

AN ASSESSMENT OF THE ROLE OF COMMUNICATION IN THE FIGHT AGAINST  
FEMALE GENITAL MUTILATION IN KENYA

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Research project submitted in partial fulfilment for award of Master of Arts Degree in  
Communication Studies at the School of Journalism and Mass Communication, University of  
Nairobi



November 2011

## DECLARATION

This research project is my original work and has not been presented for examination or award of degree at any other University

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This project has been submitted for examination with my approval as University of Nairobi Supervisor

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## **DEDICATION**

This work is dedicated to my lovely daughter Shirley Akinyi who is the centre and pillar of my life and my Grandfather Reuben Omondi to whom I owe the person I have become today

## ACKNOWLEDGMENT

Writing this thesis marked an important milestone in my life- it particularly demonstrated my ability to conceptualise a research project and effectively execute it. For me this is a key achievement, which was made possible by many people who devoted their time to provide guidance and information necessary to realise the objectives of this study. To them am eternally indebted.

Special thanks go to my supervisor, Dr. George Nyabuga, who dedicated his time and resources (books and other reference material) to successfully see me through this journey. Am thankful for the guidance he provided right from the conceptualisation to the completion of the project. I was particularly challenged by the dedication with which he thoroughly and critically scrutinised my work to ensure that it was of high quality standards. For me, this was a great learning experience that has made a big difference in my research and writing career.

I also would like to most sincerely thank Mr. Moses Arae of School of Journalism, Nairobi University, for always being there to 'trouble shoot' whenever I ran into a crisis and help whenever I needed guidance.

My sincere thanks also go to M/s Beatrice Kayatta of Strategic Public Relations and Research for helping with identifying good research assistants. I also would like to thank Patroba Ondieki for his assistance with data collection and Shaban Muhada for assistance with data coding. Your input made it possible to collect and collate data for this project.

Last but not least, I would like to thank all those, who in anyway, contributed to the successful completion of this assignment.

To you all I say '*asante sana*' and God bless you.

## ABSTRACT

The practice of FGM is still widespread among some communities in Kenya, especially the Kisii (96%) despite communication efforts aimed at eradicating the practice. This study sought to assess the reasons for these high prevalence levels despite widespread awareness of the consequences. Communication efforts aimed at fighting FGM have largely succeeded in raising awareness regarding the dangers of the practice, but failed to effect attitude change essential in abandoning the practice. This is attributable to the tendency by communication experts to disregard beliefs and practices of communities in such campaigns. The lack of community involvement and ownership is also a main reason for failure of the campaigns to persuade people into abandoning FGM. The use of both mass media and interpersonal channels of communication is essential in eradicating female circumcision. While mass media channels (radio, television, newspapers) are important in sensitising the community about the dangers of FGM, interpersonal channels (elders, chiefs and religious leaders) are important in persuading the communities to abandon the practice and embrace other rites of passage. Community involvement in the campaigns is also important. Empowering communities to find solutions that respond to their circumstances without antagonising their cultural norms, standards and values is at the core of this. In essence, this study argues that communication campaigns aimed at eradicating FGM have largely succeeded in raising awareness of its dangers but failed to translate this widespread awareness into massive abandonment of the practice. This study suggests that other methods of communicating the message are necessary, and the use of interpersonal channels is vital to the eradication of FGM in Kenya.

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## LIST OF ACRONYMS

ACK	Anglican Church of Kenya
FGM	Female Genital Mutilation
FIDA	Federal of Women Lawyers- Kenya
KDHS	Kenya Demographic Health Survey
NGOS	Non-Governmental Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

# **CHAPTER ONE**

## **INTRODUCTION**

### **1.1 Background to the study**

Communication plays a crucial role in raising awareness on social and cultural issues affecting society. Female genital mutilation (FGM) is a socio-cultural problem affecting many societies in the world today. The World Health Organisation (WHO 2006) estimates that 100 to 140 million girls and women worldwide are currently living with the consequences of female genital mutilation (FGM) and that in Africa, about three million girls are at risk of FGM annually. Survey data by United Nations Children's Fund (UNICEF) of 2005 on prevalence of FGM shows that 32% of the Kenyan women aged 15-49 have undergone FGM while the Kenya Demographic Health Survey (2003) puts the prevalence of FGM in Kenya at 34%.

The World Health Organisation (WHO 2006) and Action Protocol for Prevention of Female Genital Mutilation (2007) describe FGM as those procedures that involve 'partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or religious reasons or any other non-therapeutic reasons'. They contend that the practice has health consequences including difficulties in child birth, often causing a condition called fistula, recurrent bladder and urinary tract infections, infertility among others. The Action Protocol for Prevention of Female Genital Mutilation (2007) goes on to argue that FGM is recognised internationally as a violation of the human rights of girls and women. On the other hand the International Convention on the Rights of the Child of 1989 recognises FGM as a traditional practice that damages the health of girls. In Kenya, the Children's Act, 2001 recognises FGM as such and has criminalised it.

In recognition of the health, social, developmental and psychological consequences of FGM, a number of initiatives have been undertaken by government, development partners, civil society organisations and individuals to end the practice. The Kenyan government has particularly legislated against FGM (Children's Act 2001). Civil society groups such as World Vision, Maendeleo ya Wanawake, Federation of Women Lawyers in Kenya (FIDA), Compassion,

religious groups like the Anglican Church of Kenya (ACK), Presbyterian Church of Kenya and development partners such as German Technical Cooperation Health Sector Programme, United Nations Children's Fund (UNICEF), World Health Organisation (WHO) and the media have been undertaking initiatives aimed at eradicating FGM. At the core of all these initiatives have been communication campaigns – through both interpersonal and mass media channels. These have resulted into widespread awareness on the dangers of FGM.

This study discusses the role that communication has played in the fight against FGM in Kenya, with a special focus on the Kisii community. The study assesses the reasons for persistence of FGM despite widespread awareness. In this regard, it discusses the successes and failures of various communication efforts while identifying the strengths and weaknesses with a view to make recommendations on the best way forward.

## **1.2 Problem statement**

Despite the efforts aimed at eradicating FGM and the growing awareness of its dangers to health and infringement of human rights, evidence of prevalence levels, which stands at 32% (UNICEF 2005) shows that the practice persists. According to UNICEF (2007), although the efforts have resulted into widespread awareness, these have not been translated into widespread abandonment of the practice.

This study sought to assess the reasons for high prevalence levels at 96% (KDHS 2003) of FGM among the Kisii despite widespread awareness of its health consequences and legislation by the Kenyan government that criminalises the practice. The study contends that the socio-cultural reasons underlying FGM are the same for most practising communities and as such the findings of this study can be generalised to all these communities.

## **1.3 The Kisii Community**

This study focused on the Kisii Community owing to the high prevalence of FGM (96%). Kisii land (County) is located in western Kenya, about 50 kilometres east of Lake Victoria. Abundant rainfall and very fertile soils have made Kisii land one of the most productive agricultural areas in Kenya. Between 70 and 80 percent of the land can be cultivated. According to the Population and Housing Census of 2009, the total population of the Kisii community is 2.21 million. The

Kisii are one of the most rapidly growing populations in the world, increasing by 3 to 4 percent each year. The average woman bears close to nine children, and infant mortality is about 80 deaths per 1,000 live births.

The Kisii language, Ekegusii, is a Western Bantu language.

The most important Kisii rites of passage are associated with initiation and marriage. Initiation involves genital surgery for both sexes: clitoridectomy for girls and circumcision for boys. The ceremony is meant to train children as social beings who know rules of shame and respect. Girls are initiated at the age of seven or eight, and boys a few years later. Initiations are gender-segregated, and the operations are performed by female and male specialists. Afterward, there is a period of seclusion for both genders. Other important cultural practices relate to funerals, birth among others.

The origin of the Kisii tradition is not clear. This could perhaps be explained by what Hobsbawm (1983) refers to as invented tradition. He describes invented tradition to refer to a set of practices, normally governed by overtly or tacitly accepted rules and of a ritual and symbolic nature which seek to inculcate certain values and norms of behaviour by repetition, which automatically implies continuity with the past (Hobsbawm 1983, p.1).

## **1.4 Study Objectives**

This study aimed to achieve a number of objectives as outlined below:

### **1.4.1 Overall objective**

The overall objective of the study was to assess the impact of communication in eradicating FGM in Kenya.

### **1.4.2 Specific objectives**

Specifically, the study aimed to:

- a) Review literature on studies that have been done on impact of communication in eradicating FGM;

- b) Establish the underlying reasons for persistence of the practice of FGM among the Kisii despite widespread awareness of its dangers, and whether the findings can be generalised to communities practising FGM;
- c) Assess the strengths and weaknesses of the various communication strategies that have been used over time in anti-FGM campaigns;
- d) Propose more effective communication measures/strategies of eradicating FGM in Kenya.

## **1.5 Research questions**

This study was informed by various research questions including:

- a) What communication approaches have been employed to persuade communities to abandon FGM?
- b) What has been the impact of these communication efforts in eradicating FGM?
- c) Why does the practice of FGM persist despite these efforts?
- d) What are the strengths and weaknesses of the current communication strategies aimed at eradicating FGM in Kenya?
- e) What would be the best way to conduct anti-FGM campaigns?

## **1.6 Structure**

This report is organised into five chapters. The first chapter gives the background to the study and defines the problem. It notes that female genital mutilation is still widely practiced in Kenya, despite efforts aimed at eradicating it. The chapter also outlines the objectives and the research questions that guided the study.

The second chapter examines existing literature on FGM and communication. This chapter argues that despite concerted efforts, and numerous communication strategies FGM persists in Kenya, and indeed other parts of the world. It finds out that communication strategies seem to have failed due to the fact that communities practising FGM may not have been consulted in such campaigns.

The third chapter gives an overview of the methods used in this study. It examines various techniques, mostly interviews, questionnaires and focus groups as applied in this research. Whereas these methods were helpful in the collection of useful data to inform this research, this chapter posits that other methods would further this research. Nonetheless, given the validity and reliability of these techniques, there is no doubt that the data collected for this study reveal the reasons for the failure of communication strategies employed thus far.

Chapter four covers the findings of the study in terms of the importance and prevalence of female circumcision, levels of awareness of dangers of female circumcision, communication efforts aimed at eradicating female circumcision, that is the strategies, strengths, weaknesses and extent to which they have been successful and suggestions on how best to undertake communication campaigns aimed at eradicating female circumcision. The chapter further gives in-depth discussions, linking the literature review and findings from the field.

Besides offering conclusions of this study, chapter five makes recommendations on how FGM campaigns can be strengthened. It also suggests further research that can be carried out to further enhance available literature in this area.

## **CHAPTER TWO**

### **LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

#### **2.1 Introduction**

Female genital mutilation (FGM) is commonplace in Kenya despite communication efforts that have resulted into widespread awareness of its dangers (UNICEF 2007). Some communication experts (for example UNICEF 2005; Windahl et al. 2008) agree that communication efforts aimed at addressing socio-cultural issues, in this context FGM, have tended to be one way (linear), often involving the design of messages by communication specialists targeted at practising communities with a view to persuade them to abandon the practices without regard to contextual factors. Data by Kenya Demographic and Health Survey (KDHS) 2003 puts the prevalence levels of FGM in Kenya at 32% and almost universal (96%) among the Kisii.

This chapter assesses the work of various scholars and organisations relating to the role of communication in the fight against FGM. The chapter begins by looking at the prevalence levels of FGM in Kenya, with a special focus of the Kisii community, while at the same time examining the social, health and human rights consequences of the practice. The chapter goes on to look at how communication has been and can be used in fighting FGM in Kenya.

#### **2.2 Prevalence of FGM in Kenya**

Despite more than 25 years of efforts to stop this practice, female genital mutilation (FGM) is still a deeply rooted tradition in more than 28 countries in Africa and in some countries in Asia and the Middle East (WHO 2007). In the world today, there are an estimated 100 million to 140 million girls and women who have been subjected to the operation and about three million girls, most under 15 years of age, undergo the procedure every year (WHO 2007).

In Kenya, the practice persists as shown by prevalence levels standing at 32% (UNICEF 2006). According to KDHS (2003), the practice of FGM varies widely across ethnic groups. It is nearly universal among the Somali (97%), Kisii (96%) and Maasai (93%). It is also common among the

Taita/Taveta (62%), Kalenjin (48%), Embu (44%), and Meru (42%). Levels are lower among the Kikuyu (34%), and Kamba (27%). FGM is nonexistent among the Luhya and Luo.

