

**UNCERTAINTY AVOIDANCE AS A CULTURAL
PREDICTOR OF JUDGMENTS TOWARD CONDOM
TELEVISION ADVERTISEMENTS AMONG UNIVERSITY
STUDENTS IN KENYA**

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ABSTRACT

Purpose of the study: The aim of the study was to determine whether Uncertainty Avoidance is a predictor of university students in Kenya, judgements towards condom television advertisements.

Problem statement: Uncertainty Avoidance is the extent to which people are uncomfortable with uncertainty and prefer known, predictable answers. Cultural orientations play a very important role in the reception of messages in health communication, especially in messages that deal with sexuality, threat and morality, like condom TV commercials.

Methodology: Cross section survey method (quantitative) was used in the study. Items used to assess the uncertainty avoidance in judgment of condom television advertisement were structured questionnaires which were answered by the respondents who were University students in Kenya. The answer patterns were measured by descriptive statistics and uncertainty avoidance, and judgement were measured with regression analysis.

Findings: Descriptive results reveal that the participants prioritized solutions to health problems that are organized and reliable with uncertainty-averse types. Social ambivalence, however, was apparent about condom promotion in the public sphere, and continued conservative social norms and taboos about condom promotion were evident, with many respondents seeing the promotion of condoms as immoral. Regression analysis indicated that uncertainty avoidance was not a significant predictor of judgments of condom TV ads ($b = 0.041$, $p < 0.01$).

Recommendation: Condom television advertisements that are culturally sensitive, norm-consistent and well-structured should be developed to reflect the social norms of society and reflect public health goals among the youth.

Keywords: *Norms, Values, Beliefs, Uncertainty avoidance, Culture.*

INTRODUCTION

Uncertainty avoidance is one of the key components of Hofstede's cultural model, which is the extent to which people in society feel uncomfortable with uncertainty, ambiguity, and unpredictability and try to reduce this discomfort by creating rules, conventions, and socially acceptable behaviors (Hofstede et al., 2010). This cultural orientation is especially important in health communication when audiences receive information about sensitive issues like sexuality, reproductive health and disease prevention. In situations where predictability, inhibition and adherence to received norms are highly valued, there may be negative judgments of messages that are morally ambiguous, or socially disruptive.

In the Kenyan context there are high levels of social, cultural and religious norms that influence sexuality (Winskell et al., 2017). These expectations converge with greater exposure to public health messages, media coverage, and institutional discourses that advocate condom use as a sound method for HIV and sexually transmitted infection (STI) prevention and contraception, among university students. Kenyan university students are therefore a unique group in the consumption of condom TV ads, as they are a target group for sexual health campaigns and may hold conflicting moral, cultural, and health-related values in their evaluations of condom TV ads (Mugambi & Mbugua, 2019).

Research in advertising indicates that the uncertainty avoidance factor affects the processing of persuasive messages, such as whether the message appeals are appropriate, trusted, or accepted (De Mooij, 2019). As for the other part, where Uncertainty Avoidance Index (UAI) is high, audiences are generally more receptive to messages that are presented as safe, responsible, orderly and clear, and less receptive to communication that is ambiguous, provocative or norm-defying (Moura et al., 2016; Zhang & Gelb, 2014). One communication challenge with condom TV commercials is that they need to be entertaining as well as informative. While they focus on sexual health and responsible sexual behavior, they also cover issues that could be considered sensitive and/or controversial from a cultural or moral perspective. Depending on the viewer's perspective, these ads can thus be seen as legitimate and warranted public health messages, or as being inappropriate, uncomfortable, or socially offensive.

This tension seems to be particularly strong among university students in Kenya. Students are typically thought to have better knowledge about sexual and reproductive health, but they are also bound within the framework of family, religious, and community norms which influence their understanding of morality, sexual issues, and acceptable public discourse (Mugambi &

Mbugua, 2019). The answers they give to condom TV ads may then be a compromise between public health arguments and culturally based expectations. As such, they constitute an analytically significant group to study the impact of cultural orientations on sexual health message judgments.

Theoretically, this study is supported by two theories, namely Social Judgment Theory and Cognitive Dissonance Theory. According to the Social Judgment Theory, people assess messages within latitudes of acceptance, non-commitment or rejection based on the congruence of the message with their existing attitudes and values (Sherif & Hovland, 1961). In addition, based on the Cognitive Dissonance Theory, when messages contradict individuals deeply held beliefs, they may reject or have negative evaluations of those messages, thereby attempting to re-establish psychological consistency (Harmon-Jones & Mills, 2019). These perspectives provide a possible explanation for the acceptance or rejection of condom commercials by some students and not by others, particularly when cultural norms and moral expectations are relevant.

