

“Posters That Speak Like Us”: Young Women’s Perceptions of Modern Contraceptive Messaging in Nyalenda B, Kisumu County, Kenya

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Abstract:

This empirical study explores how young women in Nyalenda B, Kisumu County, interpret and engage with campaign posters promoting modern contraception. Drawing from focus group discussions, key informant interviews, and ethnographic fieldwork, the study examines how visual and linguistic elements color, image, layout, tone, and placement shape perceptions across diverse educational backgrounds and age groups. Grounded in Visual Semiotic Theory and supported by Peirce’s triadic model of signs, findings reveal that interpretation is not passive but actively filtered through lived experience, literacy, and socio-cultural context. While most young women found the posters appealing and empowering, others expressed skepticism when visuals felt unrealistic or culturally detached. Misinterpretations were common where poster messages omitted nuance or ignored pervasive myths and fears about contraception. The study concludes that effective poster design must integrate localized semiotics, emotionally intelligent language, and participatory design strategies to bridge the gap between message intent and community interpretation.

Keywords: Modern contraception, youth perceptions, health communication, visual semiotics, poster campaigns, reproductive health, informal settlements

1. Introduction

Access to modern contraceptives is a critical component of reproductive health, yet significant disparities persist across sub-Saharan Africa. In Kenya, the modern contraceptive prevalence rate (mCPR) among married women increased from 32% in 2003 to 58% in 2023. Despite this progress, 14% of women who wish to delay or avoid pregnancy still face unmet needs for contraception.

Women's perceptions towards contraceptives are influenced by various factors, including cultural beliefs, misinformation, and concerns about side effects. Studies have shown that while knowledge of contraceptive methods is high among Kenyan women, usage remains low due to fears of infertility, health complications, and social stigma.

Various contraceptive methods are available in Kenya, including:

- **Barrier methods:** such as condoms, which prevent sperm from reaching the egg.
- **Hormonal methods:** including pills, injectables, and implants that prevent ovulation.
- **Intrauterine devices (IUDs):** which prevent fertilization.
- **Permanent methods:** such as sterilization procedures.
- **Natural methods:** involving fertility awareness.

Communication strategies for promoting contraceptive use encompass mass media campaigns, interpersonal communication, and community outreach. Among these, posters have been a prominent tool within public reproductive health strategies in Kenya. For instance, the "Give your Baby a Healthy Start" campaign utilized posters to promote child spacing and informed contraceptive choices among young adults.

Posters are particularly effective in conveying messages about contraceptives among women due to their visual appeal, ability to transcend literacy barriers, and potential to be displayed in various community settings. They can depict relatable scenarios and culturally appropriate imagery, facilitating better understanding and acceptance of contraceptive methods.

This study investigates how young women in Nyalenda B, a densely populated informal settlement in Kisumu County, perceive and interpret messages from selected modern contraceptive posters. Understanding these perceptions is crucial for designing effective, culturally sensitive reproductive health communication strategies.

2. Methods

This study adopted a **qualitative ethnographic research design**, which was appropriate for exploring how young women in Nyalenda B perceive and interpret visual messages in modern contraceptive posters. Ethnography was particularly useful because it allowed for deep immersion in the community, enabling the researcher to understand not only what participants said about the posters, but also how they interacted with them in real-life settings. This design was instrumental in capturing the nuanced, socially embedded interpretations that might be missed through quantitative methods.

A **purposive sampling technique** was used to select participants who could provide rich, relevant data. Young women aged 18 to 29 years were chosen based on their age-related reproductive health needs and their exposure to modern contraceptive messaging.

The sample was deliberately varied to include women with different educational levels, relationship statuses, and life experiences. This approach ensured that the diversity of perspectives within the target demographic was well represented.