## **2.3 Consequences of FGM**

The WHO (2006) and Action Protocol for Prevention of Female Genital Mutilation (2007) describe FGM as those procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or religious reasons or any other non-therapeutic reasons. They contend that the practice has health consequences including difficulties in child birth, often causing a condition called fistula, recurrent bladder and urinary tract infections, infertility among others. The Action Protocol for Prevention of Female Genital Mutilation (2007) goes on to argue that FGM is recognised internationally as a violation of the human rights of girls and women. On the other hand the International Convention on the Rights of the Child of 1989 recognises FGM as a traditional practice that damages the health of girls.

WHO (2010) argues that FGM has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies. WHO identifies some of the immediate complications as severe pain, shock, haemorrhage (bleeding), tetanus or sepsis (bacterial infection), urine retention, open sores in the genital region and injury to nearby genital tissue. WHO (2010) further notes some of the long term complications of FGM to include recurrent bladder and urinary tract infections, cysts; infertility; an increased risk of childbirth complications and newborn deaths; and the need for corrective operations. For example, the FGM procedure that seals or narrows a vaginal opening makes it necessary to cut it open later to allow for sexual intercourse and childbirth. Sometimes it is stitched again several times, including after childbirth, hence the woman goes through repeated opening and closing procedures, further increasing both immediate and long-term risks.

## **2.4 Reasons for persistence of the practice of FGM**

FGM persists due to deeply rooted values attached to the practice when it comes to raising the girl child 'properly' and preparing her for marriage (UNICEF 2005). As a result, not conforming to the practice could bring harm as it may lead to social exclusion and shame, stigma and



difficulties in finding a husband especially among communities where it is practiced. This explains why communities, though aware of its health consequences, still practice FGM (Gruenbaum and Ellen 2001). Carr and Dara (1997) observe for instance that despite awareness by some women of the negative consequences of FGM, they especially resist efforts aimed at eradicating FGM because abandoning the practice is perceived as a loss of status and protection. This view is further emphasised by WHO (2010) that argues that FGM is often motivated by beliefs about what is considered proper sexual behaviour, linking procedures to premarital virginity and marital fidelity. FGM is in many communities believed to reduce a woman's libido, and thereby is further believed to help her resist 'illicit' sexual acts. When a vaginal opening is covered or narrowed, the fear of pain of opening it, and the fear that this will be found out, is expected to further discourage 'illicit' sexual intercourse among women with this type of FGM. WHO (2010) further observes that FGM is associated with cultural ideals of femininity and modesty, which include the notion that girls are 'clean' and 'beautiful' after removal of body parts that are considered 'male' or 'unclean'. This argument is reinforced by Gachiri (2000, cited in UNICEF 2005, p.12) who notes that FGM is highly valued among communities that practice it as it is seen to constitute 'a social, ethnic and physical mark of distinction'. A study by UNICEF (2010) further supports this view by noting that in communities where FGM is practised, it is viewed as a necessary step to raise a girl 'properly', to protect her and, in many instances, to make her eligible for marriage. Parents have their daughters cut so as to secure the best possible future for them. Family honour and social expectations play a powerful role in perpetuating FGM, making it extremely difficult for individual families, as well as individual girls and women to stop it on their own (UNICEF 2010, p.2). This view is further underscored by Mbugua, (1997) who notes that female circumcision, as is usually called among practicing communities, is woven into every aspect of social life, and thus an important rite of passage. Without being 'cut', a girl is not considered a woman. She may not marry, speak or dance in public, or touch food or eating utensils used by others (Mbugua 1997, p. 62). She adds that an uncircumcised girl fetches lower bride price among the practising communities and is in some cases ostracised from the community.

Religious reasons have also been cited for the practice of FGM. According to Dorkenoo, Efua and Scilla Elworthy (1992), the communities that cite religious reasons consider the practice as a

requirement for spiritual purity. However, other studies repudiate this claim. UNICEF (2005), for instance contends that FGM is not prescribed by any religion. It goes on to argue that even though there is a theological branch of Islam that supports FGM, the Koran contains no text requiring the cutting of the female genitalia and that evidence shows that a majority of Muslims around the world do not practice FGM. WHO (2010) on its part notes that although no religious scripts prescribe the practice, practitioners often believe the practice has religious support. WHO (2010) further contends that religious leaders take varying positions with regard to FGM: some promote it, some consider it irrelevant to religion, and others contribute to its elimination.

Whatever the reasons given for the practice of FGM, be they cultural, moral, religious, the bottom line is that these are all mechanisms for perpetuating the practice among communities. It is therefore important that efforts aimed at eradicating the practice take into account these perpetuating factors.

The section below assesses the various responses, both international and national, to eradicate the practice of FGM.

## **2.5 Responses towards eradicating FGM**

A number of initiatives, international, and national and community, have over the years sought to eliminate FGM. The United Nations has especially been at the forefront in the fight against the practice (WHO 2010). For instance, in 1997, the WHO issued a joint statement with the UNICEF and the United Nations Population Fund (UNFPA) against the practice of FGM. Another statement, with wider United Nations support, was also issued in February 2008 to support increased advocacy for the abandonment of FGM. Since 1997, there have been increased efforts to fight FGM worldwide through research, work with communities, changes in policy and increased advocacy for abandonment of the practice (UNICEF 2005). These efforts have led to wider international involvement in stopping FGM, legal frameworks and increased political support to stop FGM, and in some countries, decrease in the practice of FGM (WHO 2010).

In Kenya, efforts to stop the practice of FGM can be traced back to the 1800s when missionaries and colonial governments attempted to stop the practice, albeit unsuccessfully (Mbugua 1997). Among the Gikuyu, the ban on FGM dates back to 1929 when the Church of Scotland

Missionaries issued an order to the Gikuyu demanding that all their followers and those wishing to have their children attend school should pledge that they would not in any way support the custom of female circumcision and would not allow their children to undergo the rite (Kenyatta 1965, p.125). The children of those who did not denounce the practice were barred from attending missionary schools. This sparked resistance among the Gikuyu, leading to an agreement between the government and the missionaries that resulted in lifting the ban. The Gikuyu subsequently demanded for the establishment of Gikuyu independent schools, free from interference from the missionaries (Kenyatta 1965, p.126). Kenyatta (1965) notes that the educated and intelligent Gikuyus still clung to the practice despite attempts by the missionaries to persuade them against it. He argues

... the real argument lies not in the defence of the surgical operation or its details, but in the psychological understanding of a very important fact in the tribal psychology of the Gikuyu- namely, that this operation is still regarded as the very essence of an institution which has enormous educational, social, moral and religious implications, quite apart from the operation itself. For the present, it is impossible for a member of the tribe to imagine an institution without clitoridectomy (female circumcision). Therefore, the abolition of the surgical element in this custom means to the Gikuyu the abolition of the whole institution...the initiation of both girls and boys is an important custom among the Gikuyu. It is looked upon as the deciding factor in giving a boy or a girl the status of manhood or womanhood in the Gikuyu community (Kenyatta 1965, p.128).

Mbugua (1997) adds to this point by noting that in 1983, when the President Daniel Moi banned FGM, the elders of some practising communities, in obvious defiance, issued a statement that female circumcision is a cultural prerogative of the community. To them, the central government had no business in telling them to stop it. Subsequently, a motion seeking to ban FGM was defeated in Kenyan Parliament in 1996.

This resistance could largely be attributed to what Kenyatta (1965, p.147) refers to as an attack of the custom by outsiders who have limited understanding or distorted view of its essence. He notes that those against the custom regard it with prejudiced attitude (something savage and barbaric). He notes that those against the practice have never taken time to understand its real essence to the practising communities before castigating it. This view could largely apply to current campaigns against the practice of female circumcision that view it as a mutilation as opposed to circumcision or rite of passage. Perhaps, this explains why despite the widespread

knowledge of the dangers of FGM, quite a significant proportion of the Kenyan population still practices it.

Masika (2006) observes that, in order to avert revolt by 'natives' guarding their tribal customs and organisations, the government adopted a policy of slow and careful education and alignment in 1956 and 1957. This could perhaps explain the reason why the prevalence of FGM is low among the Gikuyu, despite the resistance.

The latest efforts aimed at eradicating FGM have sought to understand the socio-cultural contexts of the practice. Most notable are the efforts by the Maendeleo ya Wanawake, a national grassroot organisation dedicated to improving the health and wellbeing of Kenyan women. The organisation in 1993 undertook a survey to establish the extent of the practice of FGM among the Kisii, Meru, Masaai and Samburu. The study established that FGM is perceived as an important aspect of a girl's social, moral, physical development, allowing passage from girlhood to womanhood, bestowing respectability for her and preparing her for marriage (Abusharaf 2006).

However, Maendeleo ya Wanawake still concluded that the practice harms the physical and psychological health of women and acts as a barrier to women's rights advancement. There has also been legislation against FGM in Kenya. The Children's Act, 2001 outlaws the practice of FGM. However, these laws have only led to a few arrests of people perpetuating the practice due to lack of enforcement (GTZ 2009).

Consequently, Maendeleo ya Wanawake decided to undertake campaigns to eradicate the practice of FGM. The organisation conducted advocacy at the national level with political leaders, policy makers, and journalists and at the grassroots level, with programmes designed to raise awareness that FGM harms women's health and violates their rights and to mobilise these communities to end the practice. The programme aimed to place those directly involved in the practice of FGM at the centre of its activities, thereby aligning it with the expressed needs and objectives of mothers, daughters, fathers, husbands and others within the community. One of the key success factors of the programme was the development of culturally appropriate alternative rite of passage (Abusharaf 2006). This is owing to the significant role that FGM plays in the

studied communities as a rite of passage. However, Cheserem (2010) argues that this alternative rite has not been embraced by communities practising FGM as it did not originate from them.

The evidence here means that although there have been efforts aimed at eradicating FGM among practicing communities, they have not been very successful. This is mainly attributed to outsiders developing programmes aimed at eradicating the practice without due regard to the needs of the practising communities. There has also been non-implementation of some of the efforts.

An observation by UNICEF (2010) regarding the eradication of FGM is worth noting. The organisation argues that:

... abandonment of FGM is possible when programmes and policies address the complex social dynamics associated with the practice and challenge established gender relationships and existing assumptions and stereotypes. An understanding and appreciation of these social dynamics is transforming the ways in which FGM abandonment is approached. Rather than 'fighting' against local culture and presenting traditional behaviours as negative, effective programmes propose alternative mechanisms to signal adherence to shared community values and to frame the discussion surrounding FGM in a non-threatening way" (UNICEF 2010, p.1)

What this means is that, programmes aimed at eradicating FGM must first seek to understand the values attached to it and work with communities in eradicating them. In which case, community ownership of the efforts is critical.

Communication has been seen to play a role in changing attitudes regarding certain practices and norms in the society. The following section explores the role communication can play and has played in the fight against FGM.

## **2.6 Communication and FGM**

Communication plays a crucial role in changing behaviour. Communication has been defined differently by different scholars. Rogers (1986, cited in Severin and Tankard 2001) defines communication as exchange of information among participants, while Rogers and Kincaid (1981, cited in Severin and Tankard 2001) contend that it is the process through which the

communicators reach an understanding. According to Rogers (1995), communication channels can either be interpersonal or mass media in nature.

According to Wright (1959, cited in Severin and Tankard 2001), mass communication refers to communication that is directed towards large, heterogeneous and anonymous audiences and has messages that are transmitted publicly which are transient in character and timed to reach most audiences at the same time, and for which the communicator tends to operate within an organisation such as radio station, television station, newspaper, among others. On the other hand, interpersonal communication is defined as communication from one individual to another, which is face to face in nature and where both the form and content of the communication reflects the personal characteristics of the individual as well as the social roles and relationships (Hartley 1999, p.20). Opinion leadership has been seen as a strong aspect of interpersonal communication (Severin and Tankard 2001).

Communication has been used over time to persuade people to change their attitudes regarding certain social issues. According to Rogers (1995, cited in Severin and Tankard 2001), while mass media communication is essential in changing weakly held attitudes, interpersonal communication helps in changing strongly held attitudes as it helps in dealing with resistance and apathy on the part of the receiver.

Carl Hovland in his research on attitude in 1940s and 50s (cited in Severin and Tankard 2001) looked at attitude change as essentially a learning theory or a reinforcement theory approach where he believed that attitudes were learned and that they were changed through the process that occurred when learning took place. This has also been seen as the way through which FGM is perpetuated and the root through which communities can be mobilised to abandon the practice. UNICEF Innocenti Research Centre (2009), while assessing the practice of FGM in Sudan, notes that social norms that perpetuate FGM can change when a new understanding and appreciation of traditions and values are introduced. UNICEF (2009) goes on to argue that communication efforts aimed at fighting FGM must move beyond simply disseminating information that encourage communities to adopt healthy practices to developing communication approaches that see FGM from a human rights perspective. UNICEF (2009, p.10) further contends that an important step in this process is to facilitate dialogue among community members regarding the

practice and to desist from framing FGM as a problem, but rather recognise the practice as an important role of community's traditions and values that are learned over time. This then calls for the need to support and empower communities to act together and develop their own solutions to end FGM.