Although uncertainty avoidance is important in the context of health communication, there has been little empirical work in Kenya that looks at how uncertainty avoidance impacts on public perception of condom TV ads. Apart from the work of Noar et al (2016) and Winskell et al (2017) which examined condom use, sexual behavior or the overall effectiveness of health campaigns, very little research has been conducted, specifically studying how audiences perceive and evaluate the content of the health campaign itself. Even though these evaluative judgments are key to the acceptance, resistance, or rejection of health messages, this study thus fills an important empirical gap by investigating the influence of uncertainty avoidance as a cultural predictor of judgements of condom television advertisements by university students in Kenya, specifically the role of social norms, values and beliefs as mediators to this relationship.

Statement of The Problem

Promoting the use of condoms is an essential component of the overall goals of preventing unintended pregnancy, HIV/AIDS and other sexually transmitted infections (STIs) among young people in general, and university students in particular, who are often considered to be at higher risk of engaging in unsafe sexual activity (National AIDS Control Council [NACC], 2023; World Health Organization [WHO], 2023). These messages are disseminated via media such as TV ads, but responses to TV ads do not solely depend on public health objectives. Advertising of condoms deals with sexuality in an environment where moral/religious and

social values are still present and exert a significant influence, so students may respond to such messages in different ways based upon their interpretation of cultural appropriateness.

While other Kenyan studies have looked at condom awareness, condom use, HIV prevention, and the overall impact of health communication, (Diver et al., 2023) there has been a lack of focus on how cultural orientations influence the evaluation of condom TV advertisements (Hofstede et al., 2010; UNAIDS, 2024). This leaves little clarity on the effects of uncertainty avoidance on acceptance, rejection or discomfort reactions to such messages among the Kenyan university students. It's a noteworthy omission in a context where sexual health communication exists alongside conservative moral and community values because the judgments people make about sexual health messages can impact on the effectiveness of campaigns despite high exposure. The research problem therefore is that little empirical knowledge exists on whether uncertainty avoidance is a predictor of the perceptions that the Kenyan University students have about condom television advertisements and the influence that social norms, values and beliefs have on their perceptions. This is important gap to be considered in order to design culturally relevant and persuasive condom advertisement to the youth in Kenya.

Research Objective

To determine the influence of uncertainty avoidance on university students' judgments toward condom television advertisements in Kenya.

THEORITICAL FRAMEWORK

This research focuses on one of the Hofstede's Cultural Dimensions Theory, particularly the Uncertainty Avoidance dimension, to understand how cultural norms, beliefs and values shape attitudes towards condom television ads among university students in Kenya (Hofstede et al., 2010). This theory continues to be extensively used in communication, marketing, consumer and intercultural studies because it provides insights into how society's underlying values influence judgments (De Mooij & Hofstede, 2010).

Uncertainty avoidance relates to how uncomfortable an individual feels in uncertain or ambiguous situation and can be defined as the beliefs and institutions that people in a culture have developed to cope with it (Hofstede et al., 2010). The countries or people who have high uncertainty avoidance have the principle of stability, certainty and structure, but the countries or people who have low uncertainty avoidance have the principle of novelty or change. When it comes to media communication, uncertainty avoidance influences consumers' understanding

of persuasive communication, such as messages linked to sensitive subjects as sexuality and health protection (De Mooij and Hofstede, 2010).

Condom TV advertisements typically incorporate themes of sex, health, responsibility, intimacy and morality. These themes can result in different consumer perceptions and understandings depending on the consumer's uncertainty avoidance status (Hofstede et al., 2010). A student with a high uncertainty avoidance may have a positive attitude towards condom advertisements when the adverts talk about HIV/AIDS prevention, stopping unwanted pregnancies and Sexually Transmitted Diseases (STDs') as these reduce the personal and social risk to the student, thereby reducing the uncertainty. But they may also negatively assess these advertisements if they feel these ads promote promiscuity or going against moral values. The reaction in this case shows how uncertainty avoidance can cause positive or negative evaluations of condom ads.

