bali raises a sign written on it that he can’t. When asked why, he raises more signs saying that everyone is going to get sick (his mom, dad, cat, and dog), and the virus will get him. Finally, he raises a sign asking what to do.

When Dr Pamoja finally gets Bali to lower his elbow, Bali’s first question is to ask for a banana. The doctor asks him to focus while explaining that one needs only to cover the mouth and nose with a bent elbow when coughing and sneezing. Bali keeps getting distracted and asking for a banana. When asked by Dr Pamoja why one should cough or sneeze into their elbow, Bali confidently says that according to the World Health Organization (WHO) and local health authorities, it helps prevent the spread of COVID-19. He continues to say that COVID-19 is spread through the air by vapour which is then passed on to another person. When asked how he knows all this, he says he learned it from Dr Pamoja’s show and that the doctor is famous. Bali sneezes, and the doctor asks him if he is okay. Bali covers his nose and mouth with his elbows. As the episode comes to an end, Bali asks for another banana.

**Episode 4 - Hands.**
When the director calls for the show to start, Bali wants to ask for a banana, but the doctor asks him for a password to take back the world from Corona instead. Bali, not knowing the password, decides to call Mama Pamoja to ask her what it is. Dr Pamoja is taken by surprise. Mama Pamoja says that the password is ‘hands, mask, and space.’

Bali then asks why Dr Pamoja is smart. Mama Pamoja responds by saying that it is because he has a smart mother. When Bali asks if she is a doctor, she refuses. She says that she is a village girl who knows how to
raise a smart and healthy son with good food, good hygiene, and healthy routines. Dr Pamoja adds that he learned from his mother that one should wash their hands before going into the house and after using the toilet. Mama Pamoja explains that the password is meant to remind everyone of the new routine (recommended COVID-19) prevention measures and stay healthy. One should wash hands, wear a mask, and maintain space. The doctor adds that doing this will help in controlling the spread of COVID-19. Mama Pamoja asks Bali for the password, and when he answers it correctly, she tells him to wash his hands with water and soap before eating the banana.

**Episode 5 - Mask.**
The episode starts with the announcer shouting that they are on air. Bali asks listeners how they feel about wearing a mask. One listener says they love it, and another listener says they hate it. Bali announces that all listeners love it. The doctor disputes this. Bali goes for the phone lines while asking for a banana. They scramble for the phones and accidentally get both of their mothers on the phone. Mama Pamoja and Mama Bali are talking on the phone about COVID-19, the password to take back, and how the virus is just like any of the other challenges they have faced. Dr Pamoja says to Bali that they should take back the shows. Bali agrees but also adds that they are doing great. Mama Pamoja and Mama Bali go on to talk about how to prevent the spread of COVID-19. They mention wearing a mask and covering one’s nose with their chin in order to protect children and the elderly. Bali and Dr Pamoja realize that their mothers can’t hear them. The show ends with the two women agreeing that doing all these (wearing a mask, covering one’s face when covering, washing hands, and social distancing) are great prevention measures against the spread of COVID-19.

**Episode 6 - Space.**
The show starts with Dr Pamoja asking Bali why he has a house over his head. Bali refused to answer Dr Pamoja until the doctor told him the password. When the doctor tells it to him, he explains that he is following the president’s directive to stay home. The doctor agrees while insisting on handwashing, wearing masks, and maintaining space. According to Bali, having his head in a house means staying indoors. When Bali asks for a banana, Dr Pamoja asks the callers for their opinion. One caller says yes, and another caller says no. Bali says that all callers say yes. When Dr Pamoja receives the next call, it is Bali’s mother. She says that Bali should have a banana and work from home. Bali interjects that he is staying in the house. His mother says that it is not what she means and that he should practice social distancing. Dr Pamoja tells Bali that he should listen to his mother. She also reminds him to wash his hands, wear a mask, and maintain space. She orders him to put on his mask, go home and wash his hands before eating a banana.

