MEDIA STRATEGIES AND THEIR INFLUENCE IN COMMUNICATING INFORMATION ON FEMALE GENITAL MUTILATION: A CASE OF MERU COMMUNITY IN THARAKA DISTRICT

This Research Project is submitted in partial fulfillment for the award of Master's Degree in Communication Studies at the School of Journalism and Mass Communication of the University of Nairobi.

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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

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DEDICATION

I dedicate this work to my late mother, Grace Ciamburi Kaunga, a great lover of knowledge and a master communicator. Her altercation with the colonialists after undergoing FGM in early sixties sent me on a quest to investigate why this practice has continued unabated since. To you, I say, I have done my piece.

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ABSTRACT

Female Genital Mutilation (FGM) or female circumcision is one of the traditional practices whose origins can be traced to ancient times. In Kenya, the prevalence varies widely among ethnic groups. Kenya Demographic Household Survey (2009), shows it is nearly universal among Somali (97%), Kisii (96%), Kuria (96%) and Maasai (93%) women. It is also common among Taita/Taveta (62%), Kalenjin (48%), Embu (44%) and Meru (42%). Levels are lower among Kikuyu (34%), Kamba (27%), Turkana (12%) and Mijikenda/Swahili (6%). This is a clear indication that FGM is widely practiced in Kenya.

This study sought to establish the influence of media strategies in communicating information about female genital mutilation effectively among the Meru community of Tharaka District. The study was guided by the following specific objectives: (1) to establish the influence of using media ambassadors (2) to determine the influence of using local language (3) to determine the influence of using Sheng and ((4) to examine the influence of public participation in media programs in communicating information about female genital mutilation effectively among the Meru community of Tharaka District.

The study adopted a descriptive Survey approach to research; using primary data for both quantitative and qualitative analysis. The data was collected by use of questionnaires and interviews guide. The target population for this study was the 44,451 households, with a sample size of 96, although the researcher collected 120 responses. The researcher adopted stratified random sampling technique given that Tharaka District is divided into two Tharaka South and Tharaka North. Purposive sampling was used to identify the households to select with the help of the administrative officers and also the key informants whom administrative officers, the study used stratified random.

Quantitative data was analyzed using descriptive and inferential statistics while qualitative data was analyzed using content analysis. Correlation analysis revealed that media ambassadors and local language were positive and statistically significant in influencing effective communication. Conversely, the analysis revealed that sheng language and public participation were not statistically significant in influencing effective communication. The study concluded that media ambassadors influenced effective communication of FGM information. This implies that more involvement of media ambassadors in anti FGM campaigns would improve effective communication of FGM information. The study also concluded that local languages influenced effective communication of FGM information. This implies that more use of local language in anti FGM campaigns would improve effective communication of FGM information. Further, the study concluded that sheng language and public participation do not influence effective communication. It can be concluded that media strategies have a key role to play in communicating anti- FGM information among the Meru community of Tharaka District.

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ABBREVIATIONS

CEDAW   Convention on the Elimination of All Forms of Discrimination against Women

CRC   Convention on the Rights of the Child

EU   European Union

FGD   Focus Discussion Groups

FGM   Female Genital Mutilation

FIDA   Federation of Women Lawyers

KDHS   Kenya Demographic and Health Survey

MYWO   Maendeleo ya Wanawake Organization

NGOs   Non Governmental Organizations

PATH   Programme for Appropriate Technology in Health

SPSS   Statistical Package for Social Scientists

U.S.   United States

UNHCR   United Nations High Commissioner for Refugees

UNICEF   United Nations International Children Emergency Fund

WHO   World Health Organization

CHAPTER ONE

INTRODUCTION

1.1   Background of the Study

Female Genital Mutilation (FGM) or female circumcision is one of traditional practices whose origin can be traced to ancient times. Even though it was first discovered in Egyptian mummies about 200 BC, it is practiced on all the continents of the world (Aziz, 1980). According to the World Health Organization (2008) the term "Female Genital Mutilation" (FGM) denotes any procedure involving partial or total removal of the external female genitalia, as well as injury to the female genital organs for non-medical reasons. FGM is a fundamental violation of human rights. It is not only a severe form of discrimination against women, but also a violation of the rights of girls, on whom it is most commonly performed. FGM violates the right to health and to freedom from torture or cruel, inhuman or degrading treatment and, in some cases, even the right to life. WHO (2008) estimates that more than 130 million girls and women alive today have undergone FGM/C, primarily in Africa and, to a lesser extent, in some countries in the Middle East. Oloo et al., (2011) also give an estimation of 100 – 140 million girls and women whom currently live with the consequences of FGM, most of whom live in 28 African countries (Snow et al., 2002; Grisaru et al., 1997) with several others in the developed world including small communities in the Middle East and Asia (Asali et al., 1995), Indonesia, Australia, Canada, New Zealand, United Kingdom, Ireland and the United States.

Developing countries over the last decades have experienced unprecedented growth in social, economic and cultural aspects. The development and the use of technologies to the increased access to education have changed the way individuals and groups inter relate with each other. On the other side traditional patterns of culture, social and economic life persists and contributes to maintaining cultural malpractices, including FGM. These cultural malpractices stand in the way in the achievement of the Millennium Development Goals Number 4 and 5 while disregarding progress that has already been achieved so far. Onuh et al., (2006) note various reasons have been given for the practice of FGM in these different geographical and cultural settings ranging from culture, religion to superstition. This is also supported by Oloo et al., (2011) who identifies that the main reasons for the continuation of FGM are firstly, as a rite of passage from girlhood to womanhood; a circumcised woman

is considered mature, obedient and aware of her role in the family and society. Secondly, FGM is perpetuated as a means of reducing the sexual desire of girls and women, thereby curbing sexual activity before, and ensuring fidelity within, marriage.

Evidence from the recently launched Kenya Demographic and Health Survey (KDHS) 2008-2009 indicates that the overall prevalence of FGM has been decreasing over the last decade. In 2008/9, 27% of women had undergone FGM, a decline from 32% in 2003 and 38% in 1998. Older women are more likely to have undergone FGM than younger women, further indicating the prevalence is decreasing. However, the prevalence has remained highest among the Somali (97%), Kisii (96%), Kuria (96%) and the Maasai (93%), relatively low among the Kikuyu, Kamba and Turkana, and rarely practiced among the Luo and Luhya (less than 1%). The practice of FGM occurs mainly at the teenage and adolescent years; however it is also practiced at later ages. Kenya Demographic and Health Survey (2009) results show abroad range of age at circumcision. One-third of circumcised women say they were 14-18 years old at the time of the operation, 19 percent were 12-13 years old, and 15 percent were 10-11 years old. Twelve percent of women were circumcised at 8-9 years of age, and an equal proportion was circumcised at 3-7 years of age. Only 2 percent of women were circumcised before 3 years of age.

Shell-Duncan and Hernlund (2010) note efforts to abandon the practice in Africa can be traced back to the beginning of the twentieth century when missionaries and colonial authorities emphasized the alleged adverse health effects and framed the practice as "uncivilized, barbaric, and unacceptable in the eyes of Christianity. In response, FGM became an instrument of war to the ethnic independence movement among the Kikuyu reacting against what they perceived as cultural imperialistic attacks by Europeans. Other ethnic groups (Meru, Kisii, Kuria & Kalenjin etc) affected by the British prohibition of the procedure drummed help to strengthen Mau Mau movement against British colonial rule in the 1950s (FIDA Kenya, 2009).

Several international treaties and conventions identify FGM as a human rights violation. Among these are the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the African Charter on the Rights and Welfare of the Child, the African Charter on Human and People's Rights and the Additional Protocol on Women's Rights (Maputo protocol), and the European Convention on Human Rights (UNICEF, 2005). Governments then have a

responsibility to respect and promote human rights and can be held accountable for failing to fulfill these obligations.

Over the years, political and non-political leaders have translated this concern into laws prohibiting FGM or supporting intervention programs aimed at persuading practicing communities to abandon the practice. In Kenya, for example, retired president Daniel Arap Moi banned the practice when already 14 girls had died from complications arising from these procedures. Nevertheless, approximately 50% of girls continued to be circumcised; indicting that legislation against FGM in Kenya and Africa, have not been successful (Kiarie & Wahlberg, 2007). For instance, the Ministry of Health launched the National Plan of Action for the Elimination of FGM in order to reduce the proportion of girls, women and families that will be affected over the next twenty years in 1999. This included a government-led commission to coordinate activities for the elimination of the practice; bringing together partners involved in the fight against FGM on national and regional levels to share expertise, raising resources and collaborating on initiatives. Similarly, local and international NGOs such as Maendeleo ya Wanawake Organization (MYWO) along with the Programme for Appropriate Technology in Health (PATH), developed a comprehensive programme to end FGM. Strategies such as, Alternative Rites Passage (ARP) which has usually been part of a programme involving raising community awareness, working with schools, health providers, religious and community leaders, have been used but are not hundred percent effective.

Communication plays a crucial role in raising awareness on social and cultural issues affecting the society. Media strategies are among the tools used to facilitate communication. Female Genital Mutilation (FGM) is a socio-cultural problem affecting many societies in the world today. This study seeks to establish the influence of media strategies in communicating information about female genital mutilation effectively among the Meru community of Tharaka District.

1.2   Statement of the Problem

While some research indicates that many women who undergo FGM/C do not have health problems as a result of the procedure, for others, the practice can have serious health consequences (UNHCR, 2009). These include hemorrhage, shock, pain, infection, and difficulties during childbirth, and psychological and sexual problems that can damage a

girl's lifetime health. The type of female genital cutting that girls and women experience aggravates these potential health effects. Other factors in determining the extent of health effects of FGM include: the practitioner's expertise and tools, hygienic conditions and access to adequate health care. The prevalence of the practice varies widely among ethnic groups. Kenya Demographic Survey (2009) shows it is nearly universal among Somali (97%), Kisii (96%), Kuria (96%) and Maasai (93%) women. It is also common among Taita/Taveta (62%), Kalenjin (48%), Embu (44%) and Meru (42%). Levels are lower among Kikuyu (34%), Kamba (27%), Turkana (12%) and Mijikenda/Swahili (6%). This is a clear indication that FGM is widely practiced in Kenya (KHDS, 2003).