Latitudes of Acceptance, Rejection, and Noncommitment as enshrined in Social Judgement Theory (SJT), best suits to contextualize the uncertainty dimension by looking at how social norms, values and beliefs anchored in the position a person currently prefers in the persuasive messages, for example in the condom advertisements (Sherif & Hovland, 1961). Social Judgement Theory proposes that people hold not just one opinion but a range of positions they could tolerate (Griffin, 2006). This range is typically divided into three "latitudes". Latitude of acceptance reflects the positions a person finds reasonable or agreeable, even if not perfectly matching the anchor, whereas latitude of noncommitment refers to positions the person feels neutral or undecided about and latitude of rejection describes positions the person sees as wrong, unacceptable, or threatening to their values. These latitudes are defined by an individual's degree of Ego-involvement, which is a measure of the importance of an issue to a person's identity, values or lived experience (Sherif & Hovland, 1961). When ego involvement is high it tends to increase the latitude of rejection and decrease the latitude of noncommitment, which increases the number of "unacceptable" alternatives (Sherif & Hovland, 1961). If there is low ego-involvement, there is more opportunity for discussion and for change to occur slowly. The best persuading appeals are usually made when the search for a moderate discrepancy is a target, a position that is not the same as the anchor but is within or near the receiver's latitude of acceptance or noncommitment. Messages that are very different from each other are likely to be rejected and compared, and messages that are very similar will be assimilated and will lead to little change (Sherif & Hovland, 1961).

Previous studies have shown the critical role cultural values play in advertising reception and processing. As an example, De Mooij and Hofstede (2011) propose that consumer responses to advertising are shaped by cultural meanings while advertising messages accepted by consumers are congruent with cultural values, and messages that are culturally incongruent are less accepted by consumers (De Mooij & Hofstede, 2010). Likewise, Shalom H. Schwartz (2012) suggests that values serve as guidelines for attitudes and behavior by providing standards by which social information is evaluated. In the context of health communication, acceptance of messages is also driven by perceptions of risk, norms and moral acceptability. So, uncertainty avoidance is a useful approach for exploring how some students may value condom ads as health promotion measures while others may not value them on normative factors.

In Kenyan society a mixture of contemporary health and traditional moral values are present. Therefore, although the use of condoms is encouraged through national campaigns to prevent HIV infection, public discussion of sex in mainstream media may not always be accepted in communities (Maticka-Tyndale, 2012). As a result, university students may acknowledge the usefulness of condoms, while also feeling uncomfortable with TV condom advertisements. Uncertainty avoidance as a cultural dimension can practically be used in understanding social norms, beliefs and values in perception towards what is seen as controversial advertising.

EMPIRICAL REVIEW

Social norms refer to common expectations on expected behavior in a social group. Social norms are also used as stabilizing forces to minimize ambiguity through the prescribed acceptable behavior in high uncertainty avoidance societies (Beugelsdijk et al., 2015). In such cultures, normative sexual conduct, especially in the mass media could be seen as disruptive to society. Empirical research shows that condom advertisements that do not go along with existing sexual norms are usually negatively evaluated during a high uncertainty avoidance culture (Zhang & Gelb, 2014). In Kenya, sexuality social norms are more focused on restraint, discretion, and moral virtue especially among young people who are not married (Winskell et al., 2017). Advertisements of condom televisions which display premarital sexuality or have humorous and sexual innuendo can thus be seen as a transgression of the established norms and will be placed in the latitude of rejection.

On the other hand, advertisements that are conforming to the norms like advertisement of fidelity, responsibility, or prevention of the disease are more likely to be evaluated positively.

Health communication studies indicate that norm-consistent messaging diminishes resistance to messages within the audience and increases the credibility of the message in high uncertainty avoidance settings (Noar et al., 2016). Therefore, the consequences of social norms are vital in influencing judgement of the television condoms advertisements among Kenyan university students. Social values are strong principles, which influence group decision making and moral judgment (Schwartz, 2012). Moral order, tradition, and social stability are values that are held high in high uncertainty avoidance societies to overcome a perceived risk of ambiguity.

Research indicates that in cases where condom advertisements are seen to weaken the mainstream social ideals like chastity, religious morality, or respect of authority, it is likely to attract negative evaluations (De Mooij, 2019). In Kenya, where young people are highly influenced by the values of religion and culture, condom promotion, which seem to approve sexual liberation, can be evaluated as culturally unacceptable or ethical menaces (Mugambi & Mbugua, 2019).

Nevertheless, they can be accepted more positively when the advertisement is related to condom use as the mechanism of preserving the wellbeing of families, future, or health of the whole population. African studies suggest that value-congruent framing will boost acceptability and decrease psychological resistance to sexual health messages (Wadham et al., 2019). According to the Cognitive Dissonance Theory, advertisements that cause value incongruity cause cognitive dissonance, which leads people to rebrand or denounce the message to achieve cognitive congruency (Harmon-Jones and Mills, 2019). Therefore, social values serve as compelling filters by which the uncertainty is controlled, and judgements are made.

