

**UNIVERSITY OF NAIROBI**

**SCHOOL OF JOURNALISM**

**THE ROLE OF MASS MEDIA IN BEHAVIOUR CHANGE AMONG FEMALE  
PROponents OF FEMALE GENITAL MUTILATION IN MERU NORTH  
DISTRICT.**

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**UNIVERSITY OF NAIROBI  
EAST AFRICANA COLLECTION**

**A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILLMENT FOR  
THE AWARD OF A MASTER OF ARTS DEGREE IN COMMUNICATION  
STUDIES.**

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## DECLARATION

I declare that this research project is my original work and has not been submitted anywhere else for any academic purposes or degree award.

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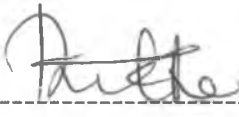
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This research project has been submitted with my approval as the supervisor on behalf of the School Of Journalism, University of Nairobi.

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Date 17/11/2009

## **DEDICATION**

I dedicate this work to my very loving parents: my dad Mr. Cyprian Kiambati and my mother Mrs. Julia Kanja Kiambati, my brothers: Stephen and George and my sisters: Sabina, Charity, Joyce and Veronica; for being there for me, may the almighty God bless you all.

## ACKNOWLEDGEMENTS

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## ABBREVIATIONS AND ACRONYMS

<b>AIDS</b>	- Acquired Immune Deficiency Syndrome
<b>BC</b>	- Before Christ
<b>CEDAW</b>	- Convention on Elimination of all Discrimination Against Women
<b>FGC</b>	- Female Genital Cutting
<b>FGM</b>	- Female Genital Mutilation
<b>FIDA</b>	- Federation of Women Lawyers
<b>HIV</b>	- Human Immunodeficiency Virus
<b>KDHS</b>	- Kenya Demographic Health Survey
<b>MYWO</b>	- Maendeleo Ya Wanawake Organization
<b>NGO</b>	- Non-governmental Organization
<b>PATH</b>	- Programme for Appropriate Technology in Health
<b>TDHS</b>	- Tanzania Demographic Health Survey
<b>UN</b>	- United Nations
<b>UNCRC</b>	- United Nations Convention on the Right of the Child
<b>UNESCO</b>	- United Nations Education, Science and Cultural Organization
<b>UNFPA</b>	-United Nations Population Fund
<b>UNICEF</b>	-United Nations International Children Education Fund
<b>USA</b>	- United States of America
<b>WHO</b>	- World Health Organization

## ABSTRACT

Female Genital Mutilation (FGM) is the term used to refer to the removal of all or part of the female genitalia. The practice is deeply embedded in African culture and has continued for thousands of years. The origins of the practice are not fully understood but it is thought to have existed since 3000BC. Religion, especially Islam, has often been given as the reason for the practice. However, according to the World Health Organization (WHO), FGM predates all modern religions. It is estimated that more than 130m million girls and women have been subjected to FGM and that a further 2 million girls are at risk each year. Most of these women live in 287 African countries and increasingly in Europe, Canada, USA, Australia and New Zealand, among immigrant communities.

The Anti-FGM proponents in Africa and elsewhere have recently made great progress in challenging the practice by pointing to the physical and psychological health risks of the practice; its impact on a girl's education, early marriages and general development of the community as a whole; and by calling for respect for human rights of girls and women in general. African women's organizations at the forefront state that FGM is rooted and perpetuated in the unequal relationship between women and men in African societies, a trend that makes women passive and to comply with traditions and the stress generated by accepting these practices as right and/or inevitable in order to belong to the society.

UNICEF notes and urges that change can only come from within. Thus it is vital for the anti-FGM campaigners to raise the debate within communities practicing it. Transformation will come when people recognize and understand the wider benefits that change will bring to the health and general well being of the girls and women, as well as the whole community. The main is to build positive motivation for people to embrace change.

Kenya's campaign against the practice of FGM dates back to 1913 when missionaries observed that FGM was a severe practice. In 1989, Kenya's former president Daniel arap



Moi asked the Meru and other communities still practicing FGM to stop the practice forthwith. However, the criminalization of the practice only caused it to go underground, necessitating a different approach to its eradication.

For this reason, the study sought to examine the role played by mass media channels among female proponents of FGM in the Meru community of Meru North district. The results of the study will guide policy makers, as well as campaign designers in the laying down of campaign communication strategies in future anti-FGM campaigns. The study assessed the availability as well as access to mass media channels by women who are often the direct victims as well as main proponents of the practice; the most accessible medium and FGM messages in the mass media.

Study findings indicate that most women in the study area have limited access to mass media channels due to their high cost, lack of free time and low literacy levels as compared to the men. Radio is the most accessible medium among the women, as it is cheaper, and broadcasts in the local Kimeru language. It is, therefore, vital to use the local radio station to facilitate awareness of FGM issues among the Meru. Open debates would be more effective in deliberating on various FGM related issues.

Apart from the mass media, religious leaders are the most vocal against the practice of FGM among the Meru of Meru North. There is, therefore, a need for interplay of interpersonal and mass media in the fight against FGM. Public declaration by local religious and other leaders should be encouraged.

Study findings indicate that women, especially grandmothers and mothers, are the main proponents of the practice, encouraging their girls to undergo the practice. There is need to pay more attention to mothers and grandmothers since they are major decision makers with regard to FGM. Communication activities must be tailored to suit and integrate these elderly women and make them feel as part of an activity that is crucial and beneficial to their general community.

In addition, the men in the community should be trained to be advocates of anti-FGM campaigns since they were found to have more access to mass media channels. Networking with all stakeholders is vital since there is no single organization or individual that can effectively succeed in fully eradicating the vice.

Full eradication of FGM among the Meru and any other practicing community, needs openness in communication and attitudinal change at the community level. The overall goal, to improve gender relations, further women rights, change attitudes and behavior of the community towards FGM is envisioned in community involvement and enhancement of informal communication rather than just the classical mass media.

# CHAPTER ONE

## INTRODUCTION

### 1.0 Overview of Female Genital Mutilation

Female Genital Mutilation (FGM) is a cultural practice that has been embedded in many African communities for a very long time.

According to the World Health Organization (WHO, 1999), the practice of Female genital mutilation predates all modern religions. Religion, especially Islam, has however, been given as the reason for the practice in some parts of Africa. FGM has been practiced as an integral part of the culture of the practicing communities.

Different views of FGM often co-exist in a community: from the state's point of view, FGM is a violation of human rights, while from the practicing communities' point of view, it is a social norm; a way of life (PATHI, 1996).

A UNICEF study estimated that over 130 million girls and women around the world have been subjected to at least one of the four forms of FGM. A further 2 million girls are estimated to be at the risk of undergoing the ritual. Most of these girls live in 287 African countries and increasingly in Europe, Canada, USA, Australia, and New Zealand, primarily among immigrant communities (UNICEF, 2003).

The WHO/UNICEF/UNFPA Joint Statement classified female genital mutilation into four main types:

**Type I** involves the Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).

**Type II** is the Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).

**Type III** is the narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).

**Type IV** is defined as all other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization. (WHO, 2008).

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In Kenya, Female Genital Mutilation is practiced in more than three quarters of the country, although the prevalence of the practice varies widely from one ethnic group to another. 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%). FGM is almost non-existent among Luhya and Luo women (each less than 1%). The type of mutilation varies by the ethnic groups (e.g. Type III is most common among Somali women; Type II among the Maasai, Kalenjin, Meru, Kuria; and Type I among the Kisii. There has been a notable reduction since 1998 in the proportion of Kalenjin, Kikuyu, Kamba, and Mijikenda/Swahili women who reported being circumcised.

According to the 2003 Kenyan Demographic Health Survey (KDHS), 32% of all Kenyan women aged between 15 and 49 years are circumcised. However, many anti-FGM proponents in Africa have made great progress in challenging the practice, mainly by pointing to the physical and psychological health risks of the practice; its impact on girl education and life in general, and by calling for the respect for the human rights of girls and women.

In Benin for example, a law was passed in March 2003 outlawing all forms of FGM, and making the practice punishable with heavy fines and jail terms of up to five years. If the girl who has been circumcised dies, then an even steeper fine is imposed, while the FGM practitioner is imprisoned for up to 10 years. NGO workers go door to door in their effort to raise awareness of the dangers of FGM, approaching families with the assistance of respected community members. Village meetings are also held to discuss the practice, and to designate people to serve on committees which monitor FGM. In addition, activists make use of films that warn about the side effects of circumcision.

(Exodus online, Jan19, 2005).