There are various strategies that have been put into place to help curb this problem that affects girls and women health. For proper implementation of these strategies, communication plays a very important role. Actors in the field of communication on the harmful effects of this practice with the hope of ending the practice have met with successes as well as failures (WHO, 2008). While a host of factors contribute to the failure of ending this practice, media strategies have a role to play in the success or failure of communicating information about FGM.

Studies on this area are abundant. For instance, Omondi (2011) sought to assess the reasons for the high prevalence levels of FGM despite widespread awareness of the consequences. Results revealed 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. This study seeks to establish whether media strategies have any influence on communicating information about female genital mutilation effectively. Maina (2013) sought to find out whether communication strategies employed by Kenya Community Radio foster social cohesion and integration. Results from the findings revealed that communication strategies employed by Community Radio in fostering social cohesion and integration are programming content geared toward the local area, community projects that encourage people to come together and public forums where communities are provided with opportunities to express themselves. There exists a gap since this study did not address other variables addressed in this study such as sheng language and media ambassadors. Despite the existence of studies on FGM and the various media strategies that used for communication, there are no studies that seek to

establish the influence of media strategies in communicating information about female genital mutilation effectively.

1.3 General Objective

The main objective of the study is to establish the influence of media strategies in communicating information about female genital mutilation effectively among the Meru community of Tharaka District.

1.3.1 Specific Objectives

The study was guided by the following specific objectives:
  i. To establish the influence of using media ambassadors in communicating information about female genital mutilation effectively among the Meru community of Tharaka District.
 ii. To determine the influence of using local language in communicating information about female genital mutilation effectively among the Meru community of Tharaka District.
iii. To determine the influence of using sheng language in communicating information about female genital mutilation effectively among the Meru community of Tharaka District.
 iv. To examine the influence of public participation in media programs on communicating information about female genital mutilation effectively among the Meru community of Tharaka District.

1.4 Research Questions

The study sought to answer the following questions:

  i. To what extent do using media ambassadors influence communication of information about female genital mutilation among the Meru community of Tharaka District?
 ii. What is the influence of using local language in communicating information about female genital mutilation among the Meru community of Tharaka District?

iii. To what extent does using sheng language influence communication of information about female genital mutilation among the Meru community of Tharaka District?

iv. To what extent does public participation in media programs influence communication of information about female genital mutilation among the Meru community of Tharaka District?

1.5   Scope and Limitations of the Study

Due to time and financial limitations, the study could not take a larger sample to minimize sampling error. However, the deductions from this study can be generalizable to the Meru community of Tharaka District seeing their customs and traditions are similar.

The study focused on the influence of media strategies in communicating information about female genital mutilation effectively among the Meru community of Tharaka District. The audience was girls and women so as to get a good picture of the influence of media strategies from the perspective of the communicator and the receiver. Men to, were polled because they too, need to be involved in eliminating this vice.

Due to the nature of the study, it called for confidential information related to the FGM. Respondents felt intruded when requested to complete a questionnaire which required them to disclose such information. In order to mitigate this short-coming, the respondents were assured of confidentiality and ethical handling of the information.

1.6   Rationale and Justification of the Study

The findings of this study will be important to various groups. To start with, the anti FGM campaigners will benefit from this study as they will identify the flaws and advantages of using media strategies to communicate information on FGM. Secondly, the media companies will be in a position to establish which media strategies are in effective communication of FGM. Thirdly, the administrators in Tharaka District will be in position to identify with the Meru community in their region since they will get first hand information from the people. Fourthly, this study will be important to other scholars and researchers and will form a reference point for anyone who will be investigating and would want some knowledge on this topic. This study will bring out scholarly gaps, which will require the attention of other researchers.

1.7   Operational Definition of Terms

Media strategy- in this study the term media strategy will be used to mean the different modes used by the media to communicate messages to the community.

Media ambassadors- in this study this term will be used to refer to the celebrities who are influential in the society.

Local language- in this study the term local language will be used to refer to the native language or native dialect of the Meru community

 Sheng- in this study the term sheng language will be used to mean a phrase that primarily employs Swahili syntax and a glossary drawn from African languages and English.

Public participation- in this study the phrase public participation will refer to the process by which the media involves the public in various activities in a bid to enhance effective communication.

Effective Communication – in this study the term effective communication will be used to mean proper exchange of information with an aim of bringing out clear understanding.

Female Genital Mutilation" (FGM)- in this study FGM will be used to denotes any procedure involving partial or total removal of the external female genitalia, as well as injury to the female genital organs for non-medical reasons (WHO, 2008).

CHAPTER TWO

LITERATURE REVIEW AND THEORATICAL FRAMEWORK

2.1   Introduction

This chapter assesses the influence of media strategies in communicating information about FGM effectively and the link between communication and FGM. In addition, the chapter contains empirical literature that informs the study. The chapter also contains a review of theories which inform the foundations of the study.

2.2   Theoretical Review

This section brings out the influence of media strategies in communicating information about FGM effectively.

2.2.1   Influence of Media Strategies on Effective Communication

The media is a crucial cornerstone in building strong democracies, enhancing civic participation and good governance, and promoting justice and peace, equally a free press can be utilized as an instrument for conflict management. If properly managed in a conflict it has the potential of being an ambassador of peace and stability. Article 19 of the Universal Declaration of Human Rights states: Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of the frontiers (Koven, 2004).

The avenues for communication have grown exponentially in recent years. More than 77 percent of American households use a high-speed Internet connection (IWS, 2011). About 96 percent of Americans subscribe to some form of cellular telephone service (CTIA, 2011) and television viewers continue to move to cable and satellite outlets. While the avenues for communication have multiplied and usage steadily increases, it has become more difficult to effectively communicate with a community segmented across the many platforms they have to obtain news and information. It is not easy for anyone to effectively connect with large segments of the public in an effort to enhance their knowledge of a subject or influence their behavior.

Media strategies are concerned with outlining how messages will be delivered to consumers or niche markets. It involves: identifying the characteristics of the target audience or market, who should receive messages and defining the characteristics of the media that will be used for the delivery of the messages, with the intent being to influence the behavior of the target audience or market pertinent to the initial brief. Examples of such strategies today have revolved around an Integrated Marketing Communications approach whereby, multiple channels of media are used i.e. advertising, public relations, events and direct response media. This concept has been used among proponents of entertainment-education programming where pro-social messages are embedded into dramatic episodic programs to change the audiences' attitudes and behaviors in such areas as family planning, literacy, nutrition, smoking and change of cultural practices (Githiora, 2002).

The internet brought new media tools that changed the way products and services were marketed and sold forever. Technology has revolutionized advertising so that it has become integrated with traditional methodologies. It is important for companies to understand viewers' preferences in order to effectively communicate to their audience. Media strategies include: websites which provide a vast number of options for media outreach. They can be used for content marketing by offering fresh information to visitors. The website may also contain important news, updates or current events. Blogging can offer a wide range of content for viewers; mobile web applications which are among the newest outlets for media exposure. Some websites have created versions meant to be specifically compatible with cell phones. In addition, with smart phone technology, many phones now have access to the internet; social media sites which have become one of the largest sources of word-of-mouth advertising. This interactive medium allows companies to communicate directly with the public. Through social media sites and social media bookmarking, companies can provide information on products and services as well as get feedback from customers and print media whereby large number of options are available for print marketing. These may include mailers, display ads or promotional materials such as merchandise with a company logo printed on it. Pamphlets, flyers and books are an excellent way to distribute information (Ugangu, 2008).

2.2.2 Communication and Female Genital Mutilation

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 organization 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). 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 mobilized 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) 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 recognize 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.

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 emphasizes 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.

2.3   Empirical review

This section brings out previous studies done which are relevant to the objectives of the study.

2.3.1   Influences of Media Ambassadors on Effective Communication

Mulwa and Mathooko (2014) sought to examine the effects of mass media contraceptive messages on women's decisions on contraceptive use. It is based on populations living in informal settlements in Kenya. To achieve this objective a descriptive design method was adopted. The target population constituted women in the community based organizations in Kibera who were identified through purposive sampling. Primary data was collected from the women using a questionnaire. The content of contraceptive messages from the main print media in Kenya was analyzed where the message category elements included the prominence of the contraceptive messages, the contraceptive methods suggested and the access of the contraceptives. The study revealed low usage of the modern contraceptive methods. This study suggests that radio and television are a critical component of effecting this much desired change. It is on the strength of the fact that the broadcast media play a key role in spreading the contraceptive messages and that the peculiarities of slum communities in terms of norms, prejudices and other predisposing factors should be considered in the design of programs that touch on contraception on the media.

Kiti and Mathooko (2014) sought to investigate the role of print media in conflict management in Kenya. The study focused on the conflicts which are ethnically motivated in nature and are instigated politically; such clashes manifest themselves during electioneering period. The methodology used was descriptive survey to gather the data required. The study used questionnaire to obtain data from a selected number of respondents and content analysis. There were two groups of Newspapers that were selected through stratified sampling to separate National and of these within cities. Additionally random sampling was used to pick a representative of the Newspapers, the respondents were picked using purposive sampling so as to obtain respondents who have the information that the researcher is seeking. The anticipated outcome of this study was expected to reveal the significance of the print media in managing conflicts, but more so the role the print media plays stopping or fuelling such conflicts. Again the results of the study helped in determining whether it is a negative or positive role based on the current editorial policy applied as the study is being conducted.

2.3.2   Influences of Local Language on Effective Communication

Effective communication between people who are culturally and linguistically different implies the employment of strategies to provide culturally competent health care, such as those described by Brach and Fraser (2000).