**Episode 7 - Legend Amos of “Amos and Josh” Fame calls into the show.**
The episode starts with Bunny (puppet), a show host introducing Dr Pamoja as ever-amazing, Bali as a good-looking knowledgeable primate, and a special guest, Amos as a legend. Bali asks if he may have a banana as the phone rings. When the caller says hello, Bali is star-struck. He regains his calm and says hi back. When Amos says he has a banana from him, Bali insists that he wants the banana autographed first. Amos asks if his song can be played. Dr Pamoja says yes, but Amos has to say the password first. When Amos responds with the password, Bali says he is the best. Amos thanks him, adding that washing hands, wearing a mask, and maintaining space is important. He says he is calling because he is concerned that people with disabilities are sometimes left out when talking about COVID-19. Bali asks him if he will sing his famous song ‘baadaye.’ He instead says that he and his friends did a song about going back to school, COVID-19, and what it means to have a disability. Dr Pamoja lauds him, saying that everyone has a part to play in the fight against COVID-19 and that they should ensure that people with disabilities should be able to reach handwashing stations. They both agree that people with disabilities should also have access to clean surfaces and be considered when practising social distancing. Bali insists that they should stop talking and start singing.
The song is done by Amos and puppets with disabilities. It pleads for patience, understanding, and support toward people with disabilities. One should be friendly with people with disabilities instead of getting mad or reprimanding them when they need time. It reminds everyone to be careful and not fearful, wash their hands, and wear a mask. The song goes on to mention that even though disabilities are different, some visible and some invisible, people with disabilities have some similarities with people without disabilities. Amos ends by insisting that everyone has a right to be heard, as we are all in the pandemic together. He also reminds listeners that hands, masks, and space are the password for returning the world from COVID-19.

Episode 8 - Firefighter Joe teaches about disability.
The episode starts with Bali trying to get the first caller on air. Dr Pamoja reminds him that they should introduce a topic first. Bali says that the topic is always bananas. Dr Pamoja tries to explain that the topic is not and never has been bananas, but he stops to ask Bali what he is doing because he seems preoccupied. Bali says he is doing monkey stuff and has lost interest because the show is not about bananas.

Dr Pamoja says that the topic is COVID-19 and persons with disabilities. He asks if people should be more helpful toward people with disabilities. Jose is the first caller, and immediately Bali is interested. Jose, who is a fire safety advocate from Africa fire mission and a licensed firefighter, warns Bali to stop playing with the fire extinguisher. Jose explains that being a person with a disability doesn’t mean that he is unable. He and others are doing a lot to help.

Bali is in shock as he doesn’t understand. Jose shows Bali his hand and explains that he was burnt in a fire when he was four (4) months old. Bali whispers to Dr Pamoja that Jose is missing a hand, and when Jose offers to correct him, Bali politely declines. Jose explains that he has not lost his hand and is not trying to fix it. When Bali tries to ask a question, Jose says that he can hold a banana with it and that Bali is predictable.

Jose continues to explain that everyone needs help from time to time. Jose needed a little extra help as a child, but all he wanted was acceptance and to figure out things for himself. During the pandemic, everyone needs some help in maintaining social distancing, and people with disabilities may need help from somebody with clean hands in reaching for sanitizer or soap and putting on a mask. He calls for respect for and inclusion of people with disabilities. Bali is in agreement.

The episode then cuts to a scene where a buyer is trying to buy bananas from Mama Inema for his friends. Mama Inema asks for the password. The buyer correctly answers that the password is hands, mask, and space. Mama Inema gives him the bananas and reiterates that the way to take the world back from Corona is to wash hands, wear a mask and practice social distancing.

The scene cuts back to Jose explaining that, as a firefighter, he helps abled people and people with disabilities plan for emergencies. He adds that planning for people with disabilities is slightly different, but they should also be included when planning for COVID-19 safety routines. The doctor agrees with him. Bali compliments Jose, who in turn asks Bali to invite him to the studio to plan for fire drills and check on their extinguishers and smoke detectors. Bali asks if he will wear Jose’s fireman's hat, play with the siren, and have a banana. Jose says he can do all those except play with the siren. He also reminds them about the password: hands, mask, and space.

Episode 9 - The Tallest Man in Kenya Ritesh Barot.
The episode starts with Dr Pamoja inviting viewers to the show, stating that it is where kids’ questions about health and safety are answered. He is, however, distracted by Bali, who says he is preparing for the first caller to the show by walking on stilts. Dr Pamoja says the day’s topic is persons with disabilities during the COVID-19 pandemic.