Windahl (2008) underscores this argument by faulting the traditional communication methods where communication problems and goals to solve a perceived social problem are set from outside. He notes that the problem with this type of communication is that people do not easily buy into ideas set by others. He instead advocates for intrinsic communication strategies that are developed by the communities themselves.

Masika (2006) and UNICEF (2005) confirm this view by arguing that the traditional linear model of communication adopted by communication planners aimed at eradicating FGM has been the main contributing factor to the failure of such campaigns. UNICEF (2005) particularly faults the current communication strategies aimed at fighting FGM for predominantly focusing on designing and delivering messages to the audiences without facilitating discussion. UNICEF (2005) notes that while these campaigns have been successful in building knowledge regarding the dangers of FGM, they have failed to persuade communities into abandoning the practice. The linear model of communication has further been faulted by Klapper (1960, cited in Severin and Tankard 2001). In limited-effect theory, he demonstrated that information transmitted in a linear model do not always translate in change of attitudes as people usually resist media influence by relying on community norms, beliefs and values. He thus proposes for both mass media and interpersonal mediated communication to achieve attitude change. This view is further elaborated by Clappitt (cited in Hartley 1999) in his definition of communication, where he sees communication as incorporating linear, two-way and multiple dimensions. McQuail (2005) acknowledges that communication campaigns aimed at social change unfold according to a linear model and cites this as the main reason behind the failure of many behaviour change communication campaigns.

Rice and Atkin (1989) and Rogers and Storey (1987) (cited in Severin and Tankard 2001) underscore the importance of a mix of mass media and interpersonal communication channels for the success of communication campaign. They note that while mass media is essential in

creating awareness and knowledge and stimulating participation of the target group, interpersonal communication, especially through social networks, is essential for behaviour change and the maintenance of the change.

McQuail (2005) further notes that for communication campaigns to be effective, they must be in line with established norms and values of the target group. He warns that if the viewpoint on which the campaign is based reflects solely the sender/planner's as opposed to the recipient's, the campaign is likely to be ineffective. He also emphasises the importance of the relationship between the sender and receiver in the campaign, noting that if the sender ignores the needs, interests, values and communication potential of the receiver group, or if the receiver group does not trust, attend to and understand the sender, it is likely that a communication campaign will fail.

The theoretical framework in the subsequent section further demonstrates the above views. The fundamental principle here being, to attain attitude change, community members need both awareness and persuasion.

## **2.7 Theoretical framework**

This study is guided by the two-step flow theory. This theory emphasises the importance of the interplay between mass media and interpersonal channels of communication in attaining behaviour change. This section discusses this theory by noting its strengths and weaknesses. Noteworthy, whereas this theory was important in explaining how to achieve attitude change in fighting FGM from a campaign perspective, we appreciate that other theories such as cultural change theories, which describe the process and causes of change in cultures and traditions in society, would have also been useful in providing more insight into the FGM phenomenon.

## **2.8 Two-Step Flow theory**

This was first introduced by Paul Lazarsfeld, Bernard Berelson, and Hazel Gaudet in *The People's Choice*, a 1944 study that focused on the process of decision-making during a Presidential election campaign. The researchers sought to find empirical evidence on the direct



influence of media messages on voting intentions of the people. However, it turned out that informal, personal contacts were mentioned far more frequently than exposure to radio or newspaper as sources of influence on voting behaviour. With this evidence, Katz and Lazarsfeld developed the two-step flow theory of mass communication (Severin and Tankard 2001). The theory contends that information flows from the media to opinion leaders, who then pass on what they have read or heard to their followers who consider them influential.

According to the theory, personal influence is both more frequent and more effective than any of the mass media. Further, interpersonal influence in primary groups is effective in maintaining a high degree of homogeneity of opinions and actions within a group (Severin and Tankard 2001, p.204). Interpersonal relationships play a critical role, not only as networks of communication, but also as sources of social pressure to conform to group norms and sources of social support for the values and opinions an individual holds (Severin and Tankard 2001, p.205).

Opinion leaders are found at every social level and are presumed to be very much like the people they have influence over. However, opinion leaders are often more exposed to the mass media than the groups they influence and tend to discuss certain themes with others and participate more in organisations than others in their immediate environment; they translate information received from the media and adapt them to the public and are as such often considered influential (Severin and Tankard 2001).

A number of factors determine the extent to which an opinion leader is able to exert influence over his/her followers – personification of values (who one is); competence (what one knows) and strategic social location (whom one knows) (Severin and Tankard, 2001, pg. 204). Ugangu (2008) confirms this view by observing that opinion leaders are influential not only because of who they are, but also because of the structures and values of the groups of which they are members.

This theory has however been criticised for placing a lot of premium on the role of opinion leaders in spreading media messages. Critics, for example Westley (1971, cited in Tankard and

Severin 2001), argue that messages can indeed be spread directly by mass media to far greater extent than personal sources.

Windahl (2008) on his part notes a serious problem for communication planners relying on the model, arguing that communication planners have no control over the communication process as opinion leaders and their followers' relationship is often spontaneous and cannot be prescribed from outside. He further argues that it may be difficult to motivate opinion leaders to seek information and find it worthwhile to share it with others. At the same time, opinion leaders are selective on the kind of information they receive.

Oslo (1992, cited in Severin and Tankard 2001) confirms the above view by arguing that while communication planners can exploit the powers of the opinion leaders, to effect attitude change, opinion leaders can on the flip-side use this power to defeat planned communication efforts. He notes that the use of opinion leaders is much more fundamental in situations where communication goals to be achieved require reinforcement through personal trust. Masika (2006) confirms this notion by noting that the practice of FGM is perpetuated among the Maasai community living in Kajiado by elders who are crucial decision makers on all issues affecting members of the society. They are the opinion leaders in this community and prescribe norms, values and standards to be adhered to by the members. She contends that, the use of these elders as opinion leaders in communication efforts aimed at fighting FGM would be very effective as communities trust their judgment of issues. The opposite is also true since if the elders are opposed to the communication efforts aimed at fighting FGM, they would scuttle such efforts.

## **2.9 Conclusions**

It is clear from the above exposition that the practice of FGM is still prevalent among some communities in Kenya (almost universal among the Kisii at 96%), despite the high levels of awareness of its dangers. This is mainly due to the values attached to the practice of FGM among the practicing communities, making it difficult for individuals and families to stop on their own. FGM is woven in all aspects of social lives of members of practising communities. Family honour and societal expectations are key factors in perpetuating the practice of FGM.

There have been efforts, in terms of policy, legislations and programmatic interventions aimed at eradicating the practice of FGM. Although the efforts have been successful in raising awareness regarding the dangers of FGM, they have not been successful in stopping the practice. Noteworthy, communication efforts aimed at fighting FGM have in most cases only succeeded in raising awareness regarding the dangers of the practice, but have not been very successful in effecting attitude change essential in abandoning the practice. This is attributable to the tendency by communication experts to design messages urging communities to abandon the practice without regard to their beliefs and practices. In essence, the efforts have not been successful in spurring honest discussions regarding the practice and empowering communities to act together to develop their own solutions.

It is apparent from the discussions by the various scholars that, to be successful, communication efforts aimed at eradicating FGM must seek to raise awareness and at the same time effect attitude change. In order to achieve this, a mix of both mass media and interpersonal communication is important. Noteworthy, while mass media is crucial in raising awareness, interpersonal communication, through opinion leaders, is essential in influencing people's attitudes regarding FGM, especially given that opinion leaders prescribe norms, values and standards that the community members adhere to. Opinion leaders are especially important in situations where communication goals require reinforcement through personal trust as is the case with a sensitive social norm such as FGM.

This study sought to assess the role the mass media and interpersonal channels has played in eradicating FGM especially among the Kisii community in Suneka, Kisii County. The study also sought answers as to why the prevalence levels of FGM remain high among the Kisii despite the widespread awareness regarding the dangers of the practice. The study further explored the success factors and the challenges and sought answers on the best way forward, from a communication perspective, if the fight against FGM among the Kisii has to be won. The methodology in the subsequent chapter was used in collecting data that was used in testing some of the assumptions made herein, and in trying to ascertain the factors influencing the practice and/or eradication of FGM.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 Introduction**

This chapter discusses methodology and the methods used in this study. A mix of qualitative and quantitative methods was used in this research. The difference in methods mainly draw from type of data, procedures of obtaining the study population (sampling), including the size of the sample and types of research questions among others.

First, an overview of what qualitative methods and quantitative methods entail is given and followed by a more specific account of the qualitative and quantitative methods used in this study, in terms of sampling procedure, data collection and data analysis. The chapter further assesses the validity and reliability of the research findings and conclusions. Limitations of the research are also discussed in this chapter.

#### **3.2 Study methodology: an overview**

A mix of qualitative and quantitative methods was used in this study.

Qualitative methods, according to Mugenda (2003), refer to various types of interpretive modes of inquiry which include ethnography, case studies, educational critiques participative research among others. Mugenda (2003, p.197) argues that by using qualitative methods, researchers are able to collect data and explain a phenomenon more comprehensively. Patton (1990) agrees with this view and argues that qualitative methods permit the researcher to study a phenomenon in depth and detail. Stokes (2003) on her part views this as a range of research paradigms that are mainly concerned with meaning and interpretation. Kothari (2009, p.5) on the other hand notes that qualitative methods entail subjective assessment of attitudes, opinions and behaviours. In which case, research is a function of a researcher's insights and impressions. Hakim (1987) on her part contends that qualitative methods are concerned with individual's own accounts of their attitudes, motivations and behaviours. According to her, it offers richly descriptive reports of

individual's perceptions, attitudes, beliefs, views and feelings as well as their behaviour (Hakim 1987, p.26).

On the other hand, quantitative methods entail the generation of data in quantitative form, which can be subjected to rigorous quantitative analysis in a formal and rigid fashion (Kothari 2009, p.5). Mugenda (2003) contends that in the quantitative approach, data is independent of people's perceptions. According to Neill (2007), the aim of quantitative methods is to classify features, count them, and construct statistical models in an attempt to explain what is observed.

A number of sampling techniques are used in obtaining the study population. According to Patton (1990), the main sampling approach under qualitative methods is purposive sampling. Patton (1990) notes that qualitative methods focus in depth on relatively small samples, even single cases, selected purposively; the logic being selecting information rich cases for study in depth- these being those cases from which one can learn a great deal about issues of central importance to the purpose of the research (Patton 1990, p.169). Mugenda (2003) agrees with this view by noting that purposive sampling allows a researcher to use cases that have the required information with respect to the objectives of the study. She notes that respondents are therefore handpicked because they are informative or possess the required characteristics (Mugenda 2003, p. 50). In this case, the researcher must specify the criteria for choosing the particular cases.

In quantitative methods, the main sampling approach is probability sampling. In probability sampling, the units to be included in the study population are chosen randomly and hence have an equal chance of being chosen (Mugenda 2003). According to Mugenda (2003), probability sampling entails selection of a reasonable number of subjects, cases that represent the target population. She notes that probability sampling can provide us with accurate information regarding groups that are too large to study in their entirety (Mugenda 2003, p. 45). Probability sampling allows for the capturing, in a small group, of the varied characteristics that exist in the target group (Mugenda 2003). It allows for the generalisability of the findings to a larger population with a margin of error that is determinable in statistical terms. The sample size is bigger than that obtained using purposive sampling (Patton 1990).

When it comes to data collection, Hakim (1987) contends that interviews and focus group discussions are the main techniques used in qualitative methods. She argues that the interviews and/or discussions can either be semi-structured or unstructured, meaning that the researcher can choose to develop an interview guide (open ended questions to guide the discussions) drawing from the broad research questions or have no questions, but the interviewer simply guides the respondents to ensure that they maintain focus on the topic under discussion (Hakim 1987). The researcher can modify the questions depending on the circumstances (Mugenda 2003). Interviews are also used as data collection techniques in quantitative studies, alongside self administered questionnaires. Here structured questionnaires are mainly used (Mugenda 2003).

Data generated from qualitative methods are mainly non-numerical in nature. This forms the basic differentiation between qualitative and quantitative methods (see for example, Stoke 2003). Mugenda (2003) holds the view that data generated using qualitative methods is subjective and mainly a perception of the people in the environment. In addition, data is analysed by coding and organising into themes and concepts, from which inferences and generalisations are made (Mugenda, 2003, p.204). In quantitative methods, the data generated is numerical in nature and is independent of people's perceptions (Mugenda 2003).