Vernacular media could play several roles within the target local language communities, of which economic gain is the most obvious one. Significant for this discussion, however, are two specific roles namely (i) developing a public sphere within the given language community, thereby allowing the community to participate in creating its own news agenda, and (ii) providing an indication that the indigenous languages are sufficiently developed to cope with a fast changing world and, therefore, to effectively cater for the communicative and social needs of their speakers. The latter has been referred to by Cormack (2009) as the symbolic role of the indigenous mass media. It is also a very positive result of market sensitivity to linguistic resources of otherwise underrepresented and perhaps neglected communities – a positive by-product, as mentioned above. Furthermore, vernacular mass media are exerting a big influence on most local language communities who have few or no opportunities for geographical or social mobility. The vernacular mass media, therefore, plays a significant role in shaping language pride and language choice, also in the process bringing these communities in touch with various socio economic

innovations. They could thus be considered the trendsetters after which target groups may fashion their language (Mwithi, 2010).

Maina (2013) sought to find out whether Communication Strategies employed by Kenya Community Radio foster Social Cohesion and Integration. The target population constituted of 30% of all the 12 Community Radio Stations in Kenya. A survey research design was employed using a questionnaire and information was analyzed using descriptive statistics and presented using frequency distribution tables, histograms, pie charts, narrations and discussions. Results from the findings revealed that Communication Strategies employed by Community Radio in fostering Social Cohesion and Integration are programming content geared toward the local area, community projects that encourage people to come together and public forums where communities are provided with opportunities to express themselves. From the findings it can be concluded that handful of Community Radio Stations active in Kenya's PEV period was praised for their balanced reporting and even now they do foster Social Cohesion and Integration. Recommendations is that, Kenya Community Radio need to voice more about their existence and also come up so strongly to differentiate themselves with other commercial/vernaculars radios. They should find ways to sustain their operations and diversify income for sustainability without necessarily becoming commercial ventures.

2.3.3   Influences of Sheng Language on Effective Communication

There is no denying that Sheng portrays a number of features associated with inter-language but the fact that its speakers are the youth does not favor the inter-language hypothesis. But Sheng shares most of the features of a pidgin (contact language): syntactical simplification, lexical borrowings, morphological modifications, (Githiora 2002). The only problem with the pidgin hypothesis is that most Sheng speakers also speak vernacular, English and Kiswahili. Sheng is not the only language spoken by the youth. However, there are strong indications that in the case of mixed African urban marriages, a new crop of Sheng mother-tongue speakers is quickly emerging. This generation might employ Sheng as a Creole.

Halliday (2012) noted that it is possible to make the argument that engagement with Sheng aids young people's learning by communicating in a language readily understood and which speaks directly to youth concerns. A growing number of publications, such as the comic books *Shujaaz* and *Straight Talk* or the literary journal *Kwani?*, for example, are

written entirely in Sheng or feature articles in Sheng. *Straight Talk*, produced by and for young people, addresses topics such as sexual abuse, pregnancy, homosexuality, and gender inequality while *Shujaaz*, a comic book launched in 2010, aims to empower young Kenyans with information, ideas and the motivation they need to become active participants in issues such as development and local community cohesion. *Shujaaz* and *Straight Talk* are distributed in some schools, youth organizations and have also featured in the *Daily Nation*. *Shujaaz* also branches out into social media, radio and research. Publications like these are proving an important tool to capture the imagination of readers and connect with young people and the issues important to them, on their terms.

2.3.4 Influences of Public Participation in Media Programs on Effective Communication

Even when many community members want to abandon FGM/C, a successful shift requires that they express their commitment through an explicit public affirmation. This gives individuals who intend to stop the practice the confidence to actually do so and that they have social support. It is a key step in the process of real and sustained change in communities (Masika, 2006).

The commitment may take various forms. It can be joint public pledge in a large public gathering or a written statement, publicly posted, signed by those who have decided to abandon FGM/C. Some communities collect signatures on traditional colourful cloth, while others give certificates of recognition to families choosing not to cut their daughters. Others host festivities celebrating uncut girls, including public weddings. These celebrations are a form of public social recognition and show of respect for the personal transformation each individual has undergone during the process of abandoning the practice (Hernlund, 2010).

Public repudiation of FGM/C is a living testimony that change is possible, that societal attitudes do shift and that communities can choose to abandon the practice. The experience of a growing number of countries has demonstrated that when individuals and communities acknowledge and embrace basic human rights, such as the right to health, dignity and bodily integrity, they spontaneously, collectively and publicly declare their abandonment of FGM/C (Oslon, 2002).

END FGM is a European campaign, led by Amnesty International, working in partnership with 15 organizations in EU member states. The campaign aims to put female genital mutilation (FGM) high on the EU agenda and to echo the voices of women who have undergone FGM and those at risk of being subjected to it. The Campaign's work is based on the principles of human rights based approaches, which frame female genital mutilation as a violation of human rights, aim at empowering rights-holders (women and girls who have undergone or are at risk of FGM) and seek an active and meaningful participation of those directly affected by the practice of FGM (EU, 2009).

To reach the collective, coordinated choice necessary for sustained abandonment of female genital mutilation, communities must have the opportunity to discuss and reflect on new knowledge in public. Such public dialogueprovides opportunities to increase awareness and understanding by the community as a whole on women's human rights and on national and international legal instruments on female genital mutilation. This dialogue and debate among women, men and community leaders often focuses on women's rights, health, and female genital mutilation, and brings about recognition of the value of women in the community, thus fostering their active contribution to decision-making and enhancing their ability to discontinue the practice. Intergenerational dialogue is another example in which communication between groups that rarely discuss such issues on an egalitarian basis is encouraged (GTZ, 2005). Most importantly, such public discussions can stimulate discussions in the private, family setting where decisions about genital mutilation of girl children are made by parents and other family members (Draege, 2007).

2.4   Research Gap

It is evident from the above exposition that media strategies can have impact on communication either positively or negatively. None the less, there exist only few studies on the impact of communication on FGM, for instance, Omondi (2011) who sought to assess the reasons for the high prevalence levels of FGM despite widespread awareness of the consequences. This study will seek to fill in this gap by investigating the influence of media strategies in communicating information about female genital mutilation effectively.

2.5   Theoretical Framework

This section contains review of theories relevant and which inform the theoretical background of the research subject matter. The theories are two-step theory and agenda setting theory.

2.5.1   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). 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).

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 organizations 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 criticized 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.

Oslon (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.

2.5.2   Agenda Setting Theory

Agenda-setting theory was formally developed by Dr. Max McCombs and Dr. Donald Shaw in a 1968. Agenda-setting theory describes the ability of the news media to influence the salience of topics on the public agenda. That is, if a news item is covered frequently

and prominently the audience will regard the issue as more important. This theory is based on two assumptions; the press and the media do not reflect reality; they filter and shape it and that the media concentration on a few issues and subjects leads the public to perceive those issues as more important than other issues (McCombs& Shaw, 1972).

One of the most critical aspects in the concept of an agenda-setting role of mass communication is the time frame for this phenomenon. In addition, different media have different agenda-setting potential. Agenda setting occurs through a cognitive process known as accessibility. Accessibility implies that the more frequently and prominently the news media cover an issue, the more instances of that issue become accessible in audience's memories. When respondents are asked what the most important problem facing the country is, they answer with the most accessible news issue in memory, which is typically the issue the news media focused on the most. The agenda-setting effect is not the result of receiving one or a few messages but is due to the aggregate impact of a very large number of messages, each of which has a different content has but all of which deal with the same general issue. Mass-media coverage in general and agenda-setting in particular also has a powerful impact on what individuals think that other people are thinking, and hence they tend to allocate more importance to issues that have been extensively covered by mass media. Agenda-setting studies typically show variability in the correlation between media and public agenda (McCombs& Shaw, 1972).

Agenda setting serves as the first function of framing as it defines the problems worthy of government attention. Agenda setting is related to priming, bias and framing. Priming is the goal, the intended effect, of strategic actors' framing activities (Entman, 1993). Agenda setting will always occur, even if it is not pervasively biased. However, when paired, agenda setting and priming have the ability to create widespread bias. Bias, as defined by Entman, is consistent patterns in the framing of mediated communication that promote the influence of one side of conflicts over the use of government power (Entman, 1993).

This theory is relevant to this study in that the media can create awareness of the adverse effects of FGM through agenda setting. Continuous communication of the adverse effects of FGM to the public can not only influence the community's perception about FGM but also cause them to consider abandoning some of their cultural beliefs that encourage the practice of FGM.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1   Introduction

This chapter presents the research methodology that was used for this study. It discusses the research design, its characteristics and why it was preferred over other research designs. It also provides information on the population of the study, some background and key characteristics of the organization, which was studied. The chapter examines the sample frame and sample selection. It also provides information on the data collection method and the data collection instrument to be used in the survey. Finally, the chapter presents the data analysis method to be used and how the statistics were generated from the study.

3.2   Research Site

The study was carried out in Tharaka District. Tharaka District shares common borders with Meru County to the North, and Embu County to the South. The districts have a total area of 1549.5km2.

As per 2009 national census, Tharaka District had a total population of 182,665, of which 89,230 are male and 93,435 female. There are 44,451 households in the districts and a population density of 138 people per Km2. Thirteen (13.6%) percent of the district's population is under five years old while 5.2% of the population is aged 64 years and above. The labour force (15-64 years) is 50% of the district's population.

3.3   Research Design

The study adopted a descriptive Survey approach to research. Descriptive studies include surveys and fact-finding enquiries of different kinds. The major purpose of descriptive research is description of the state of affairs as it exists at present. The Ex-post Facto approach of descriptive research used as ex-post facto studies attempt to discover the causes even when the researcher cannot control the variables. Shukla (2008) says that descriptive research design is typically concerned with determining the frequency with which an event occurs or the relationship between two variables. Descriptive research design requires a clear specification of who, what, when, where, and why and how of the research and requires clear planning with regard to data collection. The study used both qualitative and quantitative methods of data collection also known as triangulation. Triangulation is a method used by qualitative researchers to check and establish validity in their studies. According to Guion (2002) there are two types of triangulation that the study could employ; data triangulation which involved the use of different sources of data/information by targeting the different categories of respondents for the study as elaborated in the target population section and methodological triangulation which involves the use of multiple qualitative and quantitative methods of data collection and analysis. Patton (2001) believes the use of triangulation strengthens a study by combining methods. This can mean using several kinds of methods or data, including using both quantitative and qualitative approaches.