In Tanzania, a Tanzania Demographic Health Survey released on 1 December 2008 showed that FGM prevalence had declined from 18 percent in 1996 to 15 percent in 2005, when the survey was carried out. Local NGOs attributed the decline in the number of girls undergoing FGM to continued awareness campaigns against the practice (TDHS, 2008).

Kenya's campaign against FGM dates back to 1913 when missionaries observed that FGM was a severe practice. In 1989, former president Moi asked the communities still practicing FGM to stop forthwith. The criminalization of the practice caused it to go underground; hence a different approach to its eradication was necessary.

In September 1982, the director of medical services gave instructions to government and mission hospitals to stop FGM. In a circular to the hospitals, he indicated that he did not consider any health worker competent to conduct FGM operation.

While on a visit to Kajiado, the then president Daniel Arap Moi advised the maasai against engaging in traditional practices such as early child marriages and female circumcision, which he described as no longer useful (FGM, National Plan of Action, 1999). Over the recent years, the fight against FGM has had some significant achievements, with many practicing communities slowly abandoning the practice for alternative rites of passage for their girls.

Since 1993, Maendeleo Ya Wanawake Organization (MYWO) of Kenya and PATH have been implementing an innovative communication project in four districts of Kenya. The MYWO project was able to identify and implement alternative rituals to FGM. A need for alternative ways to welcome girls to maturity without circumcision became clear during PATH and MYWO's project activities. Girls and their families were often unwilling to give up important community ritual activities and gift giving that surrounded

the practice of FGM. Project staff developed a framework for an alternative ritual and investigated its feasibility within the community.

The first alternative ceremony took place in Tharaka Nithi in Meru District in August 1996. Thirty girls were secluded in the traditional fashion and participated in a week-long training on reproductive health issues including pregnancy and HIV/AIDS prevention, the harmful effects of FGM, and personal hygiene. A community celebration and "gift-giving" by family, friends, and godmothers followed. Girls were also given a booklet that contained the community's traditional wisdom and expected code of conduct information that is typically provided to girls during FGM ceremonies. Since the Tharaka Nithi experience, many other girls have graduated to adulthood in Meru without circumcision.

A UNICEF study conducted in Garissa and Moyale (Kenya) in 2004 found that about 60 per cent of FGM practitioners felt the increasing pressure to abandon the practice. Almost half of them said religious leaders provided the strongest impetus to abandon the rite, while 40 per cent cited an increased awareness of girls' rights.

In Kenya, communication campaigns have been successfully used especially in the fight against HIV and Aids. In May 2008, for example, the Kenyan health ministry in collaboration with the Aids Control Council launched a communication campaign to bolster communication and awareness of HIV/AIDS and TB to reduce stigma and discrimination associated with the diseases. The multi-tiered program, which was launched by the health Permanent Secretary, encourages health workers to be tested for

HIV and to learn about the link between HIV and TB. The program also aimed at providing treatment for health workers who are living with HIV or TB. Under the program, HIV-positive health workers will encourage colleagues to be tested for HIV and TB and to seek treatment. The program was launched at selected clinics in Nairobi and Nyanza, the two provinces with the highest rates of TB and HIV/AIDS in the country.

Dr. James Nyikal, the Permanent Secretary for Public Health and Sanitation, said the program aimed at reducing stigma and discrimination associated with HIV and TB. Nyikal said that many health workers in the country do not know their HIV status, which has hindered the government's efforts to reduce HIV-associated stigma and provide adequate health care at public clinics.

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

Among the Meru, an ethnic group living on the slopes of Mount Kenya, about 300 kms north of Nairobi, circumcision - which involves cutting off part of the female genitalia - for centuries has been a deep-rooted and compulsory rite for most local girls.

Until recently, FGM was the only process used to initiate girls into adulthood among the residents of Meru North District, which is part of the larger Meru community. However, this has greatly changed due to the continued campaigns against FGM in the area. The prevalence rate in Meru has reduced from 42% in 2003 to around 38% in 2008.

A study conducted by FRONTIERS in Meru North and Tharaka districts in Meru found the general FGM prevalence rate to be lower in Meru North (38%) than in Tharaka



District (58%). Prevalence was highest among mothers in Tharaka, at 87 percent, and lowest among young girls in Meru North at 15 percent.

Those who supported the practice reported that FGM is a “good tradition” that enhanced girls’ chances of getting married and acceptance in society. Girls felt that if they were not “cut” they would be considered children and subject to ridicule by their peers and relatives. In both districts, over half of all the study participants thought that FGM should stop because it was against prevailing local religions (largely Christian) and it limited girls’ education. A large proportion of respondents reported that the practice had lost social significance. More respondents in Meru North wanted the practice to stop than in Tharaka.

In Meru North, 70 percent of the girls said that their mothers had made the decision to have them cut and 40 percent said the decision was also made by their fathers. In Tharaka, 95 percent of the girls reported that they made the decision to undergo FGM themselves. Changes were also reported in community perceptions of the practice, with more community members indicating that the practice was declining due to awareness of the negative health and social consequences. (Humpreys et al, 2008).

In Mutuati division in Meru North district, there have been several efforts by various organizations to eradicate the practice of FGM. Some of the initiatives have been communication based in form of campaigns by various leaders, including social and religious leaders who have been on the forefront of the fight against it.

The efforts to combat the practice of FGM have been quite successful, with majority of the women opting to use alternative rites of passage to initiate their girls into womanhood. Most girls in the area have also been increasingly opting for education as opposed to FGM and eventual marriage.

This study seeks to establish the role that mass media has played in changing the perceptions among female proponents of FGM in Mutuati division in Ntonyiri constituency Meru North district. This is based on the fact that although the females in this study area may not have access to all mass media channels available in Kenya, most of them have access to the vernacular radio station that broadcasts in Kimeru. The researcher seeks to investigate whether or not mass media campaigns have contributed to the observed behavior change among the females with regard to Female Genital Mutilation as well as the main channels of mass communication that have had the most impact in the behavior change. It is important to note that the available mass media channels referred to in this study are not sample targeted, but rather issue targeted.

In 1999, the Njuri Ncheke (tribal court of elders) in Nyambene (Now Meru North), district called for an alternative rite of passage to replace female circumcision (Nation, 30 March 1999). Since then, the practice of FGM has been on the decrease, with many mothers opting to have their daughters uncircumcised. It is for this reason that the role of mass communication can not be underestimated in the observed change of behavior among the proponents.

The researcher sought to study specifically female proponents based on the fact that, although FGM affects the society in general, women are more directly affected by the practice. It is also based on the fact that, apart from being the victims of the practice, women are also the major proponents as well as performers of FGM .The Meru council of elders blamed women for perpetuating the practice by organizing secret circumcision ceremonies for their daughters despite being aware of the risks involved (Nation, 30 March, 1999). A change in their behavior as well as the main impetus for the change is, therefore, of great interest in the fight against FGM.

## **1.2 Problem statement**

Although there have been various anti-FGM communication based strategies in Kenya, little research has been done on the effectiveness of the various media channels in addressing women as the performers and direct victims of FGM.

In Meru North district, several efforts have been made by various development agencies; the government with its various departments; administration, health , social services, as well as MYWO, which channels its efforts through churches including the catholic church and other religious organizations to address the vice.

Although there has been a significant reduction in the prevalence rate of FGM in the area, not much information is available on the role the media has played in this observed change in behaviour especially among the female proponents.

This study sought to investigate some of the available media outlets in the area, with a view to establish what role the media has played in changing the perceptions of the

female proponents in the study area. Majority of the girls who have undergone FGM in Meru North district have cited their mothers and grand mothers as the people who had made the decision for them to have the cut. In fact, 70% of them said their mothers had pushed them to be circumcised (Humphreys et al, 2008).

According to PATH, most women who have experienced FGM in the rural areas are strongly in favor of FGM for their daughters. Women therefore make the majority of the proponents of FGM in many practicing communities. Besides, they are the actual performers of the practice. The study consequently, sought to answer the following questions: What contribution has the media made in changing the behaviour of the females with regard to FGM in the study area?; which media outlets are more readily available to the females in the area?; which specific mass media channels/outlets have had the greatest impact on the females?; have the messages had any impact in changing their behavior?.

The purpose is to determine the role of the media as a major source of information in FGM campaigns and their availability to the real victims of FGM-the women.

### **1.3 Objectives of the study**

The objectives of the study are as follows:

1. To determine the main mass media channels available to female proponents in Meru North.

2. To establish the most influential mass communication channel(s) among female proponents of FGM
3. To determine the impact of the media on FGM practices in the study area.