However, the great strength of qualitative methods lies on the validity of the data obtained (Hakim 1987). Hakim (1987, p.27) argues that individuals are interviewed in sufficient detail for the results to be taken as true, correct, complete and believable reports of their views and experiences. She notes however that its greatest weakness is the small sample that cannot be taken as representative of the population. According to Stoke (2003), the strength of quantitative methods lies in the possibility to generalise the findings to the whole population owing to the relatively large population that is selected randomly.

Newman and Benz (1998) emphasise the importance of a mixed approach, where both qualitative and quantitative methods are applied, arguing that modern day scientific method is both deductive and inductive, objective and subjective. They note that the best approach is one that seeks to answer all aspects of the research question, hence enhancing the validity and reliability of the findings.

This study used a combination of qualitative and quantitative methods. The subsequent sections discuss how the qualitative and quantitative methods were used in this research in terms of sampling, data collection, data analysis and presentation.

### **3.3 Sampling approach**

The study used purposive sampling in determining the study population and location. As the arguments above show, purposive sampling entails purposefully selecting respondents of the study based on the knowledge they possess regarding the phenomenon under study (Hakim 1987; Kothari 2009; Mugenda 2003; Patton 1990; Stoke 2003). Respondents were therefore handpicked because they are informative or possess the required characteristics (Mugenda 2003, p.50).

In this study, stratified purposive sampling was used. This, according to Patton (1990), helps to capture major variations rather than identify common characteristics. As such, each stratum constitutes a homogenous sample.

The population was stratified based on age, urban/rural setting, sex, education, and occupation. The stratification gave rise to twelve categories of respondents as shown below:

1. Provincial administration (3);
  - a. chief/assistant chief,
  - b. social worker,
  - c. children department.
2. Health officers - one in urban health facility and one in rural health facility (2);
3. Teachers - from primary and secondary schools in both urban and rural settings (4);
4. Girls in a primary school in an urban setting and primary school in a rural setting (eight from each category- 16);
5. Girls in a secondary school in an urban setting and secondary school in rural setting (eight from each category- 16);
6. Girls of school going age but out of school in urban and rural settings (four from each category- 8);
7. Civil society organisations - religious leaders and non-governmental organisations – both urban and rural (one from each category- 4);

8. Women- based on age sets – 18-29, 30- 39, 40- 49, 50+ ( three from each age set). This was for both urban and rural settings (24);
9. Men - based on age sets – 18-29, 30- 39, 40-49, 50+. Two per each age set – both rural and urban settings (16);
10. Circumcisers - former circumcisers and current circumcisers. one from each category- (2);
11. Elders - (3);
12. Traditional birth attendants (2).

This categorisation enabled us interview respondents with different characteristics and with varied understandings and experiences of the practice of FGM among the Kisii community. A total of 100 respondents were interviewed in this study.

### **3.4 Study location**

This study was undertaken in Suneka, an administrative unit in Kisii South District, Kisii County. Suneka, according to the 2009 population census has a total population of 27,694 (13,462 males and 14,232 females). Suneka was chosen due to the convenience in terms of access. However, it should be noted that the socio-cultural characteristics of the people of Suneka are similar to those of other Kisiis living in other locations that may not have been studied. As such, the findings of this study are attributable to the entire Kisii population of Kisii County.

### **3.5 Data collection**

Data was collected using interviews and focus group discussions. During the interviews, interview guides were used to obtain responses from the respondents. Here semi-structured questions were used in guiding the respondents to provide information regarding FGM. The target respondents for the interviews included elders, members of provincial administration, circumcisers (both current and former), men of all age sets, women of all age sets, civil society organisations, teachers, health officials and girls of school going age yet out of school.

In addition, a total of four focus group discussions comprising eight girls each were held. The focus group discussions were held with school girls in both primary and secondary. Here, a facilitator guided the discussions to ensure that the respondents do not digress from the topic of



discussion. A note taker recorded the responses in both a note book and tape recorder. This was aimed at ensuring accurate recording of the discussions.

### **3.6 Data analysis**

Data was analysed in both qualitative and quantitative terms. In qualitative analysis, data was categorised into thematic issues and in depth explanation regarding the issues provided. In addition, the voices of respondents, presented in form of quotations were provided. This was important in capturing the feelings and attitudes of the people regarding FGM.

Quantitative analysis made it possible to present the responses as a percentage. Here, the frequency with which a given response appeared was expressed as a percentage. This was essential in establishing the proportions of the respondents that held a given view regarding FGM.

### **3.7 Reliability and validity of data**

The quality of a research study largely depends on the accuracy of the data collection procedures. In this case, the instruments used to collect the data must yield the type of data that can accurately answer the research questions (Mugenda 2003, p.95). Reliability and validity measure the extent of relevance and correctness of the data to the research questions or objectives.

Validity here refers to accuracy and trustworthiness of the instruments, data and findings in the research (Benard, 2000, p.46). With regards to validity of instruments and data, the interview schedules contained questions and information that was relevant in assessing communication efforts aimed at fighting FGM in Kisii. In which case, questions included in the interview guides were drawn from research questions and objectives. This data was then used in making conclusions regarding the phenomenon under study.

On the other hand, reliability refers to the degree to which a research instrument yields consistent results or data after repeated trials. This is influenced by random error – in which case, as random error increases, reliability decreases (Mugenda 2003, p.95). This can result from inaccuracy of instruments used, inaccuracy in scoring/coding by the researcher and ambiguous

instructions to the subjects. In this study, efforts were made to minimise random error by training of research assistants before administering interview guides, supervision to ensure that questions were not misinterpreted by those administering the interview guides and back-checking to ensure that all questions are answered and coded properly.

Although due regard was taken to minimise errors and guarantee validity and reliability of the data collected and hence the inferences, like any study, we cannot rule out any errors. This are as a result of the limitations outlined below.

### **3.8 Limitations of the study**

Due to constraints of time and financial resources, the study could not take a larger sample to minimise the sampling error. However, the inferences from this study can be generalisable to the Kisii given that they have similar customs and practices. The study also provides crucial information on the role of interpersonal communication and mass communication in the fight against FGM in Kenya.

Further, female circumcision being a sensitive issue among the Kisii, it was difficult to have open and honest discussions about the subject. Girls at primary school level were especially not able to discuss issues related to female circumcision. Efforts were however made to make them talk, albeit with difficulty.

Language was also a challenge as some respondents could only speak in Kisii. In order to mitigate against this, a Kisii research assistant was engaged to assist in data collection. The research assistant also interpreted those responses that were in Kisii. However, like all translations, we cannot rule out distortion of the original meaning.

### **3.9 Conclusions**

A mix of qualitative and quantitative methods was used in this study with a view to tap into the strengths of each while offsetting their different weaknesses. The use of both qualitative and quantitative methods in data analysis was especially important in understanding the perceptions of people regarding FGM while at the same time establishing the proportion of the respondents

that held a particular view. The use of mixed methodology was also essential in enhancing the validity and reliability of the findings. The findings are presented in the subsequent chapter. The chapter discusses the views of the Kisiis regarding FGM in terms of the meaning and significance, levels of awareness, prevalence levels, communication efforts aimed at eradicating FGM and extent to which the efforts have been successful and gives suggestions on the best way to conduct anti-FGM campaigns.

## CHAPTER FOUR

### FINDINGS AND DISCUSSIONS

#### 4.1 Introduction

This chapter discusses the findings of the study. The study assessed the role of mass media and interpersonal communication in the fight against FGM (also referred to as female circumcision) among the Kisii community. This chapter gives an analysis of the meaning and significance of female circumcision among the Kisii, discusses the reasons for the high prevalence of female circumcision among the Kisii, assesses the levels of awareness of the dangers of female circumcision, looks at the various communication efforts aimed at eradicating the practice- while assessing their strengths and weaknesses and extent to which they have been successful and ends with suggestions on the best way to conduct anti-FGM campaigns.

#### 4.2 Characteristics of the study population

A total of 100 respondents, drawn from Suneka location, Kisii Town District, Kisii County, participated in this assessment clustered as indicated in Table 4.1 below.

**Table 4.1: Cluster of study respondents**

Cluster	Sub-cluster	Frequency (No.)
Provincial Administration	Chief	1
	Social worker	1
	Children's officer	1
Health worker	Urban health facility	1
	Rural health facility	1
Teachers	Urban primary school	1
	Rural primary School	1
	Urban secondary	1
	Rural secondary	1
Girls	Urban primary school	8
	Rural primary school	8
	Urban secondary school	8
	Rural secondary school	8
	Girls of school going age yet out of school in urban areas	4
	Girls of school going age yet out of school in rural areas	4
Women (by age set from both urban	18-29	6

and rural settings)	30-39	6
	40-49	6
	50+	6
Men (by age set from both urban and rural settings)	18-29	4
	30-39	4
	39-49	4
	50+	4
Civil Society Organisations	Religious organisation in urban area	1
	Religious organisation in rural area	1
	Non-governmental organisation in urban area	1
	Non-governmental organisation in rural area	1
Circumcisers	Former	1
	practising	1
Elders	Urban setting	1
	Rural setting	2
Traditional birth attendants	Rural setting	2
<b>Total</b>		<b>100</b>

This clustering was important in enabling us obtain the varied perspectives of different population categories regarding female circumcision. Some also provided expert opinion regarding reasons why communication campaigns targeted at eradicating female circumcision have failed and what can be done to make the subsequent campaigns successful. The sections below give an analysis of the views given by the above clusters of respondents regarding female circumcision in Kisii.

### 4.3 Meaning and significance of female circumcision among the Kisii

When asked what female circumcision meant to them, 42.8% of the respondents were of the view that it marks a transition from childhood to adulthood, while 16.1% viewed circumcision to bestow respect to a woman. However, 37.5% viewed female circumcision as mutilation of female genitalia, while 3.6% saw it simply as cutting of the female genital organs. A further discussion with the elders<sup>1</sup> revealed that among the Kisii, female circumcision is seen as a cultural practice that is deeply rooted in the Kisii value system and signifies transition from childhood to adulthood. More importantly, it bestows honour, respect and responsibility to a girl who is forthwith seen as a 'full woman with responsibilities'. They see this as a mandatory rite that every Kisii girl must undergo as it is important in taming a girl's sexual desires, essential in curbing promiscuity and fostering chastity.

<sup>1</sup> An interview with elders in Bomorenga and Bokiakumu Locations, Suneka Division, 7<sup>th</sup> and 8<sup>th</sup> July 2011

On the other hand, a respondent from a non-governmental organisation working in Suneka<sup>2</sup> and an officer from the provincial administration<sup>3</sup> were of the view that female circumcision is a practice that has no significance to girls in particular and the Kisii community as a whole. They simply see it as female genital mutilation. A social worker we spoke to notes that female circumcision, which in her view is mutilation of female genitalia, is a backward practice with no significance to the girl and the Kisii community; it is simply conforming to a cultural norm. This view is supported by those of a children's officer who contends that the practice violates the rights of girls and women. It is worth noting from these findings that while the elders who sanction the norms and values of the Kisii community see female circumcision as important, those involved in the fight against female circumcision (non-governmental organisations, and provincial administration) see it as a practice with no significance to the Kisii community.

#### **4.4 Prevalence of female circumcision in Kisii**

When asked whether a member of their family or someone they knew had undergone female circumcision, slightly over 87% of the respondents said yes while the rest, about 13% said no. Noteworthy, all the girls of school going age in both rural and urban settings, in both primary and secondary schools indicated that all of them, including their sisters who did not participate in the study, had been circumcised. In addition, all female and male respondents from all age sets, in both rural and urban areas indicated that at least a member of their family and/or someone they knew had been circumcised. A further discussion with some respondents<sup>4</sup> to establish why these high prevalence levels, revealed that given the high premium placed on female circumcision among the Kisii, girls often feel pressurised to undergo the rite so as to conform to societal expectations. However, in some instances, it is the parents, guardians (grandparents, aunts, uncles among others) who pressurise girls to undergo circumcision. In other instances, girls choose to be circumcised as a result of peer pressure (pressure from other girls who are already circumcised, yet in the same age group).

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<sup>2</sup> Interview with a programmed officer with an NGO working in Suneka, 9<sup>th</sup> July 2011

<sup>3</sup> Interview with an officer with the provincial administration (social worker and children), Suneka Division, 9<sup>th</sup> July 2011

<sup>4</sup> Interview with an officer with a non-governmental organisation working in Suneka, 12<sup>th</sup> July 2011 and a religious leader in Bomorenga Location, Suneka, 7<sup>th</sup> July 2011

Others were however of the view that incidents of female circumcision could be declining (however, there was no documentary evidence to support these claims). A respondent with a non-governmental organisation working in Suneka was of the view that increasingly the Kisii are abandoning the practice to embrace other alternative rites of passage.<sup>5</sup> Views of a former circumciser<sup>6</sup>, with a 25-year experience, also added to this view. She notes, 'there is no business these days as most girls are not being circumcised'. (It is however noteworthy that the decline in the use of services of circumcisers may not necessarily be evidence of decline, it could be that the girls are seeking services in hospitals or using other circumcisers). A social worker with the provincial administration also holds the same view, noting that there has been a reduction in incidences of circumcision in Kisii.