According to Creswell (2003) triangulation implies efforts by the researcher to use different data sources of information by examining evidence from the sources and using it to build a

coherent justification for themes. Engaging multiple methods, such as, observation and interviews can lead to more valid, reliable and diverse construction of realities of a research. The study incorporated different methodologies which included: in-depth interviews and survey questionnaires. Through triangulation, the varying strengths and weaknesses of quantitative and qualitative approaches were well addressed in order to improve the quality of the data as suggested by Salim (2007).

3.4   Target Population

Burns and Grove (2003) and Mugenda and Mugenda (2003) describe population as all the elements that meet the criteria for inclusion in a study. Population is therefore the entire group of individuals, events or objects having a common observable characteristic.

As per 2009 national census, Tharaka District had a total population of 182,665, of which 89,230 are male and 93,435 female. There are 44,451 households in the district and a population density of 138 people per Km2.The target population for this study was the 44,451 households in Tharaka District.

3.5   Sample Size and Sampling Procedures

3.5.1   Sample Size for Quantitative Data (Households)

According to 2009 census the population of households in Tharaka District is 44,451. According to Upagade and Shende (2012) sampling design is a definite plan for obtaining a sample from a given population upon which data is collected from. Kothari (2004) defines a sample as the selected respondents who represent the entire population. Given that there are 88,803 households within the county, conducting a survey on such a population requires time and resources. As a result, coming up with a sample that represented the whole population in the study was essential. According to Mugenda and Mugenda (2003) a large population requires a formula to come up with the sample. Determining a final population for a large population is assumed to be normally distributed at a confidence interval of 95% or significance interval of 10%. Based on the formula below the minimum target sample for a large population is 96 cases.

The sample for a large population is determined using the formula given as;

$$n=Z^2*p*(1-p)/d^2$$

Where:

n = Sample size for large population

Z = Normal distribution Z value score, (1.96)

p = Proportion of units in the sample size possessing the variables under study, where for this study it is set at 50% (0.5)

d = Precision level desired or the significance level which is 0.10 for the study

The substituted values in determining the sample size for a large population are as follows.

$$n= \frac{(1.96)^2*(0.5)(0.5)}{(0.10)^2} = 96$$

Table 3.1: Sample Size for Quantitative Data

	Constituency	**Sample**
1	Tharaka South	48
2	Tharaka North	48
	Total	**96**

3.5.2   Sample Size for Qualitative Data (Key Informants)

The sample size for qualitative data was arrived at after considering the various actors and participants of the anti FGM campaign. Five categories of actors informed the choice of participants for qualitative data.   These categories included: administrative officers, religious leaders, circumcisers, NGO's professionals and health professionals. In total 10 key informants were chosen

Table 3.2: Sample Size for Qualitative Data

	Constituency	**Sample**
1	Administrative Officers	2
2	Religious Leaders	2
3	Circumcisers	2
4	NGOs Professionals	2
5	Health Professionals	2
	Total	**10**

3.5.3 Sampling Procedures

The study used different sampling techniques. To start with the researcher adopted stratified random sampling technique given that Tharaka District is divided into two: Tharaka South and Tharaka North. Stratified random sampling technique was more appropriate for the study as it involved classifying the population in strata so as to increase the chances of the objects to be selected. The respondents were classified in various strata with regards to their geographical location and also the key informants.

The study then used purposive sampling which is a non-probability sampling technique where the researcher uses their own judgment to identify participants for their study. Purposive sampling was used to identify the households to select with the help of the administrative officers and also the key informants whom administrative officers, circumcisers, NGO's professionals, health professionals and religious people.

3.6   Methods of Data Collection

The study used primary data to achieve its objectives. Primary data refers to information gathered at first hand by the researcher from respondents in the field.

3.6.1   Quantitative and Qualitative

The researcher used both quantitative and qualitative approaches to data collection. Quantitative research is based on the measurement of quantity or amount. It is applicable to phenomena that can be expressed in terms of quantity. Qualitative research, on the other hand, is concerned with qualitative phenomenon. According to Neuman (2003) qualitative research is especially important in the behavioral sciences where the aim is to discover the underlying motives of human behavior. Qualitative methods allowed the researcher to collect rich, in-depth data from respondents which allowed for their own construction or view-point. This was through key informants' interviews. Quantitative methods on the other hand gave room for statistical manipulations of numerical values and this was through questionnaires.

3.6.2   Key Informant Interviews

These were used as data collection tools by the study. Interviews were conducted with the key informants, who included administrative officials, religious people, circumcisers and

health professionals. Interviews allowed the researcher to collect general information on the trends and context in which FGM is practiced in the community and this enabled the researcher to identify approaches that reached respondents at the community level. The researcher developed an interview guide with questions regarding the relevance of media strategies in communicating information about female genital mutilation effectively in the District. The researcher scheduled a meeting with the respective Officers given their busy itinerary.

3.7   Data Collection Techniques

There were various techniques that the researcher adopted in collecting the data.

3.7.1   Survey Method

This is a method of collecting quantitative data and the study used a questionnaire to collect the data. Questionnaires are a quantitative technique for gathering information and are the major tool for the primary data collection process. They have advantages in that everybody get the same questions, researcher asks more complex questions; no response effect (willing to divulge more info face-to-face contact; less likely to try to impress interviewer; is computer-based; minimal amount of staff is required; allows respondents to respond in their time frame; reduces the number of related responses in order to obtain more varied responses; saves on time and money and enables easy analysis as they are in immediate usable form. Nevertheless, they have the disadvantages in that one has no control over participant interpretation, low response rates and uncertainty about who actually filled out the questionnaire.

The questionnaires were semi-structured and contained questions on the influence of media strategies on effective communication of FGM information in Tharaka District. The questionnaires were self-administered and this allowed for face-to-face interactions with the respondents for further probing. The essence of having semi structured questions was to allow for a process of interaction between the researcher and the respondent where the latter was given an opportunity to give opinions and ideas on the research questions.

3.7.2   Key Informant Interviews

The researcher developed a key informants' interview guide which was used in the collection of qualitative data. The guides comprise questions that the researcher posed to the interview respondents and allowed them to give their views and opinions. A guide was useful in the exercise so as not to lose focus on the research questions.

3.8   Validity and Reliability of the Study

According to McMillan and Schumacher (2006) reliability and validity are conceptualized as trustworthiness, rigor and quality in the qualitative paradigm. This can be achieved by eliminating bias and increasing the researcher's truthfulness of a proposition about some social phenomenon using triangulation. In order to ensure validity for the research instruments the researcher involved the university supervisor and other experts in the design of the data collection instruments. To ensure reliability the researcher conducted a pilot study in order to establish the instruments reliability in acquiring similar responses from the respondents. The researcher then modified the instruments to enhance clarity of the items to the respondents.

3.9   Ethical Considerations of the Study

Shukla (2008) ethics relate to the moral choices affecting decisions, standards and behavior and in research it has become difficult to lay down clear ground rules which can cover all possible moral choices. According to, House (1993), ethical principles are abstract and it is not always obvious how they should be applied in given situations. However, there were basic grounds of ethics relating to social research which the study applied during the study as discussed in the subsequent section. The researcher also assured respondents on the privacy of the information they provided by not divulging information to other community members and conducting interviews in a private environment. Confidentiality of the information provided was also an ethical concern which the researcher enhanced by assuring respondents that the information provided was only for academic purposes.

3.9.1   Informed Consent

Given the private and sensitive nature of the issue of FGM, the researcher acquired the consent of the study participants. Piper & Simons (2005) "Informed consent implies that

those interviewed or observed should give their permission in full knowledge of the purpose of the research and the consequences for them of taking part". Therefore all categories of the respondents were provided with the information concerning the study in the most understandable language to enable them make an informed decision to participate in the study.

3.9.2 Confidentiality and Anonymity

Confidentiality is a principle that allows people not only to talk in confidence, but also to refuse to allow publication of any material that they think might harm them in any way. Anonymization is a procedure which offers some protection of privacy and confidentiality. During the research process participants were assured of confidentiality of the information provided by not attaching their names to their responses and opinions on the study subject matter.

3.10 Data Analysis and Presentation

There are several steps which were required to prepare the data ready for analysis. With regard to quantitative data, these steps involved data editing and coding, data entry and data cleaning to allow for appropriate entry into the statistical software. The researcher edited the raw data collected through the questionnaire with an effort to detect errors and omissions such that the minimum data quality standards were achieved. Coding involved assigning numbers so as to group responses into a limited number of classes or categories (Shukla, 2008). The researcher assigned numerical values to the questionnaire item responses which were done by developing a codebook for the survey questionnaire. Data entry involved the process of keying the data into the Statistical Package for Social Scientists (SPSS) for statistical analysis. Descriptive statistics allowed organization and summarizing data in a meaningful way (Frankfort-Nachmias & Nachmias, 2000). Description is essential to positivist science and a necessary step before any further statistical analyses. Descriptive statistics have an important role to play; enabling data to be explored before any further analysis is undertaken but also as a primary means of describing how things are rather than seeking to explain why phenomena occur. Frequency distributions were used to describe data indicating the frequency of all categories or ranks; either in a tabular form or as a pie chart (Somekh & Lewin, 2005). Inferential statistics were also used to show the influence of the independent variable on the dependent variable.

On the other hand, qualitative data was analyzed using content analysis and presented in prose form. Both quantitative and qualitative data was compiled to generate the final project report.

CHAPTER FOUR

FINDINGS AND DISCUSSIONS

4.1   Introduction

This chapter discusses the findings of the study. The study assessed the influence of media strategies in communicating information about female genital mutilation effectively among the Meru community of Tharaka District. This chapter gives an analysis of the influence of: use of media ambassadors, use of local language, use of sheng language and public participation in media programs in communicating information about female genital mutilation effectively among the Meru community of Tharaka District.