#### **1.4 Justification for the study**

That Female Genital Mutilation has a myriad of negative effects on the life of a woman cannot be doubted. These effects include among others: urine retention, hemorrhaging, infection, pain, menstrual complications, infertility, loss of sexual pleasure or inability to perform sexual intercourse, death, and psychological disturbances. In some cases, babies have been seriously harmed during prolonged labour, due to circumcision, resulting in brain damage or death of the child (Abdallah, 1982). However, many African communities are yet to embrace modern methods of initiating their young girls into adulthood.

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A UNICEF study estimated that over 130 million girls and women around the world have been subjected to at least one of the four forms of FGM. A further 2 million girls are estimated to be at the risk of undergoing the ritual. Most of these girls live in 287 African countries and increasingly in Europe, Canada, USA, Australia, and New Zealand, primarily among immigrant communities (UNICEF, 2003).

In Kenya, Female Genital Mutilation is practiced in more than three quarters of the country, although the prevalence of the practice varies widely from one ethnic group to another. 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%). FGM is almost non-existent among Luhya and Luo women (each less than 1%).

The continued practice of FGM among a number of communities in Kenya can largely be attributed to the perceptions as well as the value that the said communities place on the practice: the practice is perceived to prevent immorality by reducing women's sexual desires hence enforcing the cultural value of sexual purity in females by ensuring virginity before marriage and fidelity in marriage.. The UN Special Rapporteur, who examines the situation of human rights and fundamental freedoms of indigenous people, states in his report on a December 2006 mission to Kenya, that FGM is still "practised widely among numerous indigenous communities such as the Maasai, Samburu, Somali and Pokot, as part of the culturally sanctioned rites of passage" (UN 26 Feb. 2007, Para. 79).

Studies show that the prevalence rate in Meru North has reduced from 42% in 2003 to around 38% in 2008. This reduced rate of prevalence in Meru North in which the area under this study is, points to the fact that there has been a change in the behavior of proponents in the community. It is for this reason that the contribution of the mass media cannot be underestimated in the fight against FGM.

In his book “ The press and foreign policy”, political scientist Bernard C. Cohen wrote “ The press may not be successful much of the time in telling the public what to think, but it is stunningly successful in telling its readers what to think about”.

This points to the fact that the media plays a major role in shaping people’s views, opinions attitudes and perceptions in general; it is obvious that a deeper understanding of its contribution in changing the perceptions of the female proponents of FGM is very important in designing effective strategies to counter the opinions and perceptions of practicing communities towards FGM. This understanding is also crucial in offering practical solutions to the various challenges facing the campaigns against FGM in Kenya.

The researcher sought to focus the study specifically on women proponents based on the fact that although the practice of FGM negatively affects the practicing communities in general, women are the direct victims of these effects. It is also for the reason that women have been cited as the greatest proponents of FGM in the various practicing communities. A large percentage (70%) of the girls in Meru North cited their mothers as the main proponents of FGM in the area. According to PATH, mothers and grandmothers play a greater role in deciding whether or not their girls should be circumcised. This means that, the women play a major role in deciding whether or not, their daughters should undergo FGM. A change in the behavior of women as well as the main influence in the behavior change is therefore, of interest in this study.

The in-put of various media practitioners as shapers of public opinion on FGM should be evaluated mainly because the mass media is one of the agencies for the formation and expression of public opinion. This makes the study important because although the mass media may not always shape the way readers, listeners and viewers react to various messages, it shapes the audience's perceptions of reality and sets priorities.

### **1.5 Significance of the study**

This study examines media channels available to females in an FGM practicing community. The purpose is to determine the role of mass media in addressing FGM. This will guide campaign designers in laying communication strategies. It specifically focuses on female proponents of FGM and the availability and appropriateness of various media outlets in changing their perceptions and behaviour in general. The study is expected to suggest practical solutions towards FGM eradication efforts, whose benefits will have a ripple effect on the community.

The study will also inform the media practitioners, especially the vernacular radio stations available in practicing communities, on how and when to air FGM related issues in order to achieve the best results. It is expected that the study will increase the understanding of the role played by mass media in informing and consequently changing the practicing communities' perceptions towards FGM.



The study will highlight the strengths and weaknesses in the mass media coverage of FGM-related issues, and therefore enhance the government and other organizations' efforts to eradicate the practice.

The findings should also help the anti-FGM crusaders in choosing the right channels through which to disseminate their messages, depending on the appropriateness and effectiveness of the channel in reaching a maximum number of target audiences.

## CHAPTER TWO

### LITERATURE REVIEW AND THEORETICAL FRAMEWORK

#### 2.1 Introduction

Female genital mutilation (FGM) is a traditional practice deeply embedded in some African cultures for very many years. It refers to all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs, whether for cultural or other non-therapeutic (non-medical) reasons. Although its origin is not fully understood, FGM is thought to have existed for thousands of years, possibly since 3000 BC. According to the World Health Organization (WHO, 1999) the practice of FGM predates all modern religions. Religion, especially Islam, however, has been given as the reason for the practice.

FGM has been practiced as an integral part of the culture of those who practice it. To the proponents, the practice has a meaning and purpose to fulfill in their lives, however irrational and harmful it might appear to other people.

It is estimated that over 130 million girls and women around the world have been subjected to one or more forms of FGM. A further 2 million girls are estimated to be at risk of undergoing the ritual. Most of these girls live in 287 countries African countries and increasingly in Europe, Canada, USA, Australia and New Zealand, primarily among immigrant communities (UNICEF, 2003).

However, many people in Africa and elsewhere have made great progress in challenging the practice. They mainly point to the physical and psychological health risks of the practice. They also increasingly call for respect for the human rights of girls and women. African women's organizations at the forefront of the fight generally state that the practice of FGM is rooted and perpetuated in the unequal relationship between women and men in many societies. The women are made passive and therefore willing to comply with traditions and the stress generated by accepting these practices as right and/or inevitable in order to 'belong' to the society.

UNICEF notes and urges that change in the most hidden of these practices can only come from within; hence it is vital for campaigners against the practice to raise the debate within communities practicing it. Transformation will take place when people recognize and understand the wider benefits that change will bring to the health and well being of girls and women as well as their communities in general. Transformation will be achieved when people believe that they can embrace change without feeling that their identity is under threat. There is need to also show respect for the people's beliefs and culture, acting with empathy and not confrontation. This can help people to see that they can abandon the practice of FGM while still retaining the positive aspects of their culture. Anti FGM crusaders should basically build positive motivation for people to change.

## **2.2 Eradication efforts in Kenya**

Kenya's campaign against the practice of FGM dates back to as early as 1913 when missionaries observed that FGM was a severe practice. The colonial government

following a parliamentary inquiry on FGM acknowledged that the practice constituted a medical problem. However, in order to avert a revolt by natives guarding their tribal customs and organizations, the government adopted a policy of slow and careful education and enlightenment (1956-1957).

The African District Council (Local Native Council) passed a ban on all forms of female circumcision, but since the colonial government spearheaded this, Kenyans did not respect or implement the ban. The rapid political and social economic interactions of the 1980's led to significant transformation in people's thinking and gender relations. They opened up a wider range of social economic and political options for women and men from different cultures in ways that had previously been unknown or unacceptable. Significantly, this transformation led to a reflection on the traditional structures that were previously shrouded by silence and only explained by 'culture'. Notably, the widespread silence surrounding traditional practices and especially FGM was broken.

In September 1982, the director of medical services gave instructions to government and mission hospitals to stop FGM. In a circular to the hospitals, he indicated that he did not consider any health worker competent to conduct FGM operation. In 1989 former president Moi while in Meru, asked all the communities that still practiced female circumcision to stop forthwith. He observed that the practice was outdated and unacceptable in modern Kenya. Once again, the criminalization of the practice caused it to go underground, necessitating a different approach to its eradication.

While on a visit to Kajiado, the then president Daniel Arap Moi advised the Maasai against engaging in traditional practices such as early child marriages and female circumcision, which he described as no longer useful (FGM, National Plan of Action, 1999).

According to the KDHS (1998), 38% of Kenyan women aged 15-19 years have been circumcised. The proportion of women circumcised increases steeply with age from 26% of 15-19 year old to nearly half of women aged 35 and above. The age pattern suggests a slight downward trend in the practice of circumcision in the last two decades.

Circumcision is more common in rural areas and among the women who have received less education. Most women who have experienced the practice of FGM are, according to PATH, strongly in favor of FGM for their daughters. Research has shown that in the practicing communities only 62% of girls with secondary education were circumcised as compared to 96% of girls with no education. Clearly, there is a close link between education and the rejection of FGM. Women who do not circumcise their girls are viewed by some as irresponsible, 'loose' and imitators of western culture. However, there are those who see them as strong and liberated.