On the other hand, others hold the view that the practice of female circumcision has been driven underground, with people circumcising their girls secretly. According to a former circumciser, 'parents these days choose to circumcise their girls in hospitals'. This view is further emphasised by a teacher<sup>7</sup> who observes that it is the public celebrations associated with the circumcision that have 'disappeared' from the public realm; however, people are now circumcising girls secretly. It is apparent from the findings that the incident levels of female circumcision are still high as demonstrated by responses from the girls of school going age in both urban and rural settings. It also appears from the findings that girls are increasingly being circumcised secretly.

#### **4.5 Levels of awareness of dangers of female circumcision**

When respondents were asked whether they were aware of the dangers of female circumcision, all (100%) said yes. Some of the dangers cited by the respondents include possibility of contracting HIV and AIDS and other infections, experiencing pain during sexual intercourse, excessive bleeding, complications during child birth, difficulty in passing urine and low sexual libido.

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<sup>5</sup> Interview with an officer with a non-governmental organisation working in Suneka, 12<sup>th</sup> July 2011

<sup>6</sup> Interview with a former circumciser, Bomorenga location, Suneka, 7<sup>th</sup> July 2011

<sup>7</sup> Interview with a teacher at a school in Bomorenga Location, Suneka, 8<sup>th</sup> July 2011

Asked whether with the knowledge of the dangers they would still advocate for female circumcision, slightly over 66 % said no while the rest answered in the affirmative. A further discussion with an elder<sup>8</sup> who said that he would still advocate for circumcision despite knowing the dangers, revealed that female circumcision is an important value system among the Kisii. According to the elder, the Kisii have since time immemorial circumcised girls. He notes that the dangers mentioned are not common among the Kisii. He observes that although his mother and wife were circumcised, none of them experienced the difficulties outlined by those against female circumcision. An observation by a traditional birth attendant<sup>9</sup> reinforces this view. She notes that in the course of her work as a birth attendant, she has not come across a woman who experienced difficulty giving birth as a result of having undergone female circumcision. A middle aged woman<sup>10</sup> who would still advocate for female circumcision on her part observes that some of the dangers such as possibilities of contracting HIV/AIDS and excessive bleeding could be mitigated against, but still maintain the practice.

When asked about the sources of information on dangers of female circumcision, radio was mentioned by 41% of the respondents. Others included religious leaders (13%), newspapers (9%), television (9%), elders (9%), chief (3%), relatives (2%) and friends (1%). Radio has been the most common channel of dissemination of messages on female circumcision due to its ability to reach mass audiences and the fact that 90% of the households in Suneka location of Kisii County have access to a radio<sup>11</sup>.

It is clear from the findings that the awareness levels of the dangers of circumcision is universal owing to the communication campaigns aimed at eradicating the practice. However, a significant proportion of the population would still advocate for the practice. This is due to the importance attached to the practice and owing to the fact that the dangers cited are not common among the Kisii girls who have undergone circumcision.

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<sup>8</sup> Interview with an elder, Bomorenga Location, Suneka Division, 7<sup>th</sup> July 2011

<sup>9</sup> Interview with a traditional birth attendant, Bomorenga Location, Suneka Division, 7<sup>th</sup> July 2011

<sup>10</sup> Interview with a middle aged woman, Bomorenga Location, Suneka Division, 7<sup>th</sup> July 2011

<sup>11</sup> Interview with an officer with a non-governmental organisation in Suneka, 12<sup>th</sup> July 2011



## 4.6 Communication campaigns to end female circumcision

When respondents of this study were asked whether they had heard of any campaigns to eradicate female circumcision, all of them (100%) said yes. According to a middle aged male respondent, the campaigns are aimed at urging people to stop the practice owing to the dangers associated with it and the fact that it is illegal and violates the rights of women and girls. Respondents mentioned some of the campaign messages as: stop female circumcision, it is harmful (40%), female circumcision does not make you a woman (21%), stop female circumcision, it is illegal (11%), female circumcision violates the rights of the woman and the girl (19%), do not tolerate female circumcision (9%).

Thirty per cent of the respondents were of the view that the campaigns are originated by non-governmental organisations, while slightly over 21% mentioned women members of parliament as the originators. Others mentioned as originators of the campaigns include health workers (10.2%), the media (11.9%), religious leaders (10.2%), provincial administration (5.1%), elders (3.4%), women groups (1.7%), teachers and (1.7%).

When asked about the channels through which the messages are disseminated, radio was most mentioned (47.3%) by the respondents. Other channels mentioned included television (13.5%), religious leaders (13.5%), political leaders (9.5%), newspaper (6.8%), elders (5.4%), and public *barazas* (1.4%). Non-governmental organisations (22.5%) and religious leaders (29.6%) and members of parliament (22.5) were mainly mentioned as leading the campaigns against female circumcision. Others mentioned are as presented in the table 4.2 below.

**Table 4.2: Those leading the campaigns**

Those leading campaigns	Percentage
Religious leaders	29.6%
Elders	9.9%
MPs	22.5%
NGO's	22.5%
Health experts	2.8%
Chiefs	2.8%
Political leaders	2.8%
Teachers	5.6%
Newspapers	1.4%
Total	100%

Discussions with an officer from a non-governmental organisation<sup>12</sup> involved in the campaigns revealed that in some instances, community elders and women groups are trained by them (NGOs) so as to champion the campaigns. This is aimed at bringing into the campaigns the community element which, according to him, is key in enhancing the credibility of the campaigns- essential in their success.

Slightly over 80% of the respondents were of the view that community involvement is important for the success of the ant-FGM campaigns. However, 19.6% did not think that community involvement is important. Those rooting for community involvement gave a number of reasons as presented in table 4.3 below:

**Table 4.3: Importance of community involvement**

Importance of community involvement	Percentage
Ensure ownership by communities	30.0
Communities best understand their needs	21.2
Involvement of elders is especially important as they are the ones that prescribe norms and standards	19.8
Community members can provide examples that their fellow Kisiiis can relate with	18.3
To empower communities to take charge of their problems and develop solutions that best respond to them	11.7
<b>Total</b>	<b>100</b>

Asked whether communities are involved in communication efforts aimed at eradicating female circumcision, about 83% said no while only 17% said yes. A further discussion with an elder<sup>13</sup>, who was of the view that communities are not involved, revealed that those leading the campaigns often design campaign messages targeted at persuading communities to stop FGM without consulting with the community. He observes that in most cases these campaigns do not take into account the needs of the Kisii community. On the other hand, a social worker<sup>14</sup> with the provincial administration notes that in situations where attempts have been made to involve

<sup>12</sup> Interview with a programme officer in a non-governmental organisation, Suneka Division, 9<sup>th</sup> July 2011

<sup>13</sup> An interview with elders in Bomorenga and Bokiakumu Locations, Suneka Division, 7<sup>th</sup> and 8<sup>th</sup> July 2011

<sup>14</sup> An interview with a social worker, Suneka Division, 8<sup>th</sup> July 2011

communities in the campaigns, this is mainly at the implementation stage, where elders and women groups are given pre-determined messages to pass on to their fellow Kisiis. This, according to her, has greatly made it difficult for communities to own the initiatives. She demonstrates this view by citing cases where some of the Kisii's involved in the ant-FGM campaigns still circumcise their daughters to conform to the norms and standards of the community.

When asked whether there were any aspects of the campaigns they did not like, slightly over 64% said yes while about 36% said yes. The reasons below were given by those who indicated that there were aspects of the campaigns they did not like:

**Table 4.4: Aspects of campaigns not liked by respondents**

Aspects of campaigns they didn't like	Percentage
The way messages are presented make it seem like the Kisiis are primitive and barbaric	22.3
Failure to use community members especially elders in the campaigns	20.9
The reasons given to stop the practice do not reflect what really happens in Kisii	13.1
The messages condemn the practice without giving the community a chance to discuss and decide what suits them	12.7
Forceful nature of the campaigns	11.2
The campaigns do not appreciate the importance of female circumcision to the Kisii	9.0
<b>Total</b>	<b>100</b>

With regards to whether the campaigns took into consideration the values of the Kisii community regarding female circumcision, about 68% of the respondents were of the view that they did not, while slightly over 33% thought they did. A number of reasons were given by those claiming that the campaigns had failed to take into account the values of Kisiis as shown in table 4.5 below:

**Table 4.5: Campaigns have failed to consider the Kisii values**

Campaigns have failed to consider Kisii values	Percentage
They condemn the practice without giving the community a chance to determine whether or not female circumcision is good for them	35.4
They fail to involve the locals in the campaigns	24.6
They don't give an alternative that is agreed upon by the Kisiis themselves	17.7
Campaigners don't appreciate circumcision as an important culture among the Kisii	12.2
The campaigners do not understand the values attached to female circumcision	10.1
Total	100.0

When asked whether the Kisiis have been receptive of the campaigns aimed at eradicating female circumcision, slightly over 82% of the respondents said no while about 18% said yes. Those who felt that the Kisiis have not been receptive to the campaigns cited a number of reasons as presented in table 3.6 below:

**Table 4.6: Reasons on why Kisiis are not receptive to campaigns**

Kisiis are not receptive to campaigns	Percentage
Many people still circumcise their girls- whether in public or private	75.0
Even those community members involved in the anti-FGM campaigns still circumcise their daughters	12.5
People are now taking their daughters to be circumcised by health officers	5.4
Some circumcise girls forcefully	3.6
Many Kisiis still consider female circumcision as an important rite of passage	3.6
Total	100.0

It is apparent from the findings that there are a number of communication efforts aimed at eradicating female circumcision among the Kisii. The campaigns seek to persuade the community to abandon female circumcision owing to the dangers associated with the practice and the fact that it is illegal and violates the rights of women. However, the initiatives have failed to involve the communities, resulting into lack of ownership. It is also clear that the Kisii have largely not been receptive to the efforts, as demonstrated by persistence of the practice.

**4.7 Extent to which communication efforts have been successful in eradicating FGM**

Regarding whether or not the campaigns have been successful in eradicating female circumcision, slightly over 75% of the respondents said they had not been successful, while only about 25% felt that they had been successful. Those who felt that the campaigns had not been successful gave the reasons presented in table 4.7 below:

**Table 4.7: Reasons showing that campaigns have not been successful**

Campaigns have not been successful	Percentage
Many girls are still being circumcised in Kisii	51.8
People are circumcising their girls secretly	39.3
People are resorting to hospitals to circumcise their girls	5.4
Female circumcision still remains an important norm among the Kisii	3.5
Total	100.0

On the other hand, those who hold the view that the campaigns have been successful gave the reasons presented in table 4.8 below:

**Table 4.8: Reasons to show that campaigns have been successful**

Campaigns have been successful	Percentage
Incidences of circumcision have gone down	55.2
People are now aware of the dangers of circumcision	20.8
There are no public celebrations following circumcision	13.6
There is public debate about female circumcision unlike before the campaigns	11.4
Total	100.0

A further discussion with an officer with the provincial administration revealed that while the campaigns have been successful in sensitising the people on the dangers and legal implications of female circumcision, the practice has largely been driven underground. He notes that, with campaigners often warning that female circumcision is a criminal offence punishable by law, many have resorted to doing it secretly for fear of being punished.<sup>15</sup> Views of a middle aged

<sup>15</sup> Interview with an officer with provincial administration, Suneka Division, 11<sup>th</sup> July 2011

female<sup>16</sup> respondent echo this claim. According to her, the high levels of awareness of dangers of FGM have effectively ensured that people can readily cite the dangers associated with female circumcision, yet they do not believe that this is the reality in the Kisii community. This, she claims, is due to the fact that the dangers cited are rarely experienced by the Kisii. An elder<sup>17</sup> we spoke to noted that it is misleading to claim that the practice of female circumcision among the Kisii is being eradicated, noting that the threats of legal sanctions have made the community to circumcise their daughters secretly, getting it off the public realm. He notes, 'even that chief who often reminds us of why we shouldn't circumcise our daughters, at the end of the day ensures that his (the chief's) daughters are circumcised to conform to Kisii cultures. According to him, if you spoke to people, they would readily tell you that they are against the practice because they know that it is the right thing to say. However, in practice, they help in perpetuating it.