Bali is in shock. Their guest, Ritesh, the tallest man in Kenya, identifies as a person with disabilities. Bali wonders how being the tallest mine is a disability. The doctor says that they should let Ritesh explain. He tries to tell Bali to come down before hurting himself, but then Bali falls just as Ritesh joins a call. Ritesh and Dr
Pamoja are worried. Bali is yelling about breaking his hip, hand, three tails, twenty (20) hair, and two eyes popping out.

When the doctor tells him to stop exaggerating, Bali jumps back up. Ritesh is happy that Bali is okay. He notes that everyone should remember that things can happen that might make one end up with a disability. The doctor agrees that we shouldn’t judge or fear people with a disability; some people are born with it, while others experience it later. Bali, as an example, mentions his grandfather with a hearing aid, and Dr Pamoja mentions his grandfather, who broke his hip.

The show cuts to Bali’s grandfather trying to ask Dr Pamoja’s grandfather for a banana. Dr Pamoja’s grandfather asks for the password, but Bali’s grandfather can’t hear him. The two old men start going back and forth, which only ends with Bali’s grandfather asking where his banana is and Dr Pamoja’s grandfather asking where his memory is. They both burst out laughing.

Bali is still confused about how being a giant is a disability. Ritesh kindly explains that his height can be attributed to a medical condition that makes him grow faster than other people, making his bones and skeletons grow differently. When Dr Pamoja asks how this has affected his life, he explains that in school, he found desks and chairs uncomfortable. As an adult, he finds riding in most cars quite painful. So as to be part of the conversation, Bali chimies in that he knows what Ritesh means. He then adds that he loves Ritesh because he was awarded ‘The Order of the grand warrior in Kenya.’ Dr Pamoja adds that he is also the president of the rotary club of Nairobi.

Ritesh says that he is proud of these achievements. Dr Pamoja says that he hopes this will let everyone see that a disability does not hold someone back, even if they may look a little different. Bali quips that Ritesh’s mother never lost him in crowds. Ritesh goes on to say that he used to see a lot of doctors as a teenager, but they soon realized that every time they tried to fix his disability, they made things worse instead.

Bali is soon distracted and asks if anyone has seen his banana. Dr Pamoja asks him to listen to Ritesh. He responds that he is multitasking but has learned that Ritesh does not need to fix his disability. Ritesh agrees with him and says that a disability is not something to fix as people with disabilities are not broken. When asked by Dr Pamoja if he has any advice for the listeners, Ritesh responds by saying that it is okay for people to sanitize and wear masks around people with disabilities as most of them are vulnerable.

He adds that physical distancing may be hard for people with disabilities as they may not move as fast and as easily as others do, but they must remain bold and demand to be heard. As the doctor thanks him for being in the show, he adds that everyone should wash their hands, wear a mask properly and maintain the recommended space. He sends lots of bananas to Bali and ends the show by mentioning the password; hands, mask, and space.

**Episode 10 - Open like never before - restaurants in Kenya are Opening with New Covid Rules.**

The episode starts with Dr Pamoja introducing himself and adding that he is on the show to take questions about health and public safety. Bali introduces himself too and adds that he loves bananas and is on the show to boost the rating. When Dr Pamoja asks him how he does that, he says it is because of his rugged good looks, smooth voice, and educational background. He is referring to Dr Pamoja.

Dr Pamoja then introduces the topic to be about restaurants re-opening and how new measures have been laid down to protect the customers as they await the COVID-19 vaccine. Bali, who says he is familiar with the topic, clears his throat, ready to explain. He is, however, interrupted by Keff. Keff introduces himself and says he is on the show to boost the rating. Bali is in shock and keeps trying to stop Keff. Keff explains that he will be showing the scenes of Kenya’s kitchens. When Bali registers his disappointment, Dr Pamoja says that this was a directive from his seniors. Keff goes on to say that with the pandemic going on, eateries are adopting new measures to reduce the spread of COVID-19. Again, Bali keeps trying to stop Keff.
The show then cuts to a restaurant scene where Sargent is training recruits. Sargent reminds them to wash their hands when getting to work, leaving work, before eating, before handling someone’s food, after touching common surfaces, after handling cash, and after using the toilet. Keff mentions that these are the handwashing protocols that eateries around Kenya are adopting. Bali still keeps trying to take back control of the show, even when Keff goes off-script. Finally, Keff asks if anyone has the phone number for Kenya Wildlife Service (KWS).