Research findings by PATH point at social, cultural values of identity, control of women's sexuality and reproductive functions, health and hygiene, political, religious and financial gains by circumcisers as some of the reasons that are responsible for the continuation and resurgence of the practice of FGM. Spectacularly, the role of mass

media in the eradication efforts among the women proponents has not been addressed. This raises fundamental questions such as: what particular media channels are available to female proponents in the rural area? What is the contribution of one variable such as the broadcasting media on FGM campaigns?

### **2.3 The effectiveness of media campaigns as a way of eradicating FGM**

Most of the campaigns against the practice of FGM have largely been communication based. Conceptually, information campaigns can be differentiated from similar forms of communication by nature of objectives and the message processing. They usually involve a series of promotional messages in the public interest, disseminated through mass media channels to target audiences. Information campaigns tend prominently to feature cognitive gains, as a preliminary stage of response as follows: many campaigns aim primarily at creating awareness; increasing knowledge; changing beliefs; or raising salience in order to indirectly affect the attitudes or behaviors. Unlike persuasion campaigning (e.g. consumer and political advertising), information campaigns are meant to benefit individual as a whole rather than serving the private self-interest of the sponsoring source. Moreover as opposed to educational media (e.g. televised instruction in classroom or homes) the attention and learning process is voluntary and informal.

Scientists studying effects of information campaigns can be divided into two divergent camps: on the right are the 'neo-null effect proponents' who adhere to the view that the media are largely impotent or the 'limited effects theorists'; on the left are those who hold that the media are potentially influential, especially if a campaign is properly

designed and effects are sensitively measured and interpreted. This latter camp carefully avoids the excesses of old hypodermic effect school; however, acknowledging that powerful and impressive effects are unlikely. Rather than concentrating on the array of factors that limit effectiveness they have searched for ways to overcome the barriers, reflected in articles titles such as "some reasons why information campaigns fail". Indeed, the modern version holds that mass media campaigns can be moderately successful under certain conditions, whose key issues include defining criteria for success, distinguishing various effects and identifying the maximizing conditions for impact.

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According to Mandelson (1973), little attention has been given to components of communication process that govern the degree of effectiveness of information campaigns, hence much of the basis for suggested strategies is borrowed from the more extensive evidence generated by social psychologists-Mcquire (1969), Raymond (1976) and Arkin (1981). He notes that the conventional approach to designing communication strategies involves dissecting the communication process into: message; channel; and receiver variables to determine each factor.

In a typical campaign situation, the strategies have control over the first three elements but the optimum manipulation of source, message, and channel components largely depend on a thorough understanding of the receivers in the target audience. A particular source or channel may work well with one age group or social class but may fail with another segment of the population. Since campaign designers come from a different

background with the intended receivers, personal intuition is insufficient in devising strategies. It is important to determine where the receiver is coming from (the amount of knowledge, patterns of beliefs, level of salience, value system, capacity of learning information) before implementing campaign. Sophisticated campaign designers attempt to segment the overall audience into subgroups with similar demographic or attitudinal characteristics and then create campaigns targeted to specialized categories of receivers.

The social context of the receiver should be factored in since interpersonal influences may compete with or complement the mediated messages. Moreover, content should be prepared in a manner that facilitates receiver recognition of the utility of the information and extraction of useful lessons. If one audience does not watch, listen or read then there is no chance that knowledge can be gained or behavior modified. Therefore, special care must be devoted to maximizing audience contact with the stimuli and engaging audience attention to messages that are encountered. Pre-campaign analysis is also helpful in providing the strategist with a more precise idea about which types of effects should be the focal point of the campaign.

## **2.4 Theoretical framework**

The theoretical frameworks guiding this study are the **agenda setting** and **the social learning** theories of mass communication.

### **2.4.1 Agenda setting theory**

The agenda setting is an important concept in mass communication theory. The term was coined by Maxwell McCombs and Donald Shaw, American communication scholars in



1972 to describe in more general terms, a phenomenon that had been noticed and studied in context of election campaigns. Lazarsfeld et al. (1944) had referred to the phenomena as the power to structure issues. The agenda setting role of the media refers to the media's capability, through repeated news coverage, of raising the importance of an issue in the public's mind. It is a process in which the media selects news, issues and events and gives them prominence and importance to the exclusion of others. In other words, the increased emphasis on a topic/issue in the mass media leads to increased relevance of that topic in the public perception.

According to Walter Lippmann (1922), people depend upon the press to provide them with information on events and views of "the world outside" from which they form "pictures in their heads". He wrote:

*For the real environment, is altogether too big, too complex, and too fleeting for direct acquaintance. We are not equipped to deal with so much subtlety, so much variety, so many permutations and combinations.*

Bernard Cohen (1963) is credited for refining Lippmann's ideas into the theory of agenda setting and his writings form what the basis for what we now call the agenda setting function of the media. Cohen says:

*The press is significantly more than a purveyor of information and opinion. It may not be successful much of the time in telling the people what to think, but it is stunningly successful in telling its readers what to think about.*

Other scholars like sociologist Kurt Gladys Lang (1959) observed that while there was considerable doubt that the press had great power to change people's attitudes, the media did provide an immense quantity of information from which people learned about the important issues of the day. Langs noted that people seemed to learn about such matters as campaigns issues in direct proportion to the emphasis placed on them by their manner of presentation in the media. The mass media force attention on certain issues. They build up public images of public figures. They are constantly presenting objects suggesting what individuals in the mass should think about, know about, and have feelings about.

One fact about the media in modern society is that there is constant flow of news, large numbers of people read their newspapers and listen to news on radio. While some audiences rely more on television for their news, others have little interest I daily events. The news industry seems more interested in some events than others-material presented by the press is selective. This selectivity stems from the constraints the media faces; limited capacity to provide total surveillance, financial constraints, time, space and factors imposed on gatekeepers. Such variables determine the manner in which press decides which stories to select, follow-up, emphasize, interpret and present in particular ways.

## **The Agenda building process**

Researchers Gladys and Kurt Lang (1983) studied the relationship between the press and public opinion during the Watergate crisis and suggested that the concept of agenda setting be expanded to the concept of agenda building which is a collective process in which media, government and the public influence one another in determining what issues are considered to be important. The process was broken into 6 steps:

- The press highlights some events or activities and makes them stand out.
- Different kinds of issues require different kinds and amounts of news coverage to gain attention.
- The events and activities in the focus of attention must be 'framed' or given a field of meanings within which they can be understood. To frame is to select some aspects of a perceived reality and make them more salient in a communication text, in such a way as to promote a particular problem definition, causal interpretation or moral evaluation and/or treatment recommendation for the item described.
- The language used by the media can affect perception of the importance of an issue. The use of certain terms can point to the seriousness and/or importance of an issue.
- The media link the activities or events that have become the focus of attention to secondary symbols whose location on the political landscape is easily recognized. People need to have a basis for taking sides on an issue.
- Agenda building is accelerated when well-known and credible individuals begin to speak out on an issue.

## **The process of agenda setting- three part process**

There are 3 main interrelated agendas (Miller, 2005):

**Media Agenda:** these are the issues discussed in the media. This process raises the issue of how the media's agenda comes to being in the first place. The media agenda in some way affects or interacts with the public agenda.

**Public agenda:** issues discussed and personally relevant to the public or the public sense of issue importance. The process raises the question of how much power the media has in affecting the public agenda and how they do so. The public agenda affects or interacts in some way, with the policy agenda.

**Policy agenda:** issues that policy makers consider important. In its simplest and most direct version, the agenda setting theory predicts that the media agenda sets the public agenda and the public agenda in turn affects the policy agenda.

## **Agenda setting methods**

In media, issues considered important are emphasized through the following methods:

### **1. Repetition (frequency)**

This refers to the number of times an issue is highlighted in the media. There is a strong correlation between the frequency of an issue in the media and the importance it is accorded by the public. In Germany, Hitler's minister for propaganda Dr. Joseph Goebbels, employed the repetition method to set agenda against the Jews. The warped and reverse racial logic was so much repeated by the mass media, particularly in radio,

until through subliminal perception, the falsehoods turned into the truth in thousands of minds. An estimated 6 million Jews were killed as a result of lies by the mass media. In the same way, in the Rwandese tragedy of 1994, RTLMC radio and Kangura newspaper incited Hutus against Tutsis by repeating messages designed to set one group against the other.

## **2. Headline size or choice of typeface**

Screaming or banner headlines give news items prominence and are designed to attract the attention of audience. The public actually considers headlines important topics of the day and often discuss their implications. In this way, mass media sets agenda for public discourse.