Social beliefs refer to mutually held assumptions regarding morality, risk and causality and they have either a religious basis or a form of traditional knowledge (Gelfand et al., 2011). High uncertainty avoidance cultures have beliefs that offer explanatory models that lower anxiety levels by giving certainty and predictability. Studies have shown that attitudes attributed to condom use as leading to moral decay or promiscuity have a strong impact on the negative attitudes towards condom advertisement (Mutua, 2014). Some students in Kenya might share the perception that sex education fosters unethical behavior in them, to the extent of seeing such condom adverts as offensive to the society instead of serving as a method of prevention. These beliefs may also form contrast effects of the social judgement theory such that advertisements become more extreme or offensive than intended.

On the contrary, those students that share beliefs that condom use can be linked to responsibility, and disease prevention might feel less uncertain and form a more positive judgment on adverts. Research has shown that through exposure to education it is possible to change beliefs, transforming judgements of rejection to non-commitment or acceptance (Calabrese et al., 2015).

Notably, social beliefs are not fixed but become contested during the process of contact with peers, institutions, and media. It is possible that exposure to global health discourse will thus cause a conflict in beliefs and hence an ambivalent verdict among university students. Uncertainty avoidance influences the way the judgement is formed with regards to condom television advertisements by regulating social norms, values and beliefs. High uncertainty avoidance reduces the latitude of acceptance favoring moral clarity and social order and messages that create ambiguity make people more resistant. In Kenyan advertising studies, the issue of uncertainty avoidance has not been studied adequately even though it is relevant. This research paper fills this gap by conducting empirical research on the impact of uncertainty avoidance on judgement of Kenyan university students.

Personal anchors play a role as initial evaluative stance on a topic that an individual has and serves as a benchmark to which new messages are compared in persuasion research. Social Judgment Theory (SJT) states that individuals do not make judgments about persuasive messages in isolation but rather compare the advocated position to their anchor and then place it in latitudes of acceptance, noncommitment or rejection (Sherif & Hovland, 1961). Messages that are perceived as being close to the anchor are likely to be accepted, while those perceived as being far will be rejected and resisted (Sherif & Hovland, 1961). It is a major implication that the same condom TV commercial that is reasonable for one student can be unacceptable for another, depending on their anchor in the belief system, which is influenced by preexisting beliefs about condoms, perceived morality, perceived risk of HIV/STIs, and norms learned from peers, family, religion, and campus culture.

If a condom advertisement's message is within a viewer's latitude of acceptance, viewers might demonstrate assimilation (Sherif & Hovland, 1961), perceiving the message to be more congruent to their own than it truly is, which can make the advert feel more congruent, believable, and easier to endorse. On the other hand, when the message is within the latitude of rejection, viewers may feel that the message is more extreme, offensive, or too permissive than it was intended to be, resulting in a polarizing effect that alters their perception of the content of the message and the advertiser and thereby heightens opposition to the message and

the promotion of condoms more generally (Sherif & Hovland, 1961). For university students in Kenya, this means that students whose anchor supports condoms as a normal sexual health prevention behavior, are more likely to perceive the condom TV adverts positively and as being consistent with responsible sexual health. Students with an anchor of skepticism or moral disagreement may consider similar adverts to be culturally insensitive or problematic, even if the advert's stated objective is harm reduction. Students with an anchor of skepticism or moral disagreement can find similar adverts unsuitable for a variety of reasons even when the advert's explicit objective is harm reduction.

Kenyan example indicates that the students' evaluation of the condom messages is tied to their previous orientations and lived experiences, aligning with SJT's anchoring logic. Mbugua and Karonjo (2018) found a pragmatic grounding for many students in Kenya who reported using condoms as a means of preventing unplanned pregnancy and HIV/STIs. Further, another study in Kenya, found that exposure to the internet and TV were strong predictors of exposure to condom advertisements, and that exposure was associated with positive attitudes and intentions to use condoms, although this was dependent on background factors like religion and marital status, which could be interpreted as different anchors and latitudes (Mbatia 2018). More broadly, evidence from a base-line evaluative position sample from a public university in Kenya indicates that there were strong relationships between condom use attitudes, thus supporting the importance of baseline attitudes to understand condom-related messaging (Nesidai et al., 2020). Combined, these results support the hypothesis that personal anchor moderates' judgment. Condom ads that are framed, toned, and tied to audience anchors within the boundaries of acceptance or noncommitment, but not rejection (Sherif & Hovland, 1961), are more persuasive.