The Sargent explains that masks are to be worn over the nose and mouth, not on the chin or forehead. When Dr Pamoja asks for more details, Keff is excited. Sargent goes on to explain that a distance of one and a half meters should be maintained from other persons when speaking, coughing, sneezing, or ambushing. He likens it to creating an invincible trench at all times. Customers can, however, remove their masks when eating. He adds that all high-touch surfaces must be disinfected using an alcohol-based disinfectant. A table surface must be disinfected after a customer leaves and before another arrives.

Keff applauds this saying that restaurants thoroughly understand how to keep their customers safe. He also wonders out loud if Bali, who hasn’t stopped trying to take back the show, has been vaccinated for Rabies. Sargent continues with more directives from the government, saying that as many windows and doors as possible should be kept open as even a light breeze can help reduce the concentration of COVID-19 particles in the air. In addition, all customers should wear a mask, wash their hands at the door, submit to a temperature check, and keep their masks on until they have ordered their food. Sargent also reminds them to wash their hands before leaving.

Bali brings Keff a glass of water and asks him if he should get anything else. Dr Pamoja is surprised and asks how Keff has reconciled with Bali. Keff laughs and says all he had to do was remind Bali that with Keff, who is popular with women over forty (40), on the show, their viewership increases, and Bali’s salary increases.

5.0 Summary of the study findings

The presentation of the summary is organized as guided by the specific objectives of the research and followed by discussions.

5.1.1 The types of puppets used for social and behaviour change communication in Kenya

The first objective of this study was to examine the types of puppets used for social and behaviour change communication in Kenya. Findings from this study revealed that puppeteers in Kenya prefer glove puppets. This choice has majorly been influenced by finances. Even with the incorporation of other puppets, the puppeteers all favoured glove puppets and explained that they are easy to learn, make and manipulate. This is in tandem with both Kyalo (2017) and Eschuchi (2017), who noted glove puppets as popular in Kenya. The Dr Pamoja show used glove puppets in association with other types of puppets during the COVID-19 pandemic to communicate social and behaviour change. This was mostly targeted to children watching Akili Tv but the show’s director found that their audience also included parents and guardians. Furthermore, the findings showed the introduction of a new puppet type, which the puppeteers called Euro puppets, to attract the attention of large crowds. This refers to what Riccio (2004) described as giant puppets drawing in the crowds.

5.1.2 Puppetry advocacy messages for social and behaviour change communication in Kenya

The second objective of this research was to explain puppetry advocacy messages for social and behaviour change communication in Kenya. The findings of this study highlighted the use of persuasion, influence, and social marketing in the presentation of advocacy messages. The puppets were found to be persuasive and influential in the bid to achieve social and behaviour change in the community. This was in agreement with Eschuchi (2013) who noted that puppets can be used to present messages without hurting or offending anyone. The analysis of Dr Pamoja’s transcript illustrated this. The language, tone, and presentation of the show were able to achieve social marketing as described by Kotler and Lee (2008).
The show sought to influence behaviours, utilise marketing principles in the planning, focus on a target audience, and deliver a message that will positively benefit society. The research revealed that puppetry in Kenya has been used for communicating social and behaviour change in issues such as HIV/AIDS, corruption, malaria, girl child education, child trafficking, intestinal worms, Bilharzia, animal conservation, environmental conservation, COVID-19, gender equality and child safety.

5.1.3 The use of puppets for social mobilization for social and behaviour change communication in Kenya

The third objective of this research was to investigate the use of puppetry for social mobilization for social and behaviour change communication in Kenya. The findings of this study suggest that puppetry is an effective tool in affecting social mobilisation when communicating for social and behaviour change. In agreement with Eschuchi (2013) that puppetry as a participatory media enables mobilisation, the respondents of this study gave an example where a puppet show led to the government responding to the locals and granting their demands. A puppet show about the lack of proper governance led to the mobilization of government officials to build a bridge for the community. The puppeteers also mentioned how they had used puppetry for mobilisation, resulting in tree planting. The Dr Pamoja show uses language and music to call for mobilization to create a more inclusive environment for people with disabilities.