Data collection was conducted through multiple qualitative tools to ensure triangulation and depth. Six focus group discussions (FGDs) were held, each comprising 8 to 10 participants. These group settings encouraged peer dialogue, revealing how perceptions are shaped not only individually but also socially. In addition, five key informant interviews (KIIs) were conducted with healthcare providers, community outreach workers, and youth advocates. Their insights provided broader contextual understanding of how contraceptive posters are deployed and perceived in Nyalenda B. Non-participant observation was also carried out at key public spaces clinics, market stalls, and roadside chemists where posters were commonly displayed. Observing how women physically interacted with posters in natural settings enriched the data by capturing spontaneous reactions and patterns of engagement.

To ensure **reliability and validity**, several strategies were applied. Data collection tools, including the FGD and KII guides, were pre-tested to refine language and ensure cultural sensitivity. Triangulation across data sources group discussions, interviews, and observations helped confirm the consistency of findings. Additionally, prolonged engagement in the field enhanced the credibility of the study by building trust and allowing deeper insights to emerge over time. Verbatim quotes from participants were preserved to maintain authenticity, and reflexive journaling by the researcher helped control for potential bias during interpretation.

For **data analysis**, thematic analysis was employed. All data were transcribed, translated where necessary, and coded manually. Patterns and recurring themes were identified, clustered, and interpreted in relation to the study objectives. The analysis was guided by **Visual Semiotic Theory**, particularly Saussure’s (1916) concept of the signifier-signified relationship and Peirce’s triadic model of the sign comprising the representamen (the visual or textual symbol), the object (what it refers to), and the interpretant (the meaning constructed by the viewer). These frameworks were appropriate for analyzing how young women made meaning from visual stimuli, highlighting the cultural and symbolic processes involved in interpreting health messages embedded in poster imagery.

3. Results

3.1 Perceived Tone and Language

Participants were highly sensitive to the tone of language used in the posters. Phrases like “*Panga maisha yako, siyo mimba!*” (“Plan your life, not pregnancies!”) were described as humorous, empowering, and peer-like in tone. A 19-year-old participant noted, “*It’s like talking to a friend, not a teacher.*”

Conversely, posters with directive or prescriptive language such as “Use family planning now!” were often rejected. Participants perceived them as judgmental or lacking empathy. This mirrors findings by Williamson et al. (2014), who observed that adolescents in Kisumu responded more positively to messages that respected their autonomy and context. Similarly, the Tupange Youth Project in Nairobi found that aspirational messaging (“Secure your dreams”) was more effective than command-style slogans (Jhpiego, 2013).

However, this finding contrasts with Mecha (2019), whose study in Kisii noted that directive messaging was sometimes effective in rural settings where deference to authority was culturally normative. The divergence suggests that urban youth may require more peer-like, emotionally intelligent communication.

3.2 Visual Recognition and Representation

Participants showed a strong preference for posters that visually represented women who looked like them, similar in skin tone, hairstyle, clothing, and facial expression. Posters featuring “Instagram-like” models with light skin and Western fashion were perceived as alienating or unbelievable. One participant remarked, “*If she looks like she came from Nairobi, I skip.*”

This supports findings by Birungi and Obare (2015), who observed that relatable imagery increases engagement with youth reproductive health materials. Mutua et al. (2020) also emphasized that authenticity in visuals was crucial for trust among young people in Nairobi informal settlements.

In contrast, a 2020 study by Muteshi et al. in Kibera reported a preference for polished imagery, citing perceptions of professionalism. This divergence may reflect differing subcultural norms within urban youth populations and underscores the need for localized visual design strategies.

3.3 Interpretation Divergence by Education

Education significantly influenced how participants interpreted the posters. Women with tertiary education tended to view the posters as promoting self-agency, control over one’s future, and responsible life planning. A university student explained, “*It’s telling you that you can focus on school, on your dreams.*”

In contrast, women with only primary education expressed mistrust, moral concerns, or disbelief. For instance, a 21-year-old single mother with primary education said, “*She looks too happy... It’s like they are lying.*” This finding aligns with studies by Izugbara et al. (2014) and Ochako et al. (2015), which show that lower education levels correlate with reduced trust in reproductive health messaging.