The degree of an issue being personally significant and related to self-concept is termed ego involvement. In SJT, ego involvement plays a central role as it influences the width of the latitudes such that the wider the latitude of rejection and the narrower the latitude of acceptance, the more difficult the persuasion task will be, when the message reaches the anchored position (Sherif & Hovland, 1961). Ego involvement remains a unique type of involvement, which is still conceptualized in contemporary research based on self-relevance, rather than different meanings as situational attention or interest (Schramm et al., 2024). The levels of Ego Involvement (EI) among students can be high when applied to condom TV ads, in cases where students believe that they are at risk for HIV/STIs, or when condom use is associated with their identity-related values, for example, religious involvement, gender norms, and relationship

ideals. When students have high levels of ego involvement they tend to critically evaluate the messages in the condom through identity-protective filters and believe informational messages that are congruent with their identity but strongly disbelieve incongruent or ambiguous messages.

Ego-involvement can also increase resistance through motivated reasoning; when the recipients of a message interpret it in a way that is best suited to validate their previous beliefs and identity commitments. This review, a first from a persuasion perspective, consolidates research on motivated reasoning and suggests that ego involvement is one of the conditions needed to render persuasive information self-threatening and therefore more prone to trigger biased processing, counterarguing, and selective acceptance of congenial claims (Carpenter, 2019). Ambiguity, for example ambiguous claims about pleasure/lifestyle/social success might lead to some skepticism from highly involved viewers and to negative evaluations, while clear, specific and evidence-consistent messages might reduce room for defensive interpretation. Qualitative synthesis in the sub-Saharan Africa context reveals that social norms, gendered power dynamics and stigma surrounding condoms particularly in committed relationships can intensify the feelings of ego involvement and make condom discourse more identity, trust and morality driven (Aventin et al., 2021). For people in university and college in Kenya in particular, evidence indicates that attitudes towards condoms correlate with condom usage, implying that the attitudes when the condom is relevant to the individual may be more likely to influence acceptance of condom advertisement (Mbugua & Karonjo, 2018; Nesidai et al., 2020).

Conceptual Framework

This study conceptualizes uncertainty avoidance as a cultural indicator that influences the norms, values and beliefs of university students regarding sexual health communication and condom use. Students who have higher uncertainty avoidance scores tend to take more from the culture or religion in their acceptance or rejection of condom TV ads, as they need more certainty in the situation and prefer things to be explicit and predictable. Students with low scores on the dimension of uncertainty avoidance are likely to be more accepting of uncertainty and new modes of expression in advertisements and evaluate them more flexibly.

Judgement towards condom TV ads is presented as three zones of responses in Social Judgment Theory: (1) Latitude of acceptance (ad's perceived to be appropriate, credible and consistent with one's standpoint), (2) Latitude of noncommitment (ad's seen as neither clearly acceptable

nor unacceptable), and (3) Latitude of rejection (ad's perceived to be inappropriate, offensive or inconsistent with one's standpoint). The framework suggests that the wider or narrower the latitude of acceptance, the uncertainty avoidance will be. For instance, the latitude of acceptance for ads with explicit sexual imagery, humor, or ambiguous cues may be narrower for higher-uncertainty-avoidance students, while the latitude of acceptance for ads with safety, responsibility, and clear guidance of behavior may be greater.

This relationship is corrected by two moderators. Personal anchor is the student's starting viewpoint on condoms and public condom promotion for example, yes to HIV/STI prevention, no for moral, cultural reasons. This anchor becomes the standard or benchmark to which every advert is compared. Second, ego involvement reflects the personal importance of the issue, for instance, strong religious identity, strong beliefs about sexuality, and personal experiences with HIV/STI risk. When the ego involvement is high, the students are more likely to evaluate discrepant condom ad messages as being in the latitude of rejection, and to be less likely to change their attitudes; when ego involvement is low to moderate, the students are more likely to rate the discrepant condom ad messages as being in the latitude of noncommitment or acceptance, which makes it easier for them to accept the message's persuasive intent.

RESEARCH METHODOLOGY

The study used a quantitative cross sectional survey research design. Quantitative research can be used when the goal is to measure variables numerically, to examine the relationship between variables, and to test hypotheses using statistical methods (Creswell, 2014; Kumar, 2020; Babbie, 2016). Cross-sectional designs are especially appropriate to measure perceptions or attitudes at one point in time and are often used in health communication and advertising research studies (Setia, 2016). The study design was considered appropriate because it enabled the researcher to examine the relationship between uncertainty avoidance and judgment towards condom television advertisements among university students using regression analysis. However, to strengthen methodological rigor, attention was also given to issues of instrument validity, reliability, ethical procedures, response rate, and testing of regression assumptions.