## **3. Use of editorial pages**

Editorial commentaries can be used to interpret and to justify or demonize issues or information. They can bring into sharp focus those issues the mass media aim at propagating and actually sustaining. They can make a stand, persuade or propagandize. They can be used to set the agenda by giving an issue prominence. They can also be used to slant figures or facts of a story. This study shall endeavor to establish the frequency with which the mass media covers FGM-related issues.

## **4. Placement or pegging of stories**

Placed on front, back, editorial or opinion pages, an issue receives more visibility, relevance and importance in the minds of the audience. Place at some obscure part or

page, even the most important of issues can pass largely unnoticed. Editors or media owners therefore, set the agenda by having issues they intend to propagate and sustain placed in those pages where they are likely to catch public attention. The researcher will seek to find out where and how often FGM-related stories are placed in the mass media channels available to the study population.

### **5. Story treatment**

Analysis, interpretation, slants, emphasis and in-depth treatment of a story are bound to give credibility and place premium on an issue. Use of pictures will reinforce the story as well. So will the use of attributions, examples and statistics. An important story on a newspaper, for example, will be conspicuous in the page layout and design, and will also employ the use of boxed stories.

### **6. News selection**

Agenda can easily be set by gate keeping process in which editors, reporters, media owners, wire services, the government and all other sources of news, each deciding which item will pass, which will be cut, and which will be deleted. This is because there is far more news available each day than there is capacity to transmit it. The items that pass without any alterations are what the medium considers important. These are the kinds of issues they strive to bring to the attention of the public.

### **7. Amount of coverage space**

Newspapers and other media channels devote more space/airtime to the news they consider important. They even resort to back grounding to give a story credibility. In this

way, they bring the news and information into public focus and thus set the agenda for discussion.

#### **8. Other ways of highlighting issues in media**

- a. The issue will be discussed by several columnists (especially in print media)
- b. A flood of letters to the editor will also be published to demonstrate the public's interest in the issue.

#### **2.4.2 Social learning theory**

Traditional theories assume that learning occurs by actually performing the responses and experiencing their effects. By considering behavior to be externally regulated by the stimulus conditions that elicit it and by the reinforcing conditions (punishments/rewards) that maintain it. Learning theories are able to explain the acquisition and elimination of wide range of behaviors in animals and man. However, recently they have been criticized of radical behaviorism since it reduces men to robots, totally controlled by the environment. Thus, learning strictly mechanism-responses are learned automatically and unconsciously. Conjuring with images of Orwell's 1938, they don't consider possible influences of 'motives' and 'cognitions' of the organism on learning because these processes cannot be observed. Moreover, this radical behaviorism can explain only a small part of our everyday life. They assume learning can only occur through trial and error in 'direct' experience hence do not account for many of our learned behaviors. Most of our response tendencies are learnt not by first experiencing them, but by observing others and from the instructions of others.

Albert Bandura (1977), in his 'social learning theory', presents a more general theory of human behavior. His theory can account for a wider range of behaviors than traditional theories. Social learning theory explains behavior to be the result of environmental and cognitive factors. It considers reinforcing properties 'of the act' and 'of the stimuli' to be important but it also takes into account the influence 'on learning of thought process in the learner'. It is particularly relevant to mass communication because many of the behaviors we learn through modeling are first observed in the mass media. The major elements in his analysis are: Attention, Retention, Motor reproduction and Motivational processes.

**Attention Processes:** social learning theory considers media to be primary socialization agents besides family, peers and classroom teachers. The starting point is an event that can be observed, directly or indirectly by a person. According to Bandura, attention to an event is determined by characteristics of the event' (modeling stimuli), and characteristics of the observers. Characteristics of the events are influenced by various factors: events which are 'destructive' and 'simple' will draw more attention; 'prevalence' (repeated observation) of that event enhances opportunities for learning and lastly, 'Affective valance' of the event- we feel positively towards events that are salient (related to past, present and expected experiences) and reinforcing fulfill needs-solution to problems provide diversion and entertainment.

A person's capacity to process information (observer characteristics) depends on age and intelligence, perceptual set (needs, moods, values, a previous experience), past



reinforcing. It is for this reason that once television viewing patterns are established it becomes difficult to change and set arousal level. Social learning theory considers arousal to be a facilitator of, rather than a necessary condition for modeling: learning can occur without arousal.

**Retention processes:** Due to lack of opportunity or for other practical reasons, many of the behaviors learnt cannot be performed immediately after observation. Thus social learning theory is 'primarily' concerned with 'delayed modeling'- that is, performance of the event when the model is no longer present.

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Bandura represents the response pattern in two ways, marginal and verbal. The 'pictures on our mind' (visual images/marginal representation) are not adequate for modeling. Observational learning is facilitated in humans by our capacity to symbolically represent events in verbal form using common language. Rehearsal facilitates learning on the verbal and visual forms so that it can be stored in memory but one must also be able to mentally rehearse the act before acting it overtly. The process makes one less likely to forget an event. Research has shown that observational learning is most accurate when we first cognitively organize it using marginal and visual symbols, mentally rehearse the modeled behavior and then enact overtly.

**Motor reproduction process:** In Bandura's model, behavioral enactment will involve the following successive steps: A person thinks before he acts. Thinking here means organizing the responses that have been learnt so that the actual behavior can be initiated

or performed. Cognitive organization and performance of behavior are dependent on the availability of cognitive and motor skills in an individual.

Very rarely are we able to accurately reproduce behaviors on the first few attempts. Accurate reproduction is usually the product of trial and error. Feedback is therefore important because it allows us to correct for discrepancies between the enacted act and our modeling of it.

**Motivational process:** Besides opportunity (motor reproduction process), motivation (which depends on reinforcement) is also important. Bandura identifies three types of reinforcements that can motivate us to action: External reinforcement-reward for performing the behavior. Our expected consequences for performing an act are an important influence for future enactments; vicarious reinforcement-motivation by observing others being reinforced for performing certain behavior; and finally self reinforcement- self –satisfaction and inner peace are common self- rein forcers. A model's act will be repeated to the extent that it is self-reinforcing to perform the action.

Although mass media is not the most popular mode of communication in Meru North District, the practice of FGM is built on similar principles: there is observation right from child hood, repetition with each passing age-group, motivation-reward and punishment involved in the practice and others. The same can be applied in the eradication of FGM: based on these principles, campaign strategies can come up with creative programs.

## 2.5 Hypotheses

The researcher was guided by the following hypotheses in this study:

- Majority of female proponents of FGM in Meru North district have limited or no access to the main mass media channels.
- Most of the available mass media channels in the area have had limited impact in the fight against FGM.

## CHAPTER THREE

### METHODOLOGY

#### 3.1 Research approach

The researcher used **survey** method in conducting the study. Survey research is common in studies of health and health services, although its roots lie in the social surveys conducted in Victorian Britain by social reformers to collect information on poverty and working class life and indeed survey research remains most used in applied social research. The term 'survey' is used in a variety of ways, but generally refers to the selection of a relatively large sample of people from a pre-determined population (the 'population of interest'; this is the wider group of people in whom the researcher is interested in a particular study), followed by the collection of a relatively small amount of data from those individuals. The researcher therefore uses information from a sample of individuals to make some inference about the wider population. The method has been used previously in FGM studies, especially in Kajiado district where the practice is relatively rampant.

Survey research is widely used due to its various advantages including the following: The research produces data based on real-world observations (empirical data); The breadth of coverage of many people or events means that it is more likely than some other approaches to obtain data based on a representative sample, and can therefore be generalizable to a population; Surveys can produce a large amount of data in a short time for a fairly low cost. Researchers can therefore set a finite time-span for a project, which can assist in planning and delivering end results.

However the approach has a number of disadvantages: The significance of the data can become neglected if the researcher focuses too much on the range of coverage to the exclusion of an adequate account of the implications of those data for relevant issues, problems, or theories; The data that are produced are likely to lack details or depth on the topic being investigated; Securing a high response rate to a survey can be hard to control, particularly when it is carried out by post, but is also difficult when the survey is carried out face-to-face or over the telephone.

The survey approach can employ a range of methods to answer the research question. Common survey methods include postal questionnaires, face-to-face interviews, and telephone interviews.

The main research tools were **questionnaires**. As a collection technique, the researcher let the respondents fill in the questionnaires themselves. The questionnaire was found suitable because it is economical in terms of cost, time and efforts. It allows for collection of large amounts of data, can be administered simultaneously, and allows for anonymity-respondents do not need to sign or give their names.