Moreover, it supports Trudell’s (2012) argument that literacy is not merely about reading ability but about the cultural capacity to interpret and contextualize symbolic content. Education provides the framework within which visual signs are decoded and trusted.

3.4 Social and Peer-Mediated Interpretation

Interpretation of posters was often a collective activity. Participants reported seeing posters with friends and discussing or debating their meaning. A 26-year-old woman shared, *“Sometimes we don’t even agree... One sees shame, the other sees sense.”* Peer conversations influenced whether the posters were embraced, ignored, or challenged.

This finding is in agreement with Oriakhi and Okoedo-Okojie (2013), who emphasize that peer endorsement is a critical driver of contraceptive behavior among youth. It also complements the idea proposed by Glanz et al. (1990) that normative beliefs what young women perceive others think they should do influence individual decision-making. This also echoes the concept of collective meaning-making from Fassin (2011), where health messages become sites of moral and emotional negotiation within social groups.

3.5 Myths and Misconceptions

Participants described enduring myths that contraceptives cause infertility, cancer, weight loss, or immorality. These beliefs were reinforced not only through social circles but also by the posters’ failure to depict side effects or offer explanations. A participant said, *“You see a smiling girl with the implant but no one tells you what happens after.”*

One informant with personal experience shared: *“I had the implant... I’ve been bleeding for 9 months. I hate men now. I even broke up with my boyfriend.”* Such narratives show a gap between lived reality and poster messaging.

This aligns with findings by PSI Kenya (2010) and Kimani et al. (2013), which note that failure to acknowledge side effects undermines trust in family planning campaigns. However, it also diverges from studies like Chebet (2020), which reported that simplified posters reduced fear and increased uptake. The contradiction suggests that oversimplification may work for awareness but falter when deeper engagement is needed.

Peirce’s triadic model helps explain this dissonance: where the representamen (e.g., the implant image) does not align with the lived object (the actual side effects), the interpretant (meaning constructed) collapses, leading to rejection or mistrust.

4. Discussion

The findings reaffirm that modern contraceptive posters are not passive vessels of information but culturally mediated texts whose meanings are constructed through the viewer’s lived experiences, social context, and emotional realities. Rather than being universally interpreted, the imagery, tone, and symbolism in these posters are filtered through diverse socio-cultural lenses, including age, education level, and marital status. This resonates with the work of Wekesa and Coast (2021), who noted that the effectiveness of visual reproductive health materials in Kenya is deeply shaped by community norms and individual positioning.

Posters that succeeded in engaging young women in Nyalenda B did so by using culturally familiar signifiers—local language, relatable facial expressions, and realistic clothing styles—that mirrored the aesthetic and moral worlds of their viewers. These visual strategies helped anchor contraceptive messages in everyday life, making them feel less like top-down directives and more like peer-shared advice. This aligns with findings by Obare et al. (2020), who argue that contextual resonance is a more powerful driver of message retention than aesthetic polish alone.

In contrast, posters that employed idealized visuals, directive slogans, or aspirational models were frequently dismissed as irrelevant, foreign, or untrustworthy. Such dissonance between message and audience perception illustrates the risks of designing materials based on generalized youth profiles rather than lived experiences. This confirms recent insights from Kinaro et al. (2023), who found that reproductive health messaging is most impactful when co-designed with youth and grounded in local visual norms.

While studies like Ochako et al. (2015) and Mutua et al. (2020) underscore the importance of visual and textual clarity, this study extends the conversation by showing that clarity alone is insufficient. Emotional resonance, cultural familiarity, and visual authenticity are equally vital for message uptake. Effective poster communication requires not only informational precision but also symbolic alignment with the target audience’s everyday realities and social script

5. Conclusion

This study set out to investigate how young women in Nyalenda B interpret the messages embedded in modern contraceptive posters. The analysis revealed that while posters are widely visible and often visually appealing, their effectiveness is unevenly distributed across educational, social, and emotional lines. Their impact depends less on visibility and more on the degree to which they reflect the linguistic, cultural, and experiential realities of the young women who view them.