All registered university students in Kenya were included in the study population as a critical group that the sexual health communication program should target because of their age, exposure to the media, and susceptibility to HIV infection (UNAIDS, 2021; NACC, 2021). The study participants were 236,905 students between the ages of 18-25 years who were

enrolled in selected public and privately owned universities in Kiambu County, Kenya (KNBS, 2020). The age group is the target due to various reasons. Young adults between the ages of 18-25 are one of the most sexually active groups of the population, and they actively experiment with relationships and sexual activities, which is why at this age it is necessary to work on sexual health communication (Kirby et al., 2007; NACC, 2021).

The required sample size in this study was calculated with the formula of the finite population by Yamane (1967):

$$n = N1 + N(e)2$$

Where:

- n = Sample size
- N = Total population
- e = Error of tolerance with a confidence level of 95% (margin of error = 0.05)

The formula was used to obtain a sample of 399 respondents, which is big enough to draw statistically valid and generalized conclusions (Israel, 2013; Bartlett, Kotrolik, and Higgins, 2001).

Multi-stage sampling method was used in the study, which incorporated purposive, stratified, cluster, and simple random sampling methods. In the first case, the sample was selected through purposive sampling of students in the age of 18-25 years, which is the most relevant age group in terms of condom advertisement and sexual health messages (Etikan et al., 2016). The stratification of universities into the public and the private institution was the measure to consider the differences in the process of socialization, media exposure, and institutional culture (Creswell, 2014). In every university, the students were sub-stratified regarding the year of study to represent the different levels of study. The cluster sampling technique used where the target groups were faculties and departments, and simple random sampling was done with individual respondents based on student registers and class lists, where all eligible and desirable students had equal opportunities to be selected (Babbie, 2016).

Online questionnaire was used in the collection of data as it is suitable when reaching a large, geographically spread population of students (Fink, 2013). The questionnaire contained demographic features, Uncertainty Avoidance scales and on attitude towards condom television advertisements. The measures of structured items were based on a five-point Likert scale (Strongly Disagree to Strongly Agree) whereas open-ended questions provided a

possibility to discuss the experiences and views of the respondents (Creswell, 2014; Bryman, 2016). To ensure validity, the questionnaire items were developed from established scales and reviewed by experts in communication and research methodology for content validity. Reliability of the instrument was tested through a pilot study, and Cronbach's alpha coefficients were computed to determine the internal consistency of the scales, with acceptable reliability thresholds being observed. Ethical considerations were also observed throughout the study. Participants were informed about the purpose of the research, and participation was voluntary. Informed consent was obtained from respondents before participation, and anonymity and confidentiality of the information collected were assured. Permission to conduct the study was obtained from relevant university authorities and ethical review bodies.

The analysis of data was performed with the help of pooled anonymous data, which guarantees the confidentiality of the information and its reporting in aggregate form. The questionnaires filled out were coded, cleaned and then inputted into SPSS Version 25 where they were analyzed. Demographic data and the essential variables of the study were summarized by descriptive statistics in the form of frequencies, percentages, means, and standard deviations (Field, 2018). Inferential statistics, particularly regression analysis, were used to test the relationship between uncertainty avoidance and judgment towards condom television advertisements. Prior to regression analysis, assumptions such as normality, linearity, homoscedasticity, multicollinearity, and independence of errors were tested to ensure the suitability and accuracy of the regression model.

RESULTS AND DISCUSSIONS

Descriptive Analysis for Uncertainty Avoidance

The research sought to determine the role of uncertainty avoidance as determined by social norms, social values, and social beliefs. The researcher administered the questions, and the findings are presented in table below.