On the other hand, a discussion with a respondent from a non-governmental organisation<sup>18</sup> involved in the campaign to eradicate the practice points to the fact that Kisii are slowing abandoning the practice and adopting other alternative rites of passage. This view is supported by claims by a middle aged female<sup>19</sup> respondent who notes that the young generation of parents is not circumcising girls anymore.

These findings demonstrate that although communication initiatives aimed at eradicating female circumcision have been successful in creating awareness of the dangers of the practice and legal sanctions associated with it, it has not been very successful in translating the high levels of awareness into widespread abandonment. At best, the practice has 'disappeared' from the public realm due to the criminalisation of the practice. It would seem as though the practicing community is not convinced that the practice is harmful to the girls.

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<sup>16</sup> Interview with a female respondent, Bogiakumu location, Suneka Division, 9<sup>th</sup> July 2011

<sup>17</sup> Interview with an elder in Bomorenga location, Suneka Division, 7<sup>th</sup> July 2011

<sup>18</sup> Interview with an officer with a non-governmental organisation, Suneka Division, 12<sup>th</sup> July, 2011

<sup>19</sup> Interview with a middle aged female, Bomorenga location, Suneka Division, 7<sup>th</sup> July 2011

## 4.8 How then do we make campaigns successful?

When asked how best to conduct campaigns to make them successful, a number of suggestions were given in terms of channels to be used, messages to be delivered, who to deliver the messages. In terms of the channels to be used in the campaigns, radio was the most cited (58.9%). Others are as shown in table 4.9 below:

**Table 4.9: Campaign channels**

Channels	Percentage
Radio (vernacular/community)	58.9
Churches	12.5
Barazas	14.3
Television	3.6
House to House campaigns	8.9
Newspapers	1.8
Total	100

A further discussion with a programme officer working with an international non-governmental organisation involved in campaigns against FGM in Kisii indicated that for the campaigns to be successful, it is necessary to combine both mass media (radio, TV and newspaper) with the use of chief's *barazas* (meetings), religious leaders and elders. The officer notes that the use of radio for instance is to reach as many people as possible with the campaign messages within a short time. On the other hand, elders and religious leaders – respected and trusted members of the community – seek to persuade people to abandon FGM because people look up to them for guidance on important social values and norms such as female circumcision.<sup>20</sup>

In terms of messages to be delivered, the following were proposed:

**Table 4.10: Campaign messages**

Messages	Percentage
Stop female circumcision, it is harmful	32.0
Stop female circumcision, it is illegal	27.2
Female circumcision is against human rights	21.3
Female circumcision does not make a girl a woman	14.3
Girls need guidance on how to be responsible adults, not circumcision	5.2
Total	100

<sup>20</sup> Interview with programme officer with an international human rights non-governmental organisation, Sunoka, 12<sup>th</sup> July 2011

A discussion with an elder, however, pointed to the importance of a meeting with the community with a view to establishing their needs. He noted that just designing messages and transmitting to the community will not end female circumcision. To him, those campaigning against the practice need to understand its essence to the Kisii community first before proposing that it should be stopped. Of necessity, they need to establish if it is indeed true that female circumcision is harmful to the health of the girl/woman. This will help them (campaigners) understand the kinds of messages to transmit to the community when urging them to stop the practice. He warns against criminalisation of female circumcision as this will only aid in driving the practice underground.<sup>21</sup> This view is echoed by a social worker who is of the view that the campaigns should aim to empower communities in order to enable them tackle their own issues based on their own situations and needs.<sup>22</sup>

Regarding who should lead the campaigns against female circumcision, a significant proportion of the respondents (36.7%) mentioned elders, while 20.2% were of the view that the chiefs should lead the campaigns. The responses were as demonstrated in table 4.11 below:

**Table 4.11: Those who should lead campaigns**

Who to lead campaign	Percentage
Elders	36.7
Chiefs	20.2
Religious leaders	16.1
Health experts	10.2
Political Leaders	8.6
Victims of FGM	5.2
Everybody	3.0
Total	100

A further discussion with an elder pointed to the importance of having elders lead the campaigns against female circumcision. The elder notes that it is them (elders) who prescribe the norms and standards of the community and as such, eradication of very important values and norms such as female circumcision can only be sanctioned by the elders. Without them buying in, there is no

<sup>21</sup> Interview with an elder, Bomorenga Location, Suneka Division, 7<sup>th</sup> July 2011

<sup>22</sup> Interview with a social worker, Suneka Division, 12<sup>th</sup> July 2011



way the campaigns can succeed.<sup>23</sup> This view is also underscored by a medical officer who views elders as key in eradicating female circumcision. He also acknowledges the role of the Chiefs in the fight against female circumcision noting that they are the representatives of government at the community level and hence help in enforcement of laws and other development agendas including the eradication of female circumcision.<sup>24</sup>

It is clear here that both mass media and interpersonal channels of communication are essential in eradicating female circumcision. While mass media channels (for example radio) are important in sensitising the community about the dangers of female circumcision and the need to abandon the practice, interpersonal channels (elders, chiefs and religious leaders) are vital in persuading the communities to abandon the practice and embrace other rites of passage. In this case, the interpersonal channels through elders, using the influence they have over the community, would convince the members to abandon the practice. Further, communication efforts should seek to empower communities to take charge of their own issues instead of condemning the practice without regard to their needs and views. At the core of the campaigns should be the involvement of the communities in all aspects of the efforts targeted at eradicating the practice.

## 4.9 Discussions

Female circumcision is an important social norm among the Kisii. As noted by UNICEF (2005), Kenyatta (1965) and the findings from the field, female circumcision is an important rite of passage among the practicing communities that every girl must undergo. It bestows respect and honour to the girl who is hence forth considered a woman with roles and responsibility in the community. It is considered a necessary step to raise a girl properly. According to this study, owing to the high premium placed on female circumcision by the community, it is difficult for individuals to decide to abandon the practice on their own. This is because not conforming makes one to be considered an outcast.

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<sup>23</sup> Interview with an elders from Bogiakumu Location, Suneka Division, 7<sup>th</sup> July 2011

<sup>24</sup> A health officer at a health centre in Bogiakumu location, Suneka Division, 12<sup>th</sup> July 2011

The prevalence of female circumcision is still high among the Kisii despite high levels of awareness of its dangers as demonstrated by the data from KDHS (2003) which puts the prevalence levels at 96% and data from the field which indicates that 87% of the respondents have undergone circumcision while 100% of all girls of school going age in both primary and secondary school in both rural and urban setting have undergone circumcision and/or know of someone who has been circumcised.

A number of efforts have been targeted at eradicating female circumcision among the Kisii, as is the case with other practising communities. Communication campaigns have especially been aimed at urging the practicing communities to abandon the practice. According to UNICEF (2010) and data from the field, those leading the campaigns often cite the dangers of female circumcision and the legal sanctions associated with the practice as a premise for urging communities to stop the practice. Most of these campaigns are originated by non-governmental organisations and to a certain extent the provincial administration and religious leaders. They then co-opt community members into the campaigns with a view to ensure community ownership. The views of UNICEF (2010), Windahl (2008) and the field findings demonstrate that communities are never effectively involved in the campaigns in terms of conceptualisation, design and implementation of initiatives aimed at eradicating female circumcision. This has resulted into lack of ownership of the initiatives by the practicing communities.

Communication efforts aimed at eradicating female circumcision have a tendency of framing messages in a manner that condemns the practice without giving a chance to the practising communities to determine what best suits them as this study confirms. The same is contained in other reports (see, for example, UNICEF 2009; Windahl, 2008). Findings from the field particularly indicate that those campaigning against the practice condemn it as barbaric and backward without regard to the values attached to the practice by the Kisii. This view is further echoed by Kenyatta (1965) who notes that those against the practice of female circumcision have never taken time to understand its essence to the practising community, but simply condemn the practice as barbaric, backward and harmful. The implication of this has been that practising communities are seldom receptive of such campaigns. This is demonstrated by the findings from the field study that showed that slightly over 82% of the respondents were of the view that the

Kisii have not been receptive to the campaigns. This view is further demonstrated by Kenyatta (1965) who noted the resistance of the Gikuyu of the efforts by the Missionaries that were aimed at eradicating female circumcision.

It is apparent from this study that efforts aimed at eradicating female circumcision among the Kisii have not been successful in stopping the practice. This is demonstrated by the views of 75% of the respondents who were of the opinion that the campaigns have not been successful as girls are still being circumcised albeit secretly, including in hospitals. It is noteworthy that the campaigns have been successful in building awareness of the dangers of female circumcision and also the legal sanctions associated with the practice, but this has not resulted into widespread abandonment. 100% of those interviewed in this study indicate that they know the dangers of female circumcision- an awareness that has not been translated into widespread abandonment of the practice. UNICEF (2005) demonstrates that although these campaigns have been successful in building knowledge regarding the dangers of FGM, they have failed to persuade communities into abandoning the practice. UNICEF (2005) attributes this to the tendency by communication strategies to focus predominantly on delivering messages to the audiences without facilitating discussions. Field findings further underscore this view by demonstrating that the communication campaigns fail as a result of failure by the campaigners to appreciate the norms and values associated with female circumcision. According to McQuial (2005), for communication efforts aimed at social change to be successful, they must be in line with norms and values of the target community.

For communication campaigns aimed at eradicating female circumcision to be successful, there will be need to create awareness while at the same time persuade communities to abandon the practice. According to the study, this will require use of effective channels of communication, dissemination of appropriate messages and ensuring ownership of the initiatives by the communities. In terms of channels, a mix of both mass media (vernacular radio stations in disseminating messages to all members of the Kisii community) and interpersonal communication (using elders as the key players in setting norms and standards in the community) will be important. The use of elders will especially be important in convincing the members of the community to abandon the practice, especially because they sanction the norms,

values and standards of the community. This, according to the two-step flow theory propounded by Katz and Lazarsfeld, (cited in Severin and Tankard 2001) entails the use of opinion leaders (in this case elders, religious leaders, chiefs among others), to influence members of their community towards abandoning the practice of FGM. This is owing to the fact that opinion leaders are influential due to the role they play in the community. According to Masika (2006), opinion leaders can also use their influence to perpetuate the practice. This is evident from the respondents of this study who note that the elders have been against efforts aimed at eradicating female circumcision arguing that it's a crucial value system that every girl must undergo. This perhaps explains the reason for the high prevalence of the practice despite high levels of awareness of its dangers. It is therefore incumbent upon communication experts involved in the campaigns to work towards securing buy-in by the elders, if they have to successfully eradicate female circumcision among the practising community (Masika 2006).

UNICEF (2005), McQuial (2005) and field respondents of this study underscore the need for the campaigners to seek to understand the values attached to the practice of female circumcision and work with communities to stop the practice. This is essential in ensuring ownership of the initiatives by the communities. UNICEF (2010) particularly underscores the need for programmes aimed at eradicating female circumcision to propose alternative mechanisms to signal adherence to shared community values and to frame the discussion surrounding FGM in a non-threatening manner instead of 'fighting' against local culture and presenting traditional behaviours as negative. The field findings demonstrate that community involvement and hence ownership, especially the use of elders, is at the core of success of the campaigns aimed at eradicating female circumcision.

#### **4.10 Conclusion**

This chapter has seen that female circumcision is still widely practiced among the Kisii, with most of the girls reporting to have undergone circumcision, despite the high levels of awareness (almost universal) regarding the dangers of the practice. The chapter argues that communication initiatives aimed at eradicating female circumcision in Kisii have often cited the dangers of the practice and the legal sanctions as bases for urging the communities to shun the practice. Mass

media (mostly radio) and interpersonal channels (such as elders, religious leaders etc) have been used in disseminating messages aimed at persuading the communities to stop the practice.

The chapter observes that, these efforts have mainly succeeded in raising awareness regarding the practice but failed to translate this into abandonment. Additionally, the criminalisation of the practice has driven the practice underground, with parents choosing to circumcise their girls secretly (for example in hospital). The chapter further notes that lack of community involvement and ownership has largely contributed to the failure of the campaigns to persuade people into abandoning the practice.

The chapter argues that the use of community elders in the campaigns is crucial in ensuring the success of the campaigns. This is because of the influence that they have in the community- they sanction the norms and standards for the community.

The subsequent chapter – conclusions– sums up the findings of this study.

## CHAPTER FIVE

### CONCLUSIONS

This chapter offers overall conclusions of this research. It wraps up the arguments advanced in this dissertation, positing that more needs to be done to eradicate female circumcision or genital mutilation in Kenya. At the heart of the problem, based on primary research, is that the communication campaigns have not been effective due to numerous reasons, chief among them that the communities carrying out the practice are hardly involved in the conceptualisation and execution of the campaigns. Besides, the messages have not been sufficiently tested to determine their suitability in such sensitive issues.