4.2   Response Rate

The number of questionnaires that were administered was 96. A 100% response rate was achieved since all the questionnaires were properly filled and returned. Similarly, a 100% response rate was achieved in conducting the key informants' interviews since all the scheduled sessions were successful. According to Mugenda and Mugenda (2003) and also Kothari (2004) a response rate of 50% is adequate for a descriptive study. Babbie (2004) also asserted that return rates of 50% are acceptable to analyze and publish, 60% is good and 70% is very good.

4.3 Sample Characteristics for Respondents

This section presents the descriptions of the respondents in terms of their gender, age, level of education, religious affiliation, marital status and their main occupation.

4.3.1 Gender Composition of Respondents

The study sought to find out the gender spread of respondents. Results on figure 4.1 shows that 68.75% of the respondents were females and 31.25% of the respondents were males. Since the questionnaires were administered to individual households, it shows that in most households only women were at home since men may have gone out to the field to earn a living for the family. Perhaps, too, the interviewers preferred to interview females since FGM is mainly a women's affairs.
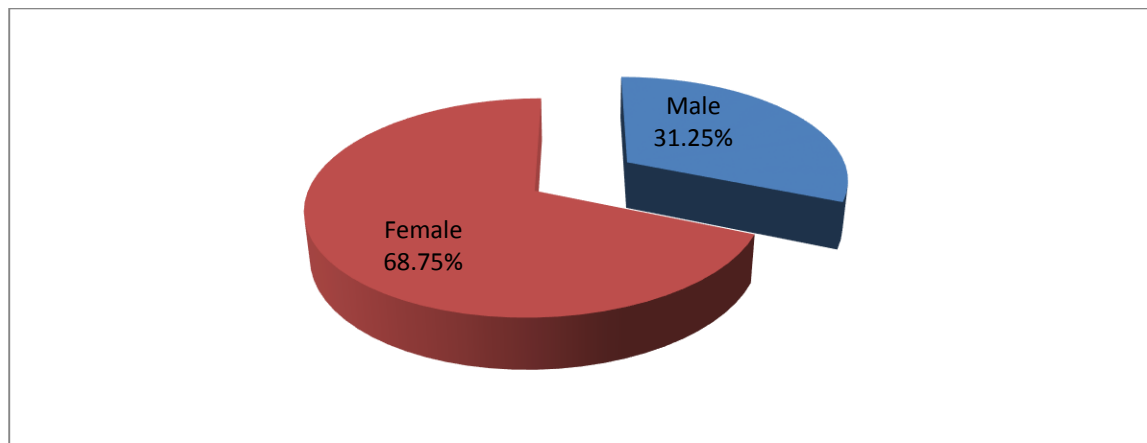
Figure 4.1:   Gender

4.3.2   Age

The study sought to find out the age spread of respondents. Results on figure 4.2 shows that 28.40% of the respondents were aged between 18- 29 years, 23.90% were aged between 30-39 years, 20.20% were aged between 40-49 years and 27.50% were above 50 years. This shows that the population of Tharaka District is balanced.
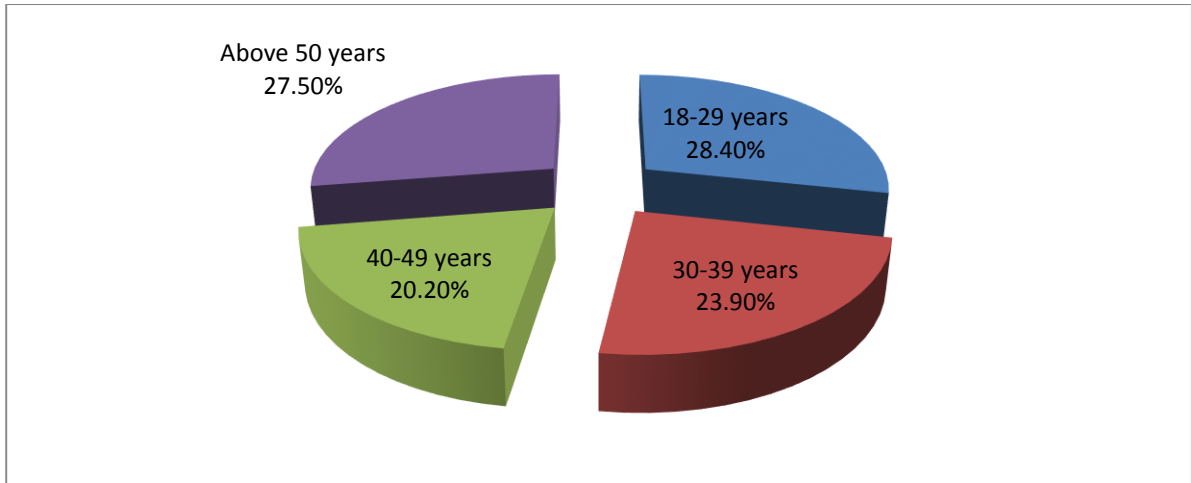
Figure 4.2:   Age

4.3.3   Level of Education

The study further sought to establish the levels of formal education attained by the respondents. The responses on this question are depicted in figure 4.3. A majority (52.25%) of the respondents had acquired primary education, 19.28% had secondary education, 25.67% had no education, yet only 2.8 % of those surveyed had education up to college level. This implies that the level of education in Tharaka District is still low.
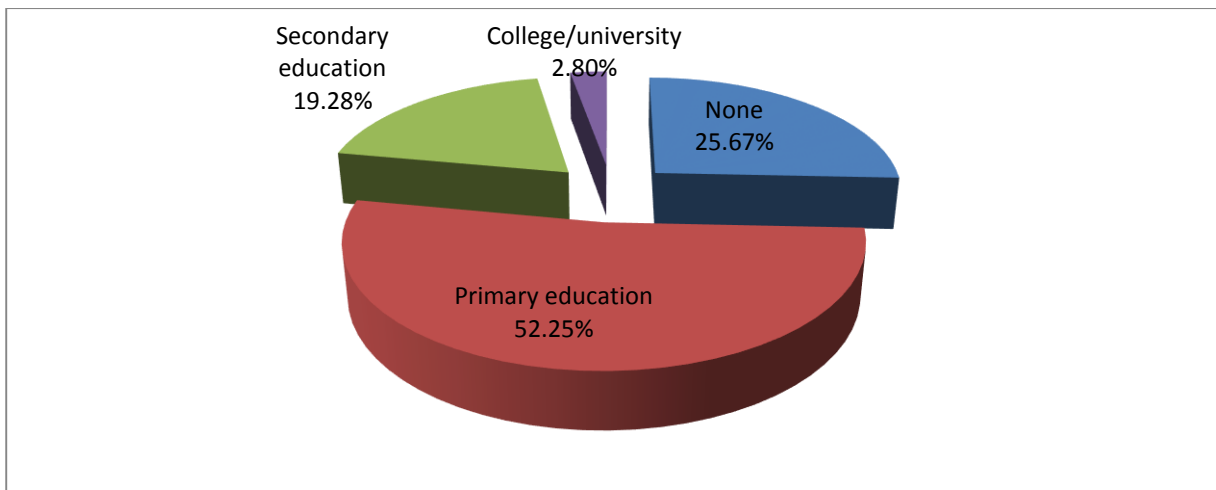
Figure 4.3:   Education

4.3.4   Religion

The study further sought to establish the religion of the respondents. The responses on this question are depicted in figure 4.4. A majority (58.70%) of the respondents answered that

they were Protestants while 41.30 % said they were Catholics. No correlation was found on the acceptance of FGM according to religious affiliation.
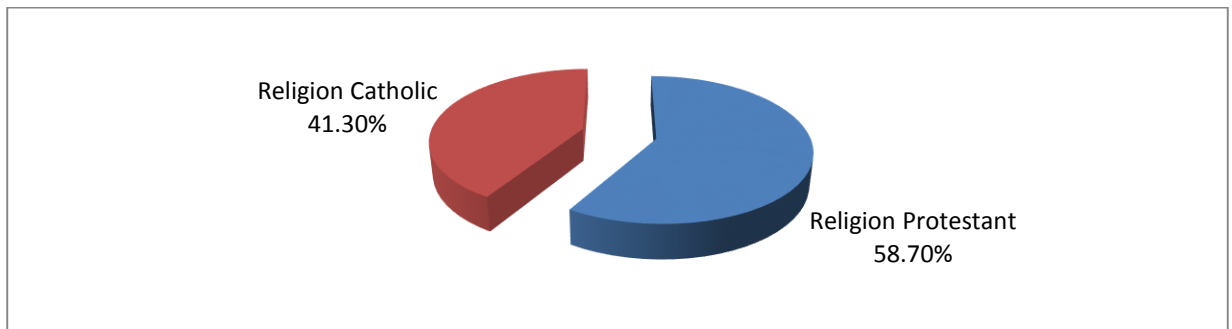
Figure 4.4:   Religion

4.3.5   Marital Status

The study further sought to establish the marital status of the respondents. The responses on this question are depicted in figure 4.5. A majority of 64.95% of the respondents said that they were married, 15.46% were single, 8.25% were divorced, 6.19 were widowed while 5.15 % of them said that they had separated with their spouses. This implies that the Meru community in Tharaka District gets married at an early age and the divorce and separation rates are very low.
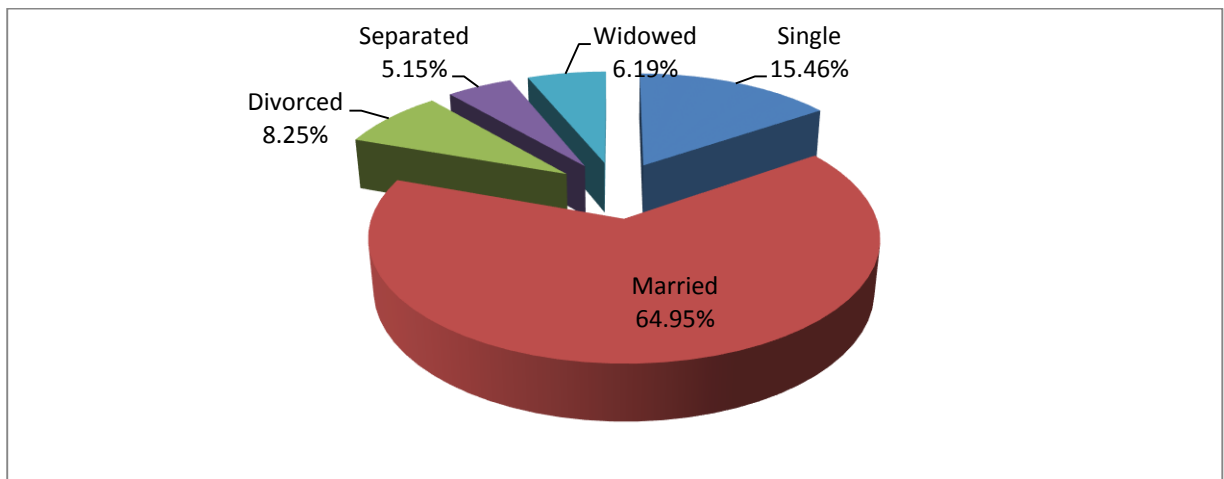
Figure 4.5:   Marital Status

4.3.6   Occupation

The study further sought to establish the occupation of the respondents. The responses on this question are depicted in figure 4.6. A majority of 78.98% of the respondents reiterated

that they were farmers, 18.32% were business people while 2.70 % of them said that they were employed. This implies that the majority of the Meru community in Tharaka District are farmers. This can be ascertained by the low levels of education.