Table 1. Uncertainty Avoidance

	Mean	SD	Skewness	Kurtosis		Percent
I recommend people to always practice condom use.	4.05	.868	-1.306	2.774	Strongly Disagree	3.04
					Disagree	
					Disagree	0.87
					Neutral	14.35
					Agree	51.74
					Strongly Agree	30.00
I think people should use condom to avoid pregnancy and STI.	4.22	.884	-1.701	3.810	Strongly Disagree	3.04
					Disagree	
					Disagree	2.17
					Neutral	5.65
					Agree	48.26
					Strongly Agree	40.87
I recommend condom use for married couples only	1.58	.742	1.119	.986	Strongly Disagree	56.09
					Disagree	
					Disagree	30.87
					Neutral	12.61
					Agree	0
					Strongly Agree	0.43
I feel condom use lowers trust between partners	2.00	1.14	.824	-.341	Strongly Disagree	47.39
					Disagree	
					Disagree	19.13
					Neutral	22.17
					Agree	8.26
					Strongly Agree	3.04
Dropping a condom accidentally in public makes one look immoral					Strongly Disagree	13.04
					Disagree	

	3.17	1.27	-.305	-1.087	Disagree	20.87
		6			Neutral	15.65
					Agree	36.52
					Strongly	13.91
					Agree	
I think it is safe to use a condom	4.40	.631	-.669	.002	Strongly	0
					Disagree	
					Disagree	0.43
					Neutral	6.52
					Agree	45.65
					Strongly	47.39
					Agree	

This research had respondents who were in favor of the statement that people should consistently use condoms (81.74% in agreement and 30.00% strongly agreed). The percentage who disagreed with this was only 3.91 (3.04 strongly disagreed, 0.87 disagreed) and 14.35 percent were neutral to the same. Condom use has a means of 4.05 which shows a high level of agreement. The SD (0.868) is low; it indicates that the responses are consistent. The skewness (-1.306) was negative, indicating that most of the responses were in line with agreement. The positive value of kurtosis (2.774) is large, which means that the responses are sharply concentrated on the agreement.

This massive popularity points to high uncertainty avoidance in which the use of condoms is regarded as an organized and effective way of risk prevention. The positive support in the use of condoms as a method of pregnancy and STD prevention was even higher and 89.13 percent (48.26% agreed 40.87% strongly agreed) supported the use of condoms. It was only marginal with 5.21 percent (3.04 strongly disagree, 2.17 disagree) saying no and 5.65 percent saying neutral. Agreement is good in the mean of 4.22. The SD (0.884) is low indicating that there is low variation in the responses. The negative skewness (-1.701) is high which indicates that responses were on the agreement side. The value of positive kurtosis is high (3.810) and this shows that there is a strong clustering around agreement. This high consensus is related to high uncertainty avoidance, when individuals are trying to find the definite answers to prevent possible risks of being pregnant and contracting infections. The norms of society that prioritize

health and accountability support the belief that using condoms is a precaution that must be taken.

All questions about the concept of condom use in marriage relationships, most of the respondents (86.96) opposed the use of condoms in marriage relationships (56.09% strongly opposed, 30.87% opposed) agreeing that condoms are used when in marriage relationships. In the meantime, 12.61% were neutral, which may be because of religious or cultural factors that encourage pre-marital abstinence. A very small percentage 0.43% strongly agreed meaning that very few people subscribe to the traditional belief of condom use not as a way of birth control besides marriages. The mean (1.58) is low which implies that people strongly disagree with this statement. The value of SD (0.742) indicates uniform responses. The skewness (1.119) is positive, implying that the responses were biased towards the wrong. The kurtosis value is moderate (0.986), which is an indication that most of the answers were centered on disagreement.

The respondents did not accept the idea that condom use reduces trust between partners with 66.52% paying a vote that were against this idea (47.39% strongly against, 19.13% against) and 22.17% remained neutral meaning they hesitate or are still uncertain about the relationship between trust and condom use. The lesser 11.30% (8.26% agreed 3.04% strongly agreed) held this belief which indicates that some people still tend to think that condoms use correlates with distrust, infidelity, or lack of commitment in relationships. The average 2.00 indicates overall disagreement, but not as strongly as the one mentioned above. The SD (1.143) shows that there is moderate variability in opinions. The skewness is positive (0.824) indicating that there were responses of disagreement. The negative kurtosis (-0.341) indicates that there was more dispersion of opinions, i.e. it is a flatter distribution.

The respondents who questioned whether dropping a condom accidentally in public place makes one immoral gave support to this perception with 50.43% (36.52% agreed, 13.91% strongly agreed). In the meantime, 33.91 (20.87% strongly disagreed, 13.04% strongly disagreed) will not agree and 15.65% was neutral. This reaction is indicative of a social myth, which condom still holds, particularly in the mass mind, that promiscuity or irresponsibility relates to possession of condoms. Sexual responsibility has been linked to tact in many societies, such as Kenya and the introduction of condoms to society can be viewed as a threat to the traditional beliefs. The average is 3.17, which shows a rather neutral position with a slight inclination to agree. SD (1.276) indicates moderate discrepancy in answers. The negative skewness (-0.305)

indicates that there is light concentration on agreement. The negative kurtosis (-1.087) is a sign of a rather flat distribution, that is, the responses were distributed widely.