The chapter first puts into perspective the findings of this research. It then makes recommendations aimed at making campaign more effective. It suggests for further studies to determine what factors would make the campaigns more effective in a society resolute to preserve its social and cultural norms.

The chapter argues that the practice of FGM is still widespread among some communities in Kenya (almost universal among the Kisii at 96%) despite communication efforts aimed at eradicating the practice. FGM persists due to deeply rooted values attached to the practice when it comes to raising the girl child 'properly' and preparing her for marriage. Therefore, not conforming to the practice could lead to social exclusion and shame, stigma and difficulties in finding a husband especially among communities where it is practiced.

Given the social, cultural and health consequences of FGM, a number of initiatives have been aimed at eradicating the practice. In Kenya, the Children's Act 2001 outlaws the practice of FGM. There have also been efforts by various organisations including United Nations Agencies, civil society organisations to eradicate the practice of FGM. Although the efforts have been successful in raising awareness regarding the dangers of FGM, they have not been successful in stopping the practice.

Communication has been at the core of these efforts owing to the important role that it plays in behaviour change. This involves the exchange of information by participants through interpersonal and/or mass media channels. The two-step flow theory emphasises the importance of the interplay between mass media and interpersonal channels of communication in attaining behaviour change. However, personal influence through interpersonal channels is seen to be more effective than any of the mass media in behaviour change. This is owing to the fact that Interpersonal relationships play a critical role both as networks of communication and sources of social pressure to conform to group norms and sources of social support for the values and opinions an individual holds.

Opinion leaders have especially been seen as important in interpersonal communication. They are found at every level of the community, are more exposed to the media and are pretty much like the people they influence. They translate information received from the media and adapt them to the public and are as such often considered influential. The opinion leaders' competence on a given social issue and social status in a given community are important determinants of the extent of his/her influence. However opinion leaders can sometimes be a hindrance to effecting attitude change as they can use their powers to defeat given communication efforts.

Communication efforts aimed at fighting FGM have in most cases only succeeded in raising awareness regarding the dangers of the practice, but have not been very successful in effecting attitude change essential in abandoning the practice. This is attributable to the tendency by communication experts to design messages urging communities to abandon the practice without regard to their beliefs and practices. In essence, the efforts have not been successful in spurring honest discussions regarding the practice and empowering communities to act together to develop their own solutions.

Among the Kisii, female circumcision (as is commonly referred) is, as this research finds, an essential cultural norm that 'every' member of the community is expected to respect. It is aimed at raising a girl 'properly' due to notion that it bestows honour, respect and responsibility to a girl and fosters chastity. As such, the practice of female circumcision is still widespread in Kisii, with 87% of the respondents, as seen in Chapter four, confirming that they had either undergone

circumcision or knew someone who had undergone circumcision or both. Most girls of school going age in both urban and rural setting confirmed that they had been circumcised. This is in spite of the high levels of awareness (at 100%) of the health consequences and legal sanctions associated with the practice. However, those who campaign against it see it simply as mutilation of female organs amounting to violation of rights.

Communication initiatives aimed at eradicating female circumcision in Kisii have often cited the dangers of the practice and the legal sanctions as bases for urging the communities to shun the practice. Mass media channels – such as radio, newspapers, televisions–and interpersonal channels– use of opinion leaders such as the chiefs, priests, elders, politicians–have been used in disseminating messages aimed at persuading the communities to stop the practice.

As evident from the previous chapters, a majority of those polled are of the view that while these efforts have mainly succeeded in raising awareness regarding the practice, they have not been translated into widespread abandonment. Additionally, the criminalisation of the practice has driven the practice underground, with parents choosing to circumcise their girls secretly. However, some of the respondents are of the view that practising communities are slowly shunning the practice and embracing other rites of passage. The lack of community involvement and ownership has largely been cited as the main reason for failure of the campaigns to persuade people into abandoning the practice. Further, the tendency by the campaigns to condemn the practice of female circumcision, regarding it as barbaric and primitive, without giving the community members an opportunity to discuss and decide what suits them, has also been seen as a key contributory factor to failure of the campaigns. The majority of the respondents are also of the view that the campaigns do not take into consideration the value systems of the Kisii, a factor that has resulted into low levels of receptiveness of the campaigns by the community.

### **Essentials of a communicative strategy**

Owing to these findings therefore, communication strategies aimed at fighting FGM must take the following into consideration:

- Reasons provided for abandoning the practice must be relevant and apply to the community in question for them to be convinced to shun the practice;



- Mass media and interpersonal channels of communication are both essential in eradicating female circumcision. While mass media channels are important in sensitising the community about the dangers of female circumcision and the need to abandon the practice, interpersonal channels—through the use of elders, chiefs and religious leaders—are important in persuading the communities to abandon the practice and embrace other rites of passage. In this case, the interpersonal channels through elders, using the influence they have over the community, would convince the members to abandon the practice.
- Communication efforts should seek to empower communities to take charge of their own issues instead of condemning the practice without regard to their values, needs and views. At the core of the campaigns should be the involvement of the communities in all aspects of the efforts targeted at eradicating the practice.

In essence therefore, at the core of communication efforts aimed at eradicating female circumcision is community involvement through empowerment to enable them decide for themselves, the appreciation of their cultural norms and values and encouraging honest discussion and finding solutions that respond to their circumstances without antagonising their norms, standards and values. More importantly, there ought to be more community involvement in the conceptualisation, drawing of messages, and execution of the communication campaigns—elders should especially be at the centre of these campaigns. This would enhance acceptance, ownership and spread of the messages.

### **Recommendation for further research**

More in-depth research should be carried out to determine the interrelationship between female circumcision and reduction of sexual libido. This is owing to the fact that the persistence of the practice is firmly tied to the need to foster chastity in a girl. The ability to maintain chastity is a key determinant in getting a husband among those practising female circumcision. This will be essential in helping communication experts design effective campaign messages aimed at persuading people to stop the practice.

Further research should also be carried out to determine the extent of medicalisation of the practice of female circumcision and how this is impacting on communication efforts aimed at urging people to stop the practice.

As assessment should also be done to determine the reasons why practice of FGM has gone down substantially among some communities (like the Gikuyu) compared to others (the Kisii and the Somali).

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## APPENDICES

### Appendix 1. Target respondents categorisation

1. Provincial administration (3)
  - a. chief/assistant chief
  - b. social worker
  - c. children department
2. Health officers- one in urban health facility and one in rural health facility (2)
3. Teachers- from primary and secondary schools in both urban and rural settings (4)
4. Girls in a primary school in an urban setting and secondary school in an urban setting (FGD – 16)
5. Girls in primary school and secondary school in rural setting (FGD16)
6. Girls of school going age but out of school in urban and rural settings (8- four from each category)
7. CSOs- religious leaders and non-governmental organisations – both urban and rural (4)
8. Women- based on age sets – 18 – 29, 30 – 39, 40 – 49, 50+- three from each age set. This should be for both urban and rural settings (24)
9. Men- based on age sets as women above- two per each age set- both rural and urban settings (16)
10. Circumcisers- former circumcisers and current circumcisers- two from each category- (2)
11. Elders- (3)
12. Traditional birth attendants (2)

Appendix 2. Interview guides

a) Interview with girls, men, women, and elders

Introduction

I am a student at the Nairobi University pursuing a Masters in Arts, Communication Studies. I am undertaking a study on the role of communication in campaigns against female circumcision as part of my degree requirements. The findings of this study will also inform the understanding of female circumcision in Kenya. Your answers will be confidential and used exclusively for the purpose of this research. You do not have to give your name. Please get in touch with me (0720442419) or the School of Journalism, University of Nairobi, telephone number: 020 318262, if you have any queries regarding this research.

Part one: General information

Name of the interviewee..... Sex..... Age.....

Level of education.....

Profession/position in society.....

Religion..... Marital status.....

Part two. Questions

- 1. What does female circumcision mean to you
  - 2. Has anyone in your family undergone female circumcision ,
  - 3. What are the reasons for undergoing female circumcision
  - 4. Who decides whether a girl should be circumcised
  - 5. Are you aware of any dangers of female circumcision
- If yes, please mention three such dangers
- 6. How did you get to know of these dangers (radio, TV, newspapers, opinion leaders like the chief, elders, circumcisers, religious leaders, non-governmental organisations etc)
  - 7. Given the awareness of the above dangers, would you still advocate for female circumcision
- Explain your answer
- 8. Have you heard of any campaigns to eradicate female circumcision
- If yes, please mention the campaigns
- 9. Who are the originators of these campaigns
  - 10. What have been the main campaign channels (radio, TV, newspapers, opinion leaders such as elders, chiefs, members of parliament, teachers, religious leaders, circumcisers etc)
  - 11. What are the key messages of these campaigns
  - 12. Who have been leading the campaigns (elders, circumcisers, religious leaders, non-governmental organisations, members of parliament etc)

13. Is community involvement in the campaigns important- give reasons
14. Are there any aspects of the campaigns that you did not like- give reasons
15. In your view, do these campaigns take into consideration the values of the Kisii community regarding female circumcision- explain your answer
16. Has the Kisii community been receptive of the campaigns to eradicate female circumcision- explain your answer
17. In your view, have these campaigns been successful in eradicating female circumcision- explain your answer
18. What would be the best way to conduct campaigns aimed at eradicating female circumcision among the Kisii (probe for channels to be used, messages to be delivered, who to deliver messages, etc)

**b) Interview with the Provincial administration**

**Introduction**

I am a student at the Nairobi University pursuing a Masters in Arts, Communication Studies. I am undertaking a study on the role of communication in campaigns against female circumcision as part of my degree requirements. The findings of this study will also inform the understanding of female circumcision in Kenya. Your answers will be confidential and used exclusively for the purpose of this research. You do not have to give your name. Please get in touch with me (0720442419) or the School of Journalism, University of Nairobi, telephone number: 020 318262, if you have any queries regarding this research.

**Part one: General information**

Name of the interviewee..... Sex..... Age.....

Level of education.....

Profession/position in society.....

Religion..... Marital status.....

**Part two: Questions**

1. For how long have you served in this area as a chief/assistant chief/children’s officer/social worker
  2. What are some of the issues that you deal with in your daily work
  3. Have you heard of female circumcision in this area
  4. What is the female circumcision to you
  5. What is the importance of female circumcision to the Kisii community
  6. Are you aware of any dangers of female circumcision
- If yes, please mention three such dangers
7. How did you get to know of these dangers (radio, TV, newspapers, opinion leaders like the chief, elders, circumcisers, religious leaders, non-governmental organisations etc)
  8. Given the awareness of the above dangers, would you still advocate for female circumcision



Explain your answer

9. Have you heard of any campaigns to eradicate female circumcision

If yes, please mention the campaigns

- 10. Who are the originators of these campaigns
- 11. What has been the role of the provincial administration (chiefs, social services, children's services) in these campaigns
- 12. What have been the main campaign channels (radio, TV, newspapers, opinion leaders such as elders, chiefs, members of parliament, teachers, religious leaders, circumcisers etc)
- 13. What are the key messages of these campaigns
- 14. Who have been leading the campaigns (elders, circumcisers, religious leaders, non-governmental organisations, members of parliament etc)
- 15. Is community involvement in the campaigns important- give reasons
- 16. Are there any aspects of the campaigns that you did not like- give reasons
- 17. In your view, do these campaigns take into consideration the values of the Kisii community regarding female circumcision- explain your answer
- 18. Has the Kisii community been receptive of the campaigns to eradicate female circumcision- explain your answer
- 19. In your view, have these campaigns been successful in eradicating female circumcision- explain your answer
- 20. What would be the best way to conduct campaigns aimed at eradicating female circumcision among the Kisii (probe for channels to be used, messages to be delivered, who to deliver messages, etc)

c) Interview with practising circumcisers

Introduction

I am a student at the Nairobi University pursuing a Masters in Arts, Communication Studies. I am undertaking a study on the role of communication in campaigns against female circumcision as part of my degree requirements. The findings of this study will also inform the understanding of female circumcision in Kenya. Your answers will be confidential and used exclusively for the purpose of this research. You do not have to give your name. Please get in touch with me (0720442419) or the School of Journalism, University of Nairobi, telephone number: 020 318262, if you have any queries regarding this research.

Part one: General information

Name of the interviewee..... Sex..... Age.....

Level of education.....

Profession/position in society.....

Religion..... Marital status.....