The researcher also used the **face-to-face** method in cases where the respondents in the study were uneducated or had very little education. Face-to-face interviews involve the researcher approaching respondents personally, either in the street or by calling at people's homes. The researcher then asks the respondent a series of questions and notes their responses. The response rate is often higher than that of postal questionnaires as the

researcher has the opportunity to sell the research to a potential respondent. Face-to-face interviewing is a more costly and time-consuming method than the postal survey; however the researcher can select the sample of respondents in order to balance the demographic profile of the sample.

### **3.2 Sample Design and sampling procedure**

The study mainly focused on women proponents of FGM in an area where there has been a reduction in the prevalence rate of FGM. Due to the size of the District under study and the fact that not all parts of the district have been found to practise FGM, the researcher sought to focus on a division within the larger study area. The researcher sought to focus mainly on the key informants who are the main decision makers in FGM practices as well as the main performers of the practice; they included the elderly females- mothers, aunts and grandmothers. Nevertheless it would result in duplication after some point. It is for this reason that the study settled for a sample of 50.

**Random sampling** procedure was employed in selecting the study sample. Generally, random sampling is employed when quantitative methods are used to collect data (e.g. questionnaires). Random sampling allows the results to be generalized to the larger population and statistical analysis performed if appropriate. The most stringent technique is **simple random** sampling. Using this technique, each individual within the chosen population is selected by chance and is equally as likely to be picked as anyone else. The researcher chose the sampling method because it gives each member of the population an

equal chance of being included in the sample. The method also generalizes the study results to the population under study.

Using this method, the total sample of 50 was selected from two sub-locations in the study area: Naathu and Kabachi. 25 respondents were selected from each sub-location and the questionnaires randomly administered to them. The respondents were selected primarily based on their gender and age; the study focused on female proponents.

### **3.3 Site selection and Description**

The site of the study was selected owing to the researcher's prior knowledge and habitation of the area as well as the fact that there has been reported a slight reduction in FGM prevalence in the specific study area.

#### **3.3 .1 Meru North district**

**Meru North District** is one of the many districts of Kenya, located in the country's Eastern province. In 1992, it was split from the large Meru District, along with Meru Central district, Meru South district, and Tharaka district. The district is 3942 square kilometres in expanse with a population of 604,050 as of the year 1999 (government of Kenya, 2001).

The district covers the whole of the Nyambene Range, Meru National park in the south and the marginal areas of the lava plains in the north. The district covers a wide range of altitudes and varies all the way from 610 metres to 2514 metres above sea level. Hilly

highlands of Agricultural potential are well populated. The Meru National park, which covers 840 square kilometers, is the only popular tourist destination in the district and is reserved for a variety of wild animals.

Meru North District is the home of the Ameru (Meru) tribe, which is sometimes described as being related to other tribes living around the Mount Kenya region: the Kikuyu and the embu people. The Ameru are generally called "Bantu" people who have been native to the Mt. Kenya area for many, many years — well before colonization of Kenya by Great Britain in the 19th Century. The people of Meru North District are now predominantly Christian—Methodist, Presbyterian, Roman catholic, and other denominations, reflecting the work of missionaries — with also minorities of Indian descent, who are mainly Hindus and African/Arab descent, who are Muslims. Meru North also has some resident Europeans predominantly British in ancestry.

In relation to the use of Qat, otherwise known as 'miraa', Meru North is well known for its production and supply to the rest of the country's major towns. Because of the rich soils in the area, this plant, which is actually the main cash crop among majority of the district residents, thrives very well and most of the residents benefit from its sale. Trading in this commodity is a boom; this is particularly seen in the sale of banana leaves by the vendors to miraa traders to cover up the harvest from drying.

The district headquarters is in Maua. The district has four constituencies: Tigania East, Igembe, Tigania West and Ntonyiri. This study focused mainly on the residents of



Ntonyiri constituency, specifically Mutuati division. This was based on the fact that the area is one of those in which FGM has been practised for a long time. Similarly, there has been a slight reduction in the prevalence rate of FGM in the area.

**Table 1: The administrative structure of Meru North district**

<b>Local authorities (councils)</b>			
<b>Authority</b>	<b>Type</b>	<b>Population*</b>	<b>Urban pop.*</b>
Maua	Municipality	40,820	9,763
Nyambene	County	563,230	2,139
<i>Total</i>	-	<i>604,050</i>	<i>11,902</i>
Source: * 1999 census			
<b>Administrative authorities</b>			
<b>Division</b>	<b>Population*</b>	<b>Urban pop.*</b>	<b>Headquarters</b>
Akithi	43,096	0	
Igembe Central	41,944	8,739	Maua
Igembe East	28,575	0	

Igembe North	58,046	0	
Igembe South	18,209	0	
Igembe S/East	18,700	0	
Igembe S/West	21,791	0	
Laare	65,428	1,895	Laare
Mutuati	32,266	0	Mutuati
Ndoleli	54,730	0	
Tigania Central	45,061	0	
Tigania East	30,944	0	
Tigania North	49,098	0	
Tigania West (Kianjai)	56,751	0	
Uringu	39,003	0	
<i>Total</i>	<i>604,050</i>	<i>10,634</i>	-
Source: * 1999 census			

### 3.3.2 Mutuati Division

Mutuati division has a population of approximately 32, 266. Mutuati residents are predominantly Christians-Roman catholic and other protestant churches are the most common. Their main cash crop is miraa, although they also-grow other crops including maize, beans and bananas for subsistence purposes. The climatic conditions are generally

harsh and as a result, many households have to trek for long distances in search of the commodity. Animal rearing is a potentially productive activity that is hampered by lack of enough water.

The residents are known for their bad temper and general resistance to change and any perceived “intrusion” into their lives. These attitudes have probably been built as a result of their need to jealously guard miraa which they solely rely on for financial sustenance.

Until recently, there was very limited exposure to mass media in the area- the main channel available was for a long time, the national broadcaster, KBC. However, this has changed drastically as many more mass media channels are now available in the area, including, citizen TV and radio, NTV, KTN, KBC channel one, Easy FM, Q FM, and the very popular ‘Muuga’ FM which broadcasts in the local Kimeru language.

### **3.4 Data processing, Analysis and Interpretation**

Once data were collected, they were systematically organized in a manner to facilitate analysis. Data were coded and assigned numerical values identifiers (1 or 0), which were then used for analysis. Information from the open-ended questions was subjected to qualitative data analysis. Responses were categorized and assigned numbers for processing under SPSS (the statistical package for social sciences).

### **3.5 Field procedure**

Due to the researcher’s prior familiarity with the study area, movement to, and around the area was generally very unrestricted. Communication was very effective too, because of

the researcher's fluency and understanding of the local kimeru language. This in addition, made data collection relatively easy. However, due to the women's unfamiliarity with 'invasion' and 'probing', some of the respondents were unwilling to be asked any questions. Some of the females had to be reassured that the information given was purely for academic purposes. Due to poor road network and the hilly nature of some parts of the study area, movement into some of the interior parts proved quite difficult.

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## CHAPTER FOUR

### RESEARCH FINDINGS, INTERPRETATIONS AND DISCUSSION

#### 4.1 Summary of study findings

The study focused on the role of the mass media in the fight against FGM. The aim was to establish the main mass media channels available to female proponents of Female Genital Mutilation, as well as the accessibility of the mass media channels to female proponents. It also aimed at establishing the effectiveness of mass media campaigns in the fight against FGM.

The study found that, many women are aware of the availability of TV channels in the area, with KBC channel one leading at 88%, followed by Citizen TV at 44%, KTN (41%), and NTV (32%). Only 10% of the respondents are not aware of any TV channel in the area. However, despite this, only 29% of the females interviewed watch TV often, as many of them do not have electricity or a television set.

Similarly, majority of the respondents are aware of, and access radio; Muuga FM which broadcasts in the local Kimeru language is the most liked station at 76%, followed by Q-FM (21%) and Metro FM (16%). Radio as a mass media channel is cheaper and easier to maintain as compared to TV and the newspaper which are expensive and require a higher level of literacy. This makes radio the most influential medium. In fact, the study found that only a minimal number of the respondents actually read newspaper at all, due to low literacy levels among the women.

Results also show that many respondents have received anti-FGM messages from the radio, as compared to TV and newspaper. On the interpersonal level, administrators, Christian leaders and friends, were found to champion the FGM campaign.

83% of the respondents have undergone FGM, with only 13%, probably the more educated, being uncircumcised. However, many women (73%) would not circumcise their daughters today. This shows a change in attitude with regards to the practice of FGM; majority of the respondents cited fear of complications as well as fear of arrests by the authorities as the reason for this change in attitude. Only 12% of them felt that the practice is no longer useful.

The study also established that women in the research area have less access to mass media channels, especially TV and newspaper, due to lower levels of education compared to the men. The men also were found to have more free time to access TV at the shopping centers where they often idle away while the women take care of the family.