Contrary to this, the research that condoms are safe to use was almost universal with 93.04% (45.65% agreed, 47.39% strongly agreed) people in agreement with this statement. It is only 0.43 percent who did not agree and 6.52 percent were neutral. This high level of agreement indicates that scientific and popular health communication on the topic of condom effectiveness has been embraced with great success, contradicting the social beliefs of older people which might have questioned their efficacy. The mean (4.40) is high, indicating a high level of agreement with the safety of condoms. The SD (0.631) is low, which means that there are highly consistent responses. The skew (-0.669) is negative implying that majority of the responses were in support. The kurtosis (0.002) value is close to zero, which shows that the responses are normally distributed.

The findings showed that there is a positive but insignificant relationship between Uncertainty Avoidance and judgement of condom television advertisements among university students in Kenya $b_1=0.041$ which is not significant at 100 percent level. This observation can be related to Moura, Singh, and Chun (2016) who discovered that high uncertainty avoidance cultures enjoy structured, informative, and clear advertisements whereas low uncertainty avoidance cultures enjoy more indirect, humorous, and creative marketing. Also, Calabrese et al. (2015) proposed that high uncertainty avoidance cultures could prefer fact-based, direct, condom advertisements that do not imply ambiguity, and low uncertainty avoidance cultures could use more experimental and interesting advertisement styles.

CONCLUSION

The study revealed there was an insignificant positive relationship between Uncertainty Avoidance (Social norms, social values and social beliefs) and judgement of condom television advertisement with university students in Kenya. According to the study's findings, university students in Kenya's opinions of condom television commercials are positively and marginally impacted by uncertainty avoidance. Kenyan university students' opinions about condom television commercials are influenced by social norms, social values, and social beliefs. This suggests that students may be receptive to different advertising strategies regardless of risk perception, even though uncertainty avoidance has little effect on judgement and social norms, values, and beliefs influence how people view condom commercials.

RECOMMENDATIONS

Health communication practitioners and advertisers must come up with condom television ads which are well-aligned with the prevailing Kenyan social norms, values and beliefs. Even though uncertainty avoidance on its own did not have a significant effect on advertising decisions, the descriptive data show that social acceptability and moral symbolism are still in play. The advertisements must then be focused on the issues of responsibility, health safety and future prosperity, not on the explicit sexual representations or humor which can be viewed as culturally perverse. Framing Norm consistent framing would help minimize resistance and positively judge among university students.

Second, the framing of messages should focus on clarity, facts and risk-reduction benefits. The fact that the levels of agreement between students were high on condom safety and efficacy is an indication that students appreciate accessible and clear information. Such advertisements that explicitly state the preemptive use of condoms against sexually transmitted diseases and unwanted pregnancies can be more effective with the audiences that display uncertainty-avoidant behavior. The prevention of ambiguous, metaphorical, and excessively creative messages can further improve the acceptability of messages.

Third, media regulators and health promotion to develop culturally sensitive advertising principles on sexual health communication should be encouraged by the relevant public health agencies. Since a considerable percentage of the respondents continue to equate the availability of condoms in society with immorality, the regulatory mechanisms ought to endorse advertisements that do not create moral anxiety by normalizing the use of condoms. This can involve marketing messages that place the use of condoms in greater contexts of family security, social obligation and national health achievement.

Fourth, higher institutions of learning and education ought to supplement condom advertisement with extensive sexual health education programs. The availability of neutral and ambivalent answers on various belief-based items suggests that there are students who are not convinced or make conflicting responses. Educational interventions can be structured to address the problems of misconceptions, challenge the stigma, and reorganize the social beliefs that significantly affect judgments about condom advertisements.

Fifth, advertisers ought to pay attention to the audience segmentation strategies instead of cultural homogeneity among university students. Although uncertainty avoidance was not found to be an important predictor of judgment at an aggregate level, the rivalry of religious

commitment, culture or personal beliefs could still help in decoding the message. The creation of sub-group messages among the student population can also be more relevant and effective. Lastly, further studies ought to be conducted to investigate other cultural and psychological factors that could be more relevant in explaining the judgment about condom TV commercials in Kenya. More explanatory power can be offered by variables like religiosity, moral conservatism, perceived social approval, and media exposure. It is also advisable to use longitudinal designs or experimental designs to determine the impact of repeated exposure to norm-consistent and norm-challenging advertisements on judgments in the long run.

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