## Part two: Questions

1. For how long have worked as a circumciser
2. What is the female circumcision to you
3. In your view, is the number of girls you are circumcising currently increasing or decreasing
4. What is the importance of female circumcision to the Kisii community
5. Are you aware of any dangers of female circumcision

If yes, please mention three such dangers

6. How did you get to know of these dangers (radio, TV, newspapers, opinion leaders like the chief, elders, circumcisers, religious leaders, non-governmental organisations etc)
7. Given the awareness of the above dangers, would you still advocate for female circumcision

Explain your answer

8. Have you heard of any campaigns to eradicate female circumcision

If yes, please mention the campaigns

9. Who are the originators of these campaigns
10. What has been the role of circumcisers in these campaigns
11. What have been the main campaign channels (radio, TV, newspapers, opinion leaders such as elders, chiefs, members of parliament, teachers, religious leaders, circumcisers etc)
12. What are the key messages of these campaigns
13. Who have been leading the campaigns (elders, circumcisers, religious leaders, non-governmental organisations, members of parliament etc)
14. Is community involvement in the campaigns important- give reasons
15. Are there any aspects of the campaigns that you did not like- give reasons
16. In your view, do these campaigns take into consideration the values of the Kisii community regarding female circumcision- explain your answer
17. Has the Kisii community been receptive of the campaigns to eradicate female circumcision- explain your answer
18. In your view, have these campaigns been successful in eradicating female circumcision- explain your answer
19. What would be the best way to conduct campaigns aimed at eradicating female circumcision among the Kisii (probe for channels to be used, messages to be delivered, who to deliver messages, etc)

## d) Interview with former circumcisers

### Introduction

I am a student at the Nairobi University pursuing a Masters in Arts, Communication Studies. I am undertaking a study on the role of communication in campaigns against female circumcision as part of my degree requirements. The findings of this study will also inform the understanding of female circumcision in Kenya. Your answers will be confidential and used exclusively for the purpose of this research. You do not have to give your name. Please get in touch with me

(0720442419) or the School of Journalism, University of Nairobi, telephone number: 020 318262, if you have any queries regarding this research.

**Part one: General information**

Name of the interviewee..... Sex..... Age.....

Level of education.....

Profession/position in society.....

Religion..... Marital status.....

**Part two: Questions**

- 1. For how long did you work as a circumciser
- 2. What made you leave the circumcision work
- 3. What is the female circumcision to you
- 4. What is the importance of female circumcision to the Kisii community
- 5. Are you aware of any dangers of female circumcision

If yes, please mention three such dangers

- 6. How did you get to know of these dangers (radio, TV, newspapers, opinion leaders like the chief, elders, circumcisers, religious leaders, non-governmental organisations etc)
- 7. Given the awareness of the above dangers, would you still advocate for female circumcision

Explain your answer

- 8. Have you heard of any campaigns to eradicate female circumcision

If yes, please mention the campaigns

- 9. Who are the originators of these campaigns
- 10. What has been your role as former circumcisers in these campaigns
- 11. What have been the main campaign channels (radio, TV, newspapers, opinion leaders such as elders, chiefs, members of parliament, teachers, religious leaders, circumcisers etc)
- 12. What are the key messages of these campaigns
- 13. Who have been leading the campaigns (elders, circumcisers, religious leaders, non-governmental organisations, members of parliament etc)
- 14. Is community involvement in the campaigns important- give reasons
- 15. Are there any aspects of the campaigns that you did not like- give reasons
- 16. In your view, do these campaigns take into consideration the values of the Kisii community regarding female circumcision- explain your answer
- 17. Has the Kisii community been receptive of the campaigns to eradicate female circumcision- explain your answer
- 18. In your view, have these campaigns been successful in eradicating female circumcision- explain your answer

19. What would be the best way to conduct campaigns aimed at eradicating female circumcision among the Kisii (probe for channels to be used, messages to be delivered, who to deliver messages, etc)

**e) Interview with CSOs- Religious leaders and NGOs**

**Introduction**

I am a student at the Nairobi University pursuing a Masters in Arts, Communication Studies. I am undertaking a study on the role of communication in campaigns against female circumcision as part of my degree requirements. The findings of this study will also inform the understanding of female circumcision in Kenya. Your answers will be confidential and used exclusively for the purpose of this research. You do not have to give your name. Please get in touch with me (0720442419) or the School of Journalism, University of Nairobi, telephone number: 020 318262, if you have any queries regarding this research.

**Part one: General information**

Name of the interviewee..... Sex..... Age.....  
Level of education.....  
Profession/position in society.....  
Religion..... Marital status.....

**Part two: Questions**

1. For how long have you worked as a traditional birth attendant
2. What are some of the key challenges that you experience in your work
3. What does female circumcision mean to you
4. What is the importance of female circumcision to the Kisii community
5. Are there any birth related complications associated with female circumcision- explain
6. Are you aware of any other dangers of female circumcision

If yes, please mention three such dangers

7. How did you get to know of these dangers (radio, TV, newspapers, opinion leaders like the chief, elders, circumcisers, religious leaders, non-governmental organisations etc)
8. Given the awareness of the above dangers, would you still advocate for female circumcision

Explain your answer

9. Have you heard of any campaigns to eradicate female circumcision

If yes, please mention the campaigns

10. Who are the originators of these campaigns
11. What has been the role of traditional birth attendants in these campaigns

- 12. What have been the main campaign channels (radio, TV, newspapers, opinion leaders such as elders, chiefs, members of parliament, teachers, religious leaders, circumcisers etc)
- 13. What are the key messages of these campaigns
- 14. Who have been leading the campaigns (elders, circumcisers, religious leaders, non-governmental organisations, members of parliament etc)
- 15. Is community involvement in the campaigns important- give reasons
- 16. Are there any aspects of the campaigns that you did not like- give reasons
- 17. In your view, do these campaigns take into consideration the values of the Kisii community regarding female circumcision- explain your answer
- 18. Has the Kisii community been receptive of the campaigns to eradicate female circumcision- explain your answer
- 19. In your view, have these campaigns been successful in eradicating female circumcision- explain your answer
- 20. What would be the best way to conduct campaigns aimed at eradicating female circumcision among the Kisii (probe for channels to be used, messages to be delivered, who to deliver messages, etc)

**f) Interview with teachers**

**Introduction**

I am a student at the Naitobi University pursuing a Masters in Arts, Communication Studies. I am undertaking a study on the role of communication in campaigns against female circumcision as part of my degree requirements. The findings of this study will also inform the understanding of female circumcision in Kenya. Your answers will be confidential and used exclusively for the purpose of this research. You do not have to give your name. Please get in touch with me (0720442419) or the School of Journalism, University of Nairobi, telephone number: 020 318262, if you have any queries regarding this research.

**Part one: General information**

Name of the interviewee..... Sex..... Age.....

Level of education.....

Profession/position in society.....

Religion..... Marital status.....

**Part two: Questions**

- 1. For how long have you been a teacher in this school
- 2. What is the female circumcision to you
- 3. What is the importance of female circumcision to the Kisii community
- 4. How does this impact on the schooling of girls in this area
- 5. Are you aware of any dangers of female circumcision

If yes, please mention three such dangers

- 6. How did you get to know of these dangers (radio, TV, newspapers, opinion leaders like the chief, elders, circumcisers, religious leaders, non-governmental organisations etc)
- 7. Given the awareness of the above dangers, would you still advocate for female circumcision

Explain your answer

- 8. Have you heard of any campaigns to eradicate female circumcision

If yes, please mention the campaigns

- 9. Who are the originators of these campaigns
- 10. What has been the role of teachers in these campaigns
- 11. What have been the main campaign channels (radio, TV, newspapers, opinion leaders such as elders, chiefs, members of parliament, teachers, religious leaders, circumcisers etc)
- 12. What are the key messages of these campaigns
- 13. Who have been leading the campaigns (elders, circumcisers, religious leaders, non-governmental organisations, members of parliament etc)
- 14. Is community involvement in the campaigns important- give reasons
- 15. Are there any aspects of the campaigns that you did not like- give reasons
- 16. In your view, do these campaigns take into consideration the values of the Kisii community regarding female circumcision- explain your answer
- 17. Has the Kisii community been receptive of the campaigns to eradicate female circumcision- explain your answer
- 18. In your view, have these campaigns been successful in eradicating female circumcision- explain your answer

What would be the best way to conduct campaigns aimed at eradicating female circumcision among the Kisii (probe for channels to be used, messages to be delivered, who to deliver messages, etc)

**g) Interview with health officials**

**Introduction**

I am a student at the Nairobi University pursuing a Masters in Arts, Communication Studies. I am undertaking a study on the role of communication in campaigns against female circumcision as part of my degree requirements. The findings of this study will also inform the understanding of female circumcision in Kenya. Your answers will be confidential and used exclusively for the purpose of this research. You do not have to give your name. Please get in touch with me (0720442419) or the School of Journalism, University of Nairobi, telephone number: 020 318262, if you have any queries regarding this research.

**Part one: General information**

Name of the interviewee..... Sex..... Age.....

Level of education.....

Profession/position in society.....

Religion..... Marital status.....

**Part two: Questions**

- 1. For how long have you served in this area as a health official
- 2. What are some of the key health challenges that you experience on day to day basis
- 3. What is the female circumcision to you
- 4. What is the importance of female circumcision to the Kisii community
- 5. Are you aware of any dangers of female circumcision

If yes, please mention three such dangers

- 6. How did you get to know of these dangers (radio, TV, newspapers, opinion leaders like the chief, elders, circumcisers, religious leaders, non-governmental organisations etc)
- 7. Given the awareness of the above dangers, would you still advocate for female circumcision

Explain your answer

- 8. Have you heard of any campaigns to eradicate female circumcision

If yes, please mention the campaigns

- 9. Who are the originators of these campaigns
- 10. What has been the role of health officials in these campaigns
- 11. What have been the main campaign channels (radio, TV, newspapers, opinion leaders such as elders, chiefs, members of parliament, teachers, religious leaders, circumcisers etc)
- 12. What are the key messages of these campaigns
- 13. Who have been leading the campaigns (elders, circumcisers, religious leaders, non-governmental organisations, members of parliament etc)
- 14. Is community involvement in the campaigns important- give reasons
- 15. Are there any aspects of the campaigns that you did not like- give reasons
- 16. In your view, do these campaigns take into consideration the values of the Kisii community regarding female circumcision- explain your answer
- 17. Has the Kisii community been receptive of the campaigns to eradicate female circumcision- explain your answer
- 18. In your view, have these campaigns been successful in eradicating female circumcision- explain your answer
- 19. What would be the best way to conduct campaigns aimed at eradicating female circumcision among the Kisii (probe for channels to be used, messages to be delivered, who to deliver messages, etc)

**h) Interview with CSOs- Religious leaders and NGOs**

**Introduction**

I am a student at the Nairobi University pursuing a Masters in Arts, Communication Studies. I am undertaking a study on the role of communication in campaigns against female circumcision

as part of my degree requirements. The findings of this study will also inform the understanding of female circumcision in Kenya. Your answers will be confidential and used exclusively for the purpose of this research. You do not have to give your name. Please get in touch with me (0720442419) or the School of Journalism, University of Nairobi, telephone number: 020 318262, if you have any queries regarding this research.

**Part one: General information**

Name of the interviewee..... Sex..... Age.....

Level of education.....

Profession/position in society.....

Religion..... Marital status.....

**Part two: Questions**

- 1. For how long have you worked in this area as an NGO/religious body
- 2. What are some of the issues that you seek to address in this area
- 3. Have you heard of female circumcision among the Kisii
- 4. What does female circumcision mean to you
- 5. What is the importance of female circumcision to the Kisii community
- 6. Are you aware of any dangers of female circumcision

If yes, please mention three such dangers

- 7. How did you get to know of these dangers (radio, TV, newspapers, opinion leaders like the chief, elders, circumcisers, religious leaders, non-governmental organisations etc)
- 8. Given the awareness of the above dangers, would you still advocate for female circumcision

Explain your answer

- 9. Have you heard of any campaigns to eradicate female circumcision

If yes, please mention the campaigns

- 10. Who are the originators of these campaigns
- 11. What has been the role of CSOs/religious bodies in these campaigns
- 12. What have been the main campaign channels (radio, TV, newspapers, opinion leaders such as elders, chiefs, members of parliament, teachers, religious leaders, circumcisers etc)
- 13. What are the key messages of these campaigns
- 14. Who have been leading the campaigns (elders, circumcisers, religious leaders, non-governmental organisations, members of parliament etc)
- 15. Is community involvement in the campaigns important- give reasons
- 16. Are there any aspects of the campaigns that you did not like- give reasons
- 17. In your view, do these campaigns take into consideration the values of the Kisii community regarding female circumcision- explain your answer
- 18. Has the Kisii community been receptive of the campaigns to eradicate female circumcision- explain your answer



19. In your view, have these campaigns been successful in eradicating female circumcision- explain your answer
20. What would be the best way to conduct campaigns aimed at eradicating female circumcision among the Kisii (probe for channels to be used, messages to be delivered, who to deliver messages, etc)