Figure 4.6: **Occupation**
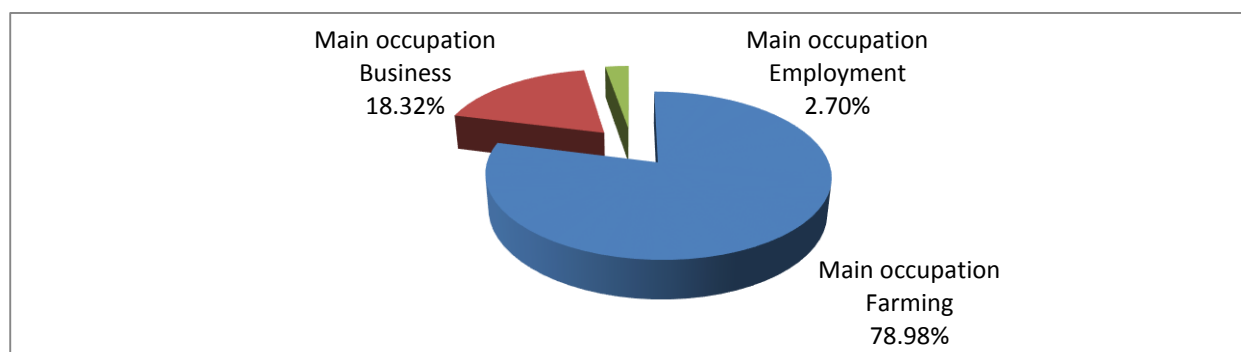
4.4 Descriptive Analysis

The study presented the quantitative data results. This was specifically done in line with the objectives of the study.

4.4.1 Effective Communication

The respondents were asked to give responses about how they have embraced information about FGM. Table 4.1 revealed that 59.8% had not embraced information relating to the harmful sexual health effects of FGM practices, 58.9% had not embraced information relating to the harmful reproductive health effects of FGM practices, 65.4% had not embraced information relating to the harmful physical health effects of FGM practices, 58.3% had not embraced information relating to the harmful psychological health effects of FGM practices while 58.7% had not embraced information that shows that FGM practices can cause death.

Table 4.1: **Effective Communication**

Statement	Response	Overall
The community has embraced information relating to the harmful sexual health effects of FGM practices.	Yes	40.2
	No	59.8
The community has embraced information relating to the harmful reproductive health effects of FGM practices.	Yes	41.1
	No	58.9
	Yes	34.6

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The community has embraced information relating to the harmful physical health effects of FGM practices.	No	65.4
The community has embraced information relating to the harmful psychological health effects of FGM practices.	Yes	41.7
	No	58.3
The community has embraced information that shows that FGM practices can cause death .	Yes	58.7
	No	41.3

4.4.2 Media Ambassadors

Table 4.2 presents the influence of using Media Ambassadors in communicating information about female genital mutilation effectively among the Meru community of Tharaka District. Results revealed that a majority, (65.7%) agreed that religious leaders were involved in communicating FGM information, while 62% said that political leaders were involved in communicating FGM information. A further 36.1% agreed that comedians were involved in communicating FGM information, while only 24.1% indicated that road shows involving influential people in the local community were involved in communicating FGM information. At the same time 66.6% of the respondents disagreed with the view that media ambassadors led to effective communication of FGM information.

Table 4.2:   Media Ambassadors

Statement	Response	Overall
Involvement of Religious leaders	Yes	65.7
	No	34.3
Involvement of Political leaders	Yes	62.0
	No	38.0
Involvement of Comedians leaders	Yes	36.1
	No	63.9
Use of road shows & involving influential people in the local communities	Yes	24.1
	No	75.9
	Strongly disagree	42.6
	Disagree	24.0
	Agree	25.9
Effectiveness in the use of media ambassadors	Strongly agree	7.4

4.4.3 Local Language

Table 4.3 presents the influence of using local language in communicating information about female genital mutilation effectively among the Meru community of Tharaka District. Results revealed that a majority of 85.3% listened to vernacular radio stations, while 76.6% indicated that these vernacular radio stations aired FGM information.

Similarly, 61.7% said that the aired programs helped reduce FGM practices and 70.8% of them indicated that vernacular radio stations were used by FGM campaigners to communicate FGM information. At the same time, 58.3% indicated that local music was used by FGM campaigners to communicate FGM information, while 72.9% said that FGM campaigners used local language in meetings to communicate FGM information. But a surprise 84.3% of the respondents said that FGM campaigners did not give materials written in the local language, meaning that this might be a missing link which needs addressing in future.

Table 4.3:   Local Language

Statement	Response	Overall
Listen to any vernacular radio station	Yes	85.3
	No	14.7
Does the radio station air FGM practices?	Yes	76.6
	No	23.4
Has the program aired helped to reduced FGM practices?	Yes	61.7
	No	38.3
Use of vernacular radio stations by Anti -FGM campaigners	Yes	70.8
	No	29.2
Do anti-FGM campaigners use of local music	Yes	41.7
	No	58.3
Do anti-FGM campaigners use local language in meetings	Yes	72.9
	No	27.1
Do anti-FGM campaigners give materials written in the local language	Yes	15.7
	No	84.3

4.4.4   Sheng Language

Table 4.4 presents the influence of using sheng language in communicating information about female genital mutilation effectively among the Meru community of Tharaka District. Results revealed that a majority, 76.2%, disagreed that anti-FGM campaigners used sheng language to communicate FGM information. 63.0% indicated that use of sheng language did not encourage youth to participate in educating in society on risk of female genital mutilation, 74.5% indicated that sheng radio stations did not help in any way to curb

female genital mutilation, 53% indicated that radio stations that use Sheng language did not reach out to a large number of youths compared to other radio stations and 87.6% of the respondents disagreed that sheng empowers females with information about FGM. This is an indication that sheng language is not a common language among the Meru community of Tharaka District.

Table 4.4:   Sheng Language

Statement	Response	Overall
Do anti-FGM campaigners communicate the anti-FGM information using sheng language?	Yes	23.8
	No	76.2
Does use of sheng encourage youths to participate in educating in society on risk of female genital mutilation	Yes	37.0
	No	63.0
Has the sheng radio stations helped to curb female genital mutilation?	Yes	25.5
	No	74.5
Do radio stations that use sheng language reach out to a large number of youths compared to other radio stations?	Yes	47.0
	No	53.0
Use of sheng empowers females with FGM information	Strongly disagree	59.8
	Disagree	27.8
	Agree	11.3
	Strongly agree	1.0

4.4.5 Public Participation

Table 4.5 presents the influence of influence of public participation in media programs on communicating information about female genital mutilation effectively among the Meru community of Tharaka District. Results revealed that a majority (58.3) said that public participation against FGM was not a common practice in the community. A further 67.6% indicated that they did not participate in public rallies advocating for abandonment of FGM practice, while 94.4% averred that the community did not celebrate those who have accepted to abandon the FGM practice through issuing of certificates or host festivities

celebrating uncut girls. Of those polled, 56.5% indicated that public participation did not help the community communicate, acknowledge or embrace basic human rights while 52.8% of the respondents indicated that public participation did not assist in passing the anti-FGM message to the community. This is an indication that public participation in anti-FGM campaigns is not a common practice among the Meru community of Tharaka District.

Table 4.5:   Public Participation

Statement	Response	Overall
Is public participation against FGM a common practice in your community?	Yes	41.7
	No	58.3
Do you participate in public rallies advocating for abandonment of FGM practice?	Yes	32.4
	No	67.6
Does your community celebrate those who have accepted to abandon the FGM practice through issuing of certificates and host festivities celebrating uncut girls?	Yes	5.6
	No	94.4
Has public participation helped your community to communicate acknowledge and embrace basic human rights?	Yes	43.5
	No	56.5
Has public participation assisted in passing the anti-FGM message to your community?	Yes	47.2
	No	52.8

4.5   Inferential Data Analysis

This section provides the analysis of relationship among the independent variables to the dependent variable. As well as determining the significance of the variables under study.

4.5.1   Pearson's Bivariate Correlation Analysis

The Pearson's Bivariate analysis sought to find whether there was any significant relationship between the independent variables; media ambassadors, local language, sheng language and public participation with the dependent variable; effective communication of FGM information. The results of this relationship are presented in Table 4.6. Pearson's Bivariate results shows that media ambassadors and local language were significant in determining the effective communication of FGM information as the p value was 0.000 a

value lower than the conventional p value 0.05. The results further show that all the variables had strong and positive correlation media ambassadors (0.394) and local language (0.418). This means that an increase in either of the variables positively influences effective communication of FGM information. On the other hand, sheng language and public participation were insignificant in determining the effective communication of FGM information as the p value were 0.992 and 0.524 respectively which is lower than the p value 0.05.