Specifically, the study found that **posters using colloquial Swahili phrases and peer-like tones were interpreted as empowering** by women aged 18 to 24. Phrases such as *“Panga maisha yako, siyo mimba!”* were seen as non-judgmental and relatable, especially by students and recent school leavers. Conversely, **directive slogans** such as *“Use family planning now!”* were largely rejected by the same group for being prescriptive and insensitive to individual circumstances.

In terms of **visual engagement**, the study uncovered that **poster portraying women who resembled the local population—through dress, complexion, and demeanor were perceived as more trustworthy**. This aligns with the second objective, which

sought to determine how visual elements affect engagement. Overly polished images featuring Eurocentric standards of beauty were seen as unrealistic and out of touch. Respondents preferred imagery that affirmed their identities and reflected their socio-economic environments.

Further, to understand how socio-demographic characteristics shape poster interpretation was confirmed through the marked contrast in how different education levels mediated perception. **Women with tertiary education interpreted posters as tools for self-determination**, connecting them with broader life goals like career and education. **Those with only primary education**, on the other hand, often interpreted the same messages with skepticism or anxiety, associating them with side effects, infertility, or moral failure. These diverging interpretations highlight the need for more segmented, education-sensitive messaging.

Importantly, the study found that **poster interpretation was not an individual process, but a social one**. Many participants described viewing posters in the presence of friends or discussing them later within peer groups. These discussions often re-shaped or even reversed their initial interpretations, reinforcing the role of peer influence in health decision-making. Finally, the study revealed that **myths and misconceptions particularly around side effects and fertility persist strongly**, and were often unchallenged or even amplified by posters that lacked detailed or realistic messaging.

Recommendations

To youth-focused campaign designers and creative agencies:

Involve young women from diverse educational backgrounds in the design and testing of contraceptive posters. Use language that mirrors peer-to-peer communication and ensure that images reflect everyday life in informal settlements. Representation should not be aspirational but grounded in local visual culture. Posters must speak *with* young women, not *at* them.

To reproductive health policymakers and the Ministry of Health:

Segment poster content by education level and life stage—not just by age. This study showed that literacy and formal education heavily influence comprehension and trust. Posters aimed at secondary-level audiences should rely more on simple visuals and community symbols, while those targeting college-educated women can introduce more abstract, aspirational messaging. Fund campaigns that allow for these layers of differentiation, especially in high-density, diverse areas like Nyalenda B.

To NGOs and community health organizations:

Do not rely on posters alone. Combine visual campaigns with facilitated conversations in schools, youth centres, churches, and digital platforms. Posters often trigger questions or anxieties these need structured spaces for discussion. Train peer educators to lead small-group dialogues that unpack the messages and address myths. Consider pairing posters with QR codes linking to myth-busting videos or FAQ pages in local languages.

To healthcare providers and youth clinics:

Develop protocols that connect poster messaging with clinic counseling. If a poster promises empowerment or safety, the in-clinic experience must reinforce that message. Staff should be trained to address concerns about side effects without judgment, using the posters as visual aids to encourage open discussion. Placement of posters should also be strategic: clinics, pharmacies, and schools were trusted locations—bars and entertainment venues were not.

To researchers and campaign evaluators:

Poster effectiveness should be evaluated not just through visibility or recall but through qualitative metrics such as perceived credibility, emotional reaction, and actual behavioral influence. Use participatory action research with youth to track how messaging is received and what unintended meanings emerge.

In conclusion, modern contraceptive posters hold great promise, but their impact depends on more than design aesthetics or slogan clarity. They must resonate with local realities, acknowledge young women’s fears and hopes, and become entry points into wider conversations—not dead-end directives. Health communication is not a monologue, but a negotiated meaning-making process. If campaigns are to succeed in contexts like Nyalenda B, they must begin with—and belong to—the people they aim to serve

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