5.1.4 Factors hindering the use of puppets for social and behaviour change communication in Kenya.

The final objective of this research was to identify the factors hindering the use of puppetry for social and behaviour change communication. This study found that the main problem facing puppetry in Kenya is funding. In tandem with Chattopadhyay (2017), the respondents stated that funding for puppetry is an issue. The puppeteers are living from one project to the next. Another challenge is that puppetry is still not being taken seriously enough, as Eschuchi (2013) mentioned. It is still being perceived as child’s play hence not being fully accepted and utilised. In as much as the Dr Pamoja show has received a large audience, they haven’t received enough support to sustain them after the end of each project. This is also seen when they are being funded for specific projects. The funders tend to give them limited funds.

5.2 Conclusions of the Study

This study concludes that the use of puppetry for social and behaviour change communication in Kenya is effective but underutilised. There is a consensus on glove puppets mainly because they are both affordable and easy to make. These puppets have been essentially used to address issues in a safe, non-threatening, and entertaining way. The target audience has mostly been children, but due to the nature of the presentations and the delivery, the adults are accommodated too.

Secondly, puppetry has the ability to be used for persuasion, influence, and social marketing when communicating advocacy messages. This is mostly done through the show’s language, tone, and content. These messages that may be hard for a person to say directly are packaged in a way that opens up the conversation, answers questions, and still entertains in a way that makes it memorable and easy to adopt. This makes it an effective medium of communication when it comes to behaviour change.

Thirdly, puppetry is a great tool for community-level and national-level mobilisation. Puppets “can say things directly that a human cannot”. It has the ability to speak about sensitive issues without shame. This makes it a tool that can rally communities together to achieve a desired change in governance, health, society and culture. The ability to start any conversation makes it a preferred tool for mobilisation. Its translations into local languages also increases the reach and comprehension without a literacy barrier.

Fourthly, the challenges plaguing puppetry are funding, perception, and support. As much as they work hard to communicate vital information, the puppeteers need to earn a living and sustain themselves. And even though what they do is still majorly considered play, they do have a track record showing the effectiveness of puppets in social and behaviour change. With more support from other sectors, puppetry can thrive and be utilised more efficiently.
5.2 Recommendations
This research suggests the following recommendations based on the summary and conclusions.

5.2.1 Recommendations to the government
The government should adopt the use of puppetry, especially in health communication. During the start of the COVID-19 pandemic, the government’s communication needs were high. This is a situation that often arises, and there is a need to communicate with and educate the public about health matters. By incorporating puppetry, the government can make its communication easy to understand and effective without causing fear or panic. Furthermore, this medium will allow for the information to arrive at all age groups.

5.2.2 Recommendations to non-governmental organisations
Most non-governmental organisations need to communicate important information to the communities they serve on a regular basis. Using puppetry will allow them to cross cultural barriers and still be non-threatening. Topics like safe sex, family planning, etc., that may be considered taboo can be communicated in a non-menacing way to all age groups by the use of puppets. And when they involve puppeteers, they should consider adequate funding.

5.2.3 Recommendations to the society
Puppetry should be accepted and mainstreamed. It is a valuable art form with great possibilities that should be appreciated, invested in, and utilised properly. The possibilities are endless. It can be incorporated into religion, education, mental health, etc.

5.3 Further Research
This study makes the following suggestions for further research. Firstly, an experimental study should be done with a focus on how long children can remember what they have learned from puppets and how long they sustain the newly learned behaviours.

Secondly, during this study, the researcher noted the number of women in relation to men in puppetry. Therefore, this study recommends assessing gender disparities in puppetry in Kenya and the effect that this has on the delivery of the message.

Thirdly, since this study focused on the use of puppetry for SBCC, further research should be conducted in the use of puppetry for in other areas such as community engagement, human rights and even on more sensitive subjects such as mental health and sexual abuse here in Kenya.

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