Table 4.6:   Pearson's Bivariate Correlation

Variable		Effective communication	Media Ambassadors	Local language	Sheng language	Public participation
Effective communication	Pearson Correlation	1				
	Sig. (2-tailed)					
Media Ambassadors	Pearson Correlation	0.394	1			
	Sig. (2-tailed)	0.000				
Local language	Pearson Correlation	0.418	0.863	1		
	Sig. (2-tailed)	0.000	0.000			
Sheng language	Pearson Correlation	0.001	-0.045	-0.063	1	
	Sig. (2-tailed)	0.992	0.666	0.545		
Public participation	Pearson Correlation	0.006	0.947	0.871	-0.088	1
	Sig. (2-tailed)	0.524	0.000	0.000	0.392	

** Correlation is significant at the 0.01 level (2-tailed).

4.6   Content Analysis

To start with, the key informants were asked to give the reasons behind the persistence of FGM in the community. The religious leaders said that the persistence was due to stereo types as those who had not undergone FGM were taken to be inferior, cannot have healthy children and they are unclean. In addition, they said that FGM was a cultural practice and the community had embraced the practice deep down in their hearts.

The NGOs professionals said that FGM was a cultural practice which gave those who underwent it identity respect and also gave them a sense of belonging to the community. In addition, they said that the leaders in charge were not serious, no action taken to those who practice it.

The administrative officers said that it was a cultural practice and hence very difficult to stop. In addition, they said that poverty which resulted to lack of education led to one undergoing through the practice in order to get married.

The circumciser said that it was a way of uniting the community as the people gather to celebrate together. They added that the people want to maintain the discipline in the community since as they undergo through the practice they are taught about respect.

Health professionals said that there are no enough trainers to train the community about the effects of FGM and the training seminars are conducted only once in a while. In addition, they said that the people ignored the anti FGM information given to them. Also peer influence by those who had undergone through the practice.

Secondly, the key informants were asked whether anti FGM campaigners involve recognized religious leaders, political leaders, famous musicians, media personalities, comedians and influential people in the local communities to pass the anti FGM message. In their response they said that anti-FGM campaigners involve religious leaders, political leaders and influential people in the society such as chiefs and assistant chiefs. They added that in one instance some girls from '*Materi Girls High School*' had been invited to teach about the adverse effects of FGM in a program which they referred to as 'N*tanira Na Mugambo*'.

Thirdly, the key informants were asked whether anti FGM campaigners communicate the anti FGM information through vernacular radio stations, advertisements that use local music, in meetings using local language and by giving the community materials written in the local language. In their response they said that the anti FGM campaigners used vernacular language to communicate FGM information during meetings, they give out materials written in local language, vernacular radio stations such as 'Muga FM' broadcast FGM information and also they said that anti-FGM information was at times written on clothes.

Fourthly, the key informants were asked whether anti FGM campaigners communicate the anti FGM information using Sheng language to captivate the youth. Majority of them said that sheng language was not used to communicate the anti FGM information.

Fifthly, the key informants were asked whether the media and the anti FGM campaigner's organized public activities such as road shows, marathons, football and other games and forums in schools. In their response they said that the anti FGM campaigners organized seminars once per year.

Finally, the key informants were asked whether the community embraced information relating to the harmful effects of FGM practices. In their response, they said that embracing such information was dependent on the level of enlightenments whereby those who were enlightened acknowledged that FGM practice has harmful effects such as, death due to excessive bleeding, mental problem resulting to school dropout, problem during delivery, non-stop urinating and infection with diseases such as HIV/AIDs.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1   Introduction

This chapter deals with the summary of the findings, the conclusion and recommendations. This was done in line with the objectives of the study.

5.2   Summary of Findings

This section summarizes the findings that were obtained in chapter four.

5.2.1   Acceptance of FGM messages

Results generated by the means of various independent variables revealed that FGM messages were more accepted in Tharaka North District compared to Tharaka South. This was supported by higher means for Tharaka North District compared to Tharaka South District. T-test results of acceptance of FGM messages indicate that there is significant relationship between media ambassadors, local language and acceptance of FGM messages. This is supported by a t-statistic of 0.746 (p=0.002) and 0.786 (0.000) respectively.

5.2.2 Influence of Media Ambassadors

The first objective of the study was to establish the influence of using media ambassadors in communicating information about female genital mutilation effectively among the Meru community of Tharaka District. A majority of the respondents indicated that religious leaders, political leaders and comedians are involved in communicating information about FGM. The key informants said that anti-FGM campaigners involve religious leaders, political leaders and influential people in the society such as chiefs and assistant chiefs. They added that in one instance some girls from '*Materi Girls High School*' had been invited to teach about the adverse effects of FGM in a program which referred to as '*Ntanira na Mugambo*'(circumcising with words) which is an Alternative Rite of Passage(ARP) being employed by the media ambassadors.

The correlation analysis revealed that media ambassadors were positive and statistically significant in influencing effective communication. These findings agree with those of Mulwa and Mathooko (2014) who sought to examine the effects of mass media in passing contraceptive messages on women's decisions on contraceptive use. Their study suggests that radio and television are a critical component of effecting this much desired change.

5.2.2   Influence of Local Language

The second objective of the study was to determine the influence of using local language in communicating information about female genital mutilation effectively among the Meru community of Tharaka District. The majority of respondents indicated that they listened to vernacular radio stations and that these stations were used by FGM campaigners to communicate FGM information. Local music was also used by FGM campaigners to communicate FGM information. As well, the anti FGM campaigners used vernacular language in meetings to communicate FGM information. The key informants said that anti FGM campaigners used vernacular language to communicate FGM information during meetings and gave out materials written in local languages to pass the information. Most mentioned as the most popular vernacular radio station was, 'Muga FM'. The anti FGM information was written on T-shirts to be worn by the campaigners and those who accepted the message. In some instances, the written messages were seen as incriminating and therefore villagers did not appreciate the wearers and they too (wearers) were ashamed to put them on for fear of being ostracized by the community.

The correlation analysis revealed that local language was positive and statistically significant in influencing effective communication. These findings agree with those of Mwithi (2010) who asserted that vvernacular media could play several roles within the target local language communities, of which economic gain is the most obvious one.

5.2.3   Influence of Sheng Language

The third objective of the study was to determine the influence of using sheng language in communicating information about female genital mutilation effectively among the Meru community of Tharaka District. Majority of the respondents disagreed that; the FGM campaigners used sheng language to communicate FGM information, use of sheng language encouraged youths to participate in educating in society on risk of female genital mutilation, sheng radio stations helped to curb female genital mutilation, radio stations that use of sheng language reach out to a large number of youths compared to other radio stations and sheng empowers females with information about FGM. The key informants said that sheng language was not used to communicate the anti FGM information. The key informants said that sheng language was not used to communicate the anti FGM information.

The correlation analysis revealed that sheng language was not statistically significant in influencing effective communication. These findings disagree with those of Halliday (2012) who noted that it is possible to make the argument that engagement with Sheng aids young people's learning by communicating in a language readily understood and which speaks directly to youth concerns.

5.2.4   Influence of Public Participation on Effective Communication

The fourth objective of the study was to examine the influence of public participation in media programs on communicating information about female genital mutilation effectively among the Meru community of Tharaka District. Majority of the respondents indicated that they did not participate in public rallies advocating for abandonment of FGM practice. The community did not celebrate those who have accepted to abandon the FGM practice by giving incentives such as issuing certificates, public recognition or special mention in places of worship. There are no festivities celebrating uncut girls. It was noted that public participation did not help the community communicate, acknowledge and embrace basic human rights and neither was public participation assist in passing the anti-FGM message

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to the community. The key informants said that the anti FGM campaigners organized seminars once per year, which did not seem adequate to pass the message.

The correlation analysis revealed that public participation was not statistically significant in influencing effective communication. These findings disagree with those of Draege (2007) who argued that public discussions can stimulate discussions in the private, family setting where decisions about genital mutilation of girl children are made by parents and other family members.

5.3   Conclusion

The study concluded that FGM messages were more accepted in Tharaka North District than in Tharaka South District. This implies that anti-FGM campaigns were more in Tharaka North District as opposed to Tharaka South district; perhaps due to inaccessibility of Tharaka South District which is more remote with a rougher terrain than the North.

The study concluded that media ambassadors influenced effective communication of FGM information. This implies that more involvement of media ambassadors in anti FGM campaigns would improve effective communication of FGM information.

Furthermore, the study deduces that local languages influenced effective communication of FGM information. In essence, this implies that more use of local language in anti FGM campaigns would improve effective communication of FGM information. In the contrary, the study concludes that sheng language and public participation do not influence effective communication in the Meru Community of Tharaka district. Looking at the other studied variables, it can safely be concluded that that media strategies have a key role to play in communicating anti- FGM information among the Meru community in Tharaka District.

It was concluded that public participation and sheng language were rarely used for communicating anti FGM information.

5.4   Recommendations for Policy

The study recommends that media ambassadors as a strategy be encouraged since they have a significant effect on the effectiveness of communication of anti-FGM messages. Use of famous and influential people such as reporters, e.g. Julie Gichuru and also the First Lady, Margaret Kenyatta, could come handy for they have been known to give mileage to female

empowerment programs. For instance, Julie Gichuru, in the, "Inua Dada" campaign and First Lady Margaret Kenyatta's "Beyond Zero Campaign", have improved the public perception on the girls and Women programmes.

It is recommended that local language as a strategy be emphasized for it improves the effectiveness of communicating anti-FGM information.

In addition, it is recommended that public participation and sheng language be frequently used in a bid to effectively communicate the anti FGM information as it is likely to appeal to the young people who most undergo FGM.

It is further recommended that anti FGM campaigners give materials written in the local language, to help in communicating anti FGM information.

5.5 Areas of Further Research

More in-depth research needs to be carried out to determine other media strategies that can boost effective communication of FGM information. 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 medicalization of the practice of female circumcision and how this is impacting on communication efforts aimed at urging people to stop the practice.