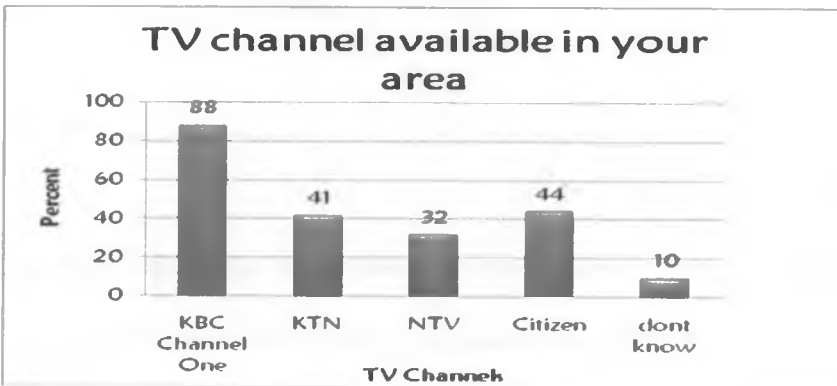
The study achieved its objectives of: establishing the availability of and access to mass media channels by female proponents, establishing the most influential mass media channel(s) to female proponents in the study area, finding out the frequency of FGM messages in the media as well as the impact of mass media on FGM practices in the study area.

## 4.2 The findings

### 4.2.1 Availability of mass media channels: Availability of TV channels

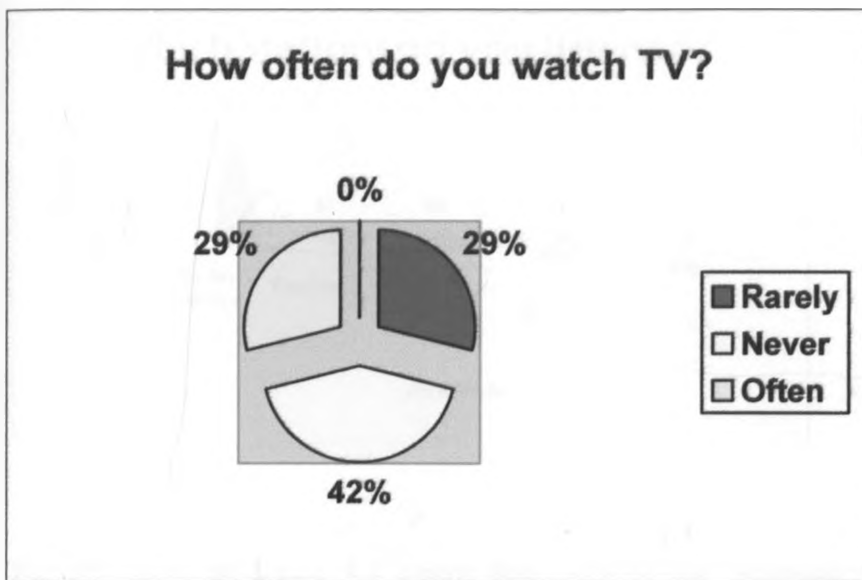
According to results as presented in figure 4.1, many women are aware of the availability of TV channels in the area, with KBC channel one leading at 88%, followed by Citizen TV at 44%, KTN (41%), and NTV (32%). Only 10% of the respondents are not aware of any TV channel in the area.

**Figure 4-1: availability of TV**



However, regardless of their awareness of the availability of TV channels, only 29% of the females interviewed watch TV often, as shown in figure 4.2 below.

**Figure 4.2: TV viewership**



Many (42%) of the respondents do not watch TV at all. Majority of those who do not watch cited lack of a TV set as the reason. See table 4.1 below.

**Table 4.1: Reason for not watching TV at all**

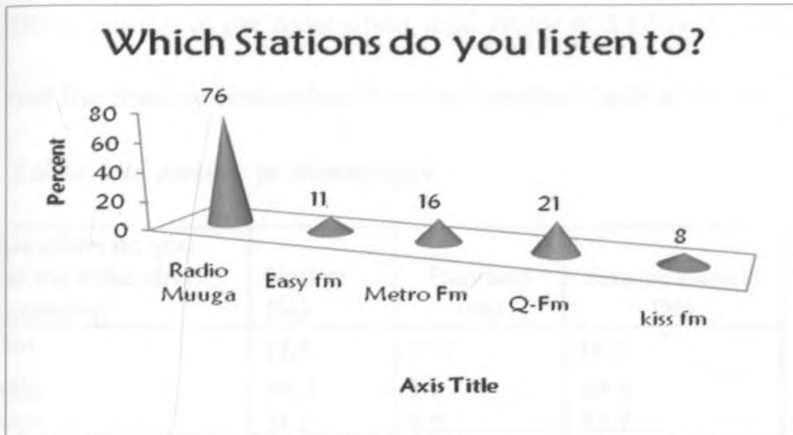
Why don't you watch TV?	Percent
Lack of electricity	35
Don't have television	65

**4.2.1.2: Availability of radio**

As shown on figure 4.3 below, majority of the respondents also are aware of, and access radio; Muuga FM which broadcasts in the local Kimeru language is the most liked station at 76%, followed by Q-FM (21%) and Metro FM (16%).

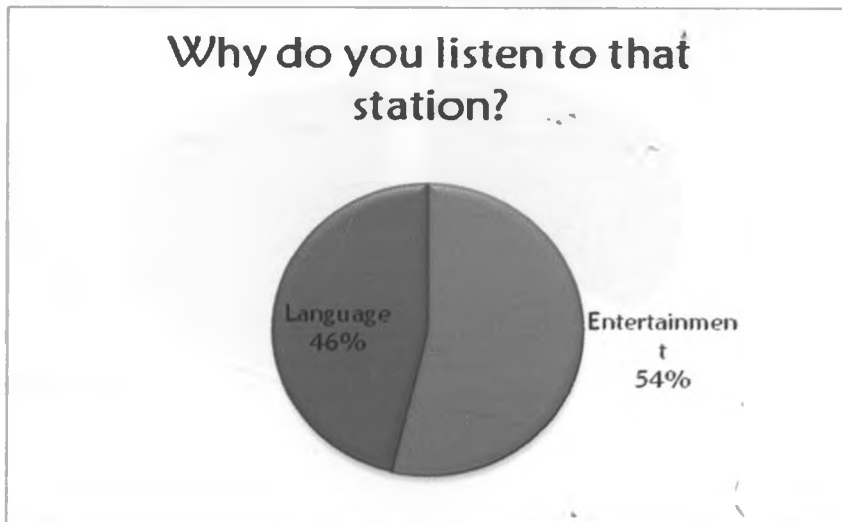


**Figure 4.3: Availability of radio**



Results show on figure 4.4 below that 54% of the respondents listen to their radio station(s) of choice for entertainment, while the rest (46%) cited an understanding of the language of broadcast as the main reason for their choice of station.

**Figure 4.4: Reason for choice of radio station**



### 4.2.1.3 Access to newspaper

The study found that only a minimal number of the respondents read the newspaper. The *Daily Nation* is the most often read paper at 19.5%, followed by the Standard at 17.1% and the Sunday Nation and Sunday Standard both at 14.6%. See table 4.2 below.

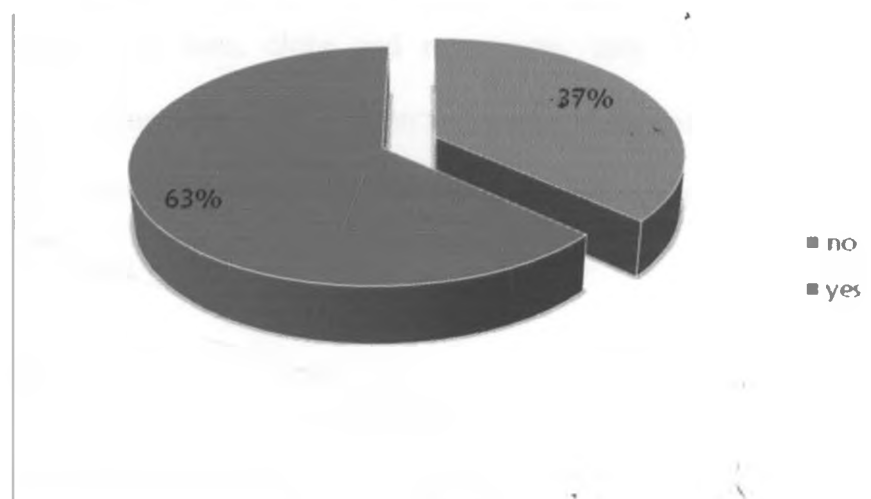
**Table 4.2: Access to newspaper**

How often do you read the following newspaper?	Nation (%)	Standard (%)	Sunday Nation (%)	Sunday Standard (%)	Kenya Times (%)	Citize Week
often	19.5	17.1	14.6	14.6		2.4
rarely	29.3	24.	24.4	17.1	2.4	4.9
never	51.2	8.5	53.7	65.9	95.1	61.0