Moreover, 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 e.g. the Tharaka of Meru and the Kisii of Nyanza.

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APPENDICES

Appendix 1: Map of the Area
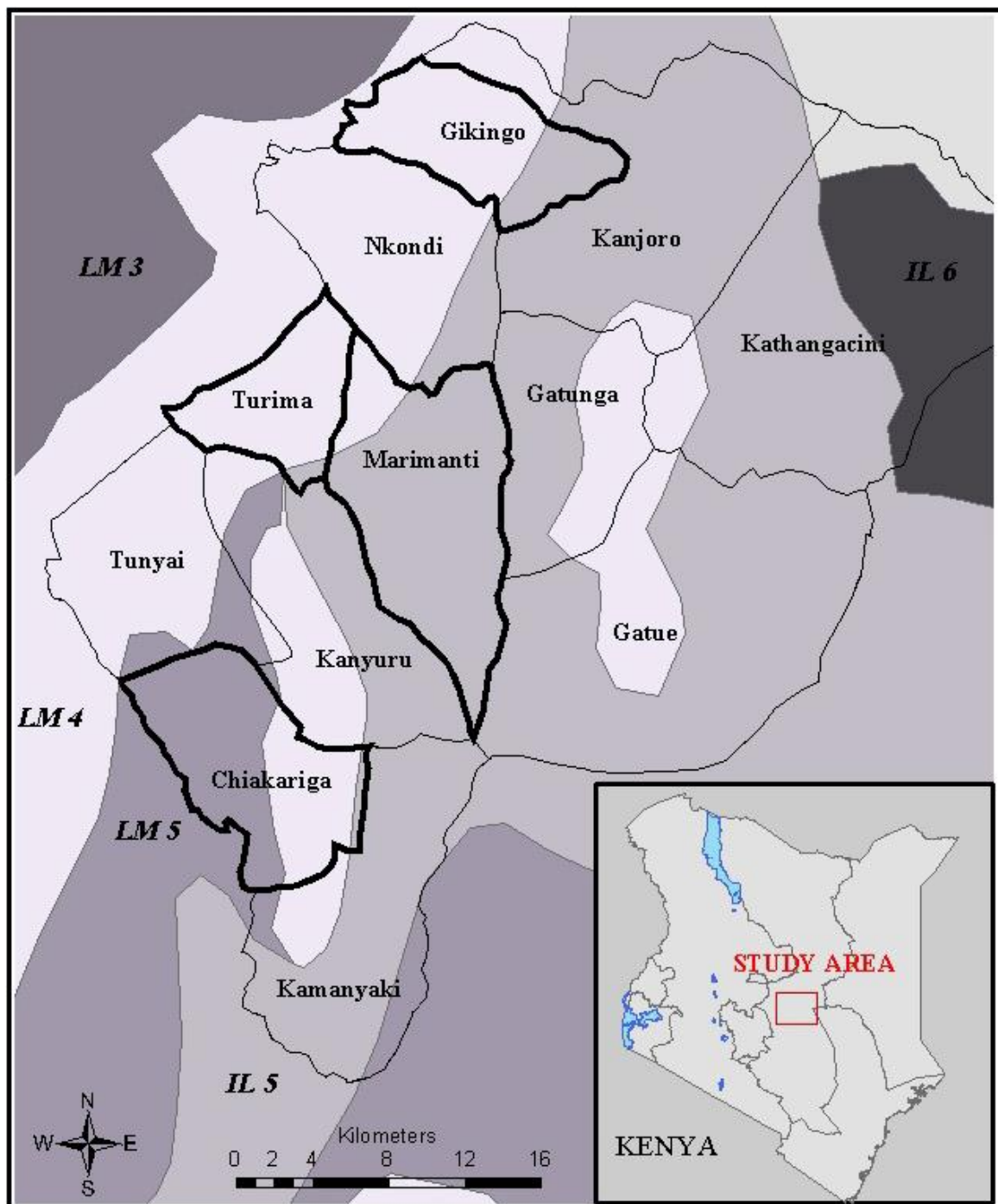
Appendix 2: Questionnaire

My name is Sammy Kaunga pursuing a Master of Arts in Communication Studies at The University of Nairobi. I am undertaking a study on the **influence of media strategies in communicating information about female genital mutilation effectively among the Meru community of Tharaka District,** Kenya. Your community has been chosen to participate in this research study. All information provided will be kept anonymous and confidential and will only be used for academic purposes only.

Section A: Background Information

1. Gender?

       1 = Male [ ]

       2= Female [ ]

2. Age

       1 = 18-29 years   [ ]

       2 = 30-39 years   [ ]

       3 = 40-49 years   [ ]

       4= Above 50 years   [ ]

3. Highest level of education?

       1 = None   [ ]

       2 = Primary Education   [ ]

       3 = Secondary Education   [ ]

       4 = College / University   [ ]

4. Religious Definition?

       1 = Protestant [ ]

2 = Catholic   [ ]

3 = Muslim   [ ]

4 = Other (Specify)..........................

4. Marital status?

1 = Single   [ ]

2 = Married   [ ]

3 = Divorced   [ ]

4 = Separated [ ]

5 = Widowed [ ]

SECTION B: MEDIA AMBASSADORS

This section seeks to obtain information on the influence of using media ambassadors in communicating information about female genital mutilation effectively.

1. Do anti FGM campaigners involve recognized religious leaders to pass the anti FGM message?

   Yes [ ]   No [ ]

2. Do anti FGM campaigners involve recognized political leaders to pass the anti FGM message?

   Yes [ ]   No [ ]

3. Do anti FGM campaigns involve famous musicians to pass the anti FGM message?

   Yes [ ]   No [ ]

4. Do anti FGM campaigners involve famous comedians to pass the anti FGM message?

   Yes [ ]   No [ ]

5. Do anti FGM campaigns use road shows involving influential people in the local communities to pass the anti FGM message?

   Yes [ ]   No [ ]

6. Does use of media ambassadors lead to effective communication of the FGM information?

   Yes [ ]   No [ ]

SECTION C: LOCAL LANGUAGE

This section seeks to obtain information on the influence of using local language in communicating information about female genital mutilation effectively.

1. Do you listen to any vernacular radio station?

    Yes [ ]   No [ ]

     If yes which one……………………………..

2. Does the vernacular radio station you listen to air female genital mutilation program?

    Yes [ ]   No [ ]

3. Has the program aired helped to reduced female genital mutilation practices?

    Yes [ ]   No [ ]

4. Do anti FGM campaigners communicate the anti FGM information through vernacular radio stations?

    Yes [ ]   No [ ]

5. Do anti FGM campaigners communicate the anti FGM information through advertisements that use local music?

    Yes [ ]   No [ ]

6. Do anti FGM campaigners communicate the anti FGM information in meetings using local language?

    Yes [ ]   No [ ]

7. Do anti FGM campaigners communicate the anti FGM information by giving the community materials written in the local language?

    Yes [ ]   No [ ]

SECTION D: SHENG LANGUAGE

This section seeks to obtain information on the influence of using sheng language in communicating information about female genital mutilation effectively.

1. Does use of sheng empower females with information?

    Yes [ ]   No [ ]

2. Does use of sheng encourage youths to participate in educating the society on risk of female genital mutilation?

   Yes [ ]   No [ ]

3. Has the sheng radio stations helped to curb female genital mutilation?

   Yes [ ]   No [ ]

4. Do radio stations that use sheng language reach out to a large no of youths compared to other radio stations?

   Yes [ ]   No [ ]

5. Does anti FGM campaigners communicate the anti FGM information using sheng language?

   Yes [ ]   No [ ]

SECTION E: PARTICIPATION IN PUBLIC

This section seeks to obtain information on the influence of public participation in media programs on communicating information about female genital mutilation effectively.

1. Is public participation against FGM a common practice in your community?

   Yes [ ]   No [ ]

2. Do you have the confidence to participate in public rallies advocating for abandonment of FGM practice?

   Yes [ ]   No [ ]

3. Does your community celebrate those who have accepted to abandon the FGM practice through issuing of certificates and host festivities celebrating uncut girls?

   Yes [ ]   No [ ]

4. Has public participation helped your community to communities acknowledge and embrace basic human rights, such as the right to health, dignity and bodily integrity?

   Yes [ ]   No [ ]

5. Has public participation assisted in passing the anti FGM message to your community?

   Yes [ ]   No [ ]

SECTION F: EFFECTIVE COMMUNICATION OF FEMALE GENITAL MUTILATION (FGM)

1. The community has embraced information relating to the harmful sexual health effects of FGM practices.

   Yes [ ]   No [ ]

2. The community has embraced information relating to the harmful reproductive health effects of FGM practices.

   Yes [ ]   No [ ]

3. The community has embraced information relating to the harmful physical health effects of FGM practices.

   Yes [ ]   No [ ]

4. The community has embraced information relating to the harmful psychological health effects of FGM practices.

   Yes [ ]   No [ ]

5. The community has embraced information that shows that FGM practices can cause death.

   Yes [ ]   No [ ]

Appendix 3: Key Informant Interview Guide for Administrative Officials, Religious Leaders, Circumcisers, NGOs Professionals and Health Professionals

1. What do you think are the reasons behind the persistence of FGM in the community?

2. Do anti FGM campaigners involve recognized religious leaders, political leaders, famous musicians, media personalities, comedians and influential people in the local communities to pass the anti FGM message? If yes explain which ones in particular…………………..

3. Do anti FGM campaigners communicate the anti FGM information through vernacular radio stations, advertisements that use local music, in meetings using local language and by giving the community materials written in the local language? If yes explain which ones in particular…………………..

4. Does anti FGM campaigners communicate the anti FGM information using sheng language to captivate the youth?

5. Have the media and the anti FGM campaigner's organized public activities such as road shows, marathons, football and other games and forums in schools? If yes explain which ones in particular…………………..

6. Has the community embraced information relating to the harmful effects of FGM practices?   Yes [ ]   No [   ]

   Explain further………………………