### 4.2.2 Anti-FGM messages in the media

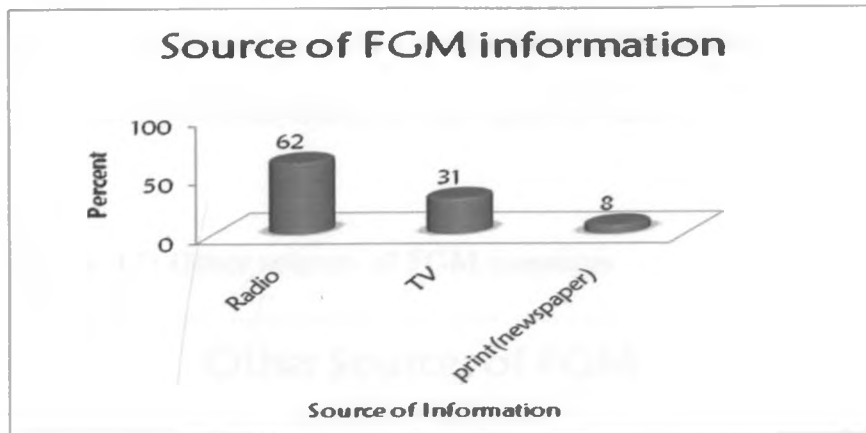
Findings of the study indicate that many women have received information on FGM placing awareness among the respondents at 63%.

**Figure 4.5: Awareness of anti-FGM campaigns**



In addition, as evidenced in figure 4.6 below, majority of the respondents (62%) received this information through radio, which is accessed by many of the respondents, in comparison to television at 31% and newspaper at 8%.

**Figure 4.6: Source of anti-FGM information**



Radio is the main mass media channel in use, because it is affordable and has a low capital and maintenance cost. Radio focuses on audio unlike newspapers which call for literacy, and are not very easily available due to poor road network in the area. Television, convenient for its combination of audio and visual images, is only found in the few shopping centers where there is access to electricity, though some very few people use the acid battery and generators. Although viewing is free at the shopping centers, in bars, clubs and restaurants, only men can visit these places as it is uncustomary for meru women to be seen at the bars and restaurants with men. Besides, majority of the women are often too busy and rarely have any free time to idle around the shopping centers.

Results also show that many respondents have received anti-FGM messages from other sources, mainly through interpersonal communication. On the interpersonal level, administrators, Christian leaders and friends, were found to champion the FGM campaign. The religious leaders are very influential due to their regular contact with

people mainly on Sundays as majority of the respondents are Christians. Politicians, mostly parliamentarians, are reluctant to breach the subject probably for fear of losing votes during national elections. See figure 4.7 below

**Figure 4.7: Other sources of FGM messages**

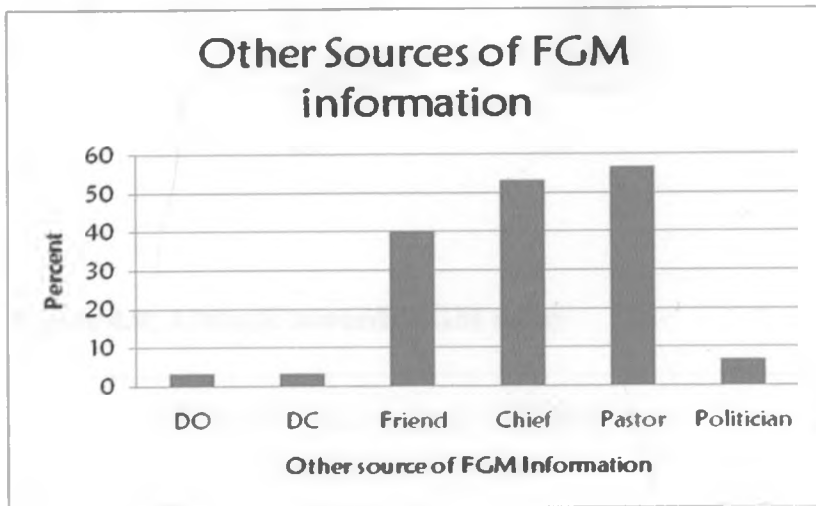
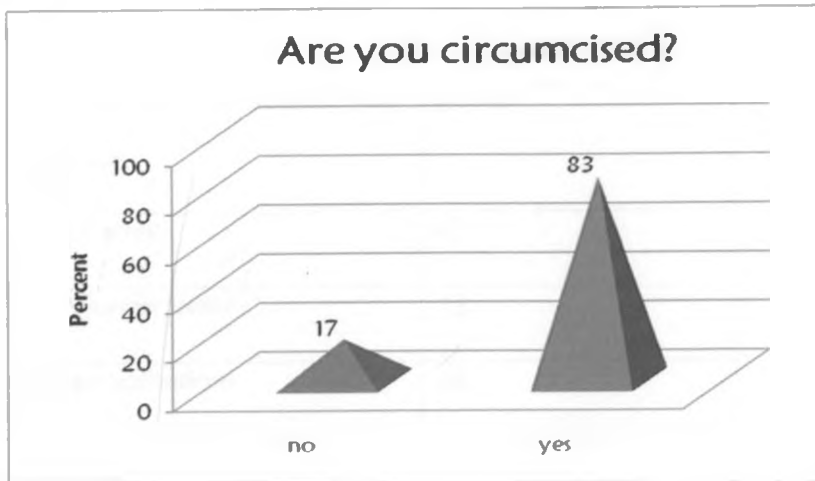


Figure 4.8 indicates that 83% of the respondents have undergone FGM, with only 13%, probably the more educated, being uncircumcised. However, as evidenced in Figure 4.9, many women (73%) would not circumcise their daughters today.

**Figure 4.8: FGM prevalence**



**Figure 4.9: Attitude towards FGM today**



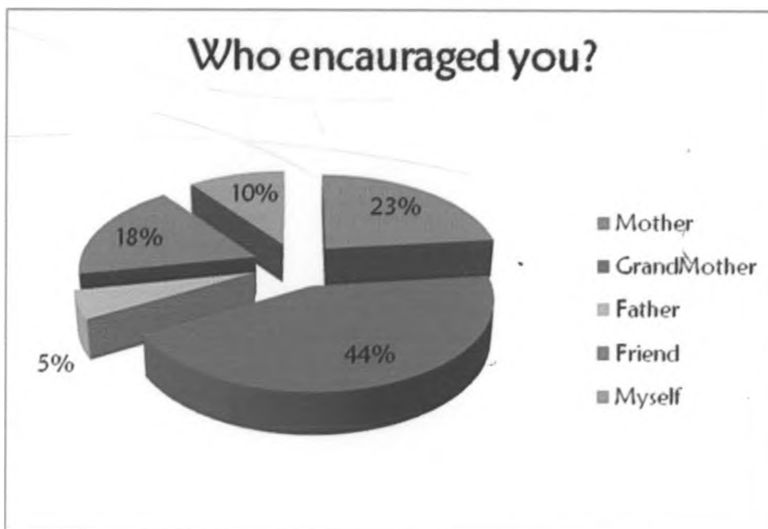
46% of the respondents fear birth complications, while 42% cited fear of arrests. Only 12% of the respondents feel that the practice is no longer useful as shown in table 4.3 below.

**Table 4.3**

Why wouldn't circumcise your daughter?	percent
Fear of arrest	42
It's no longer useful	12
Birth complications	46

In addition, as shown in figure 4.10 below, grandmothers are the main proponents of the practice of FGM, with 44% of respondents citing their grandmothers as the people who encouraged them to undergo FGM. 23% of them cited their mothers, while 18% gave peer pressure from friends as the reason they underwent the practice. Only 10% of the respondents chose to undergo FGM willingly. It is evident also, that among the meru, fathers do not encourage their daughters to undergo FGM as only 5% of the respondents cited their fathers as having encouraged them to be circumcised.

**Figure: 4.10: Main proponents of FGM**



There has been a change of attitude among the Meru women regarding FGM and they have started to embrace the idea of instituting change and now feel less inhibited about discussing the challenges of FGM with outsiders. Majority of the respondents said that there has been a decrease in the rate of FGM in the area, as shown in figure 4.11 below.

**Figure 4.11: FGM rate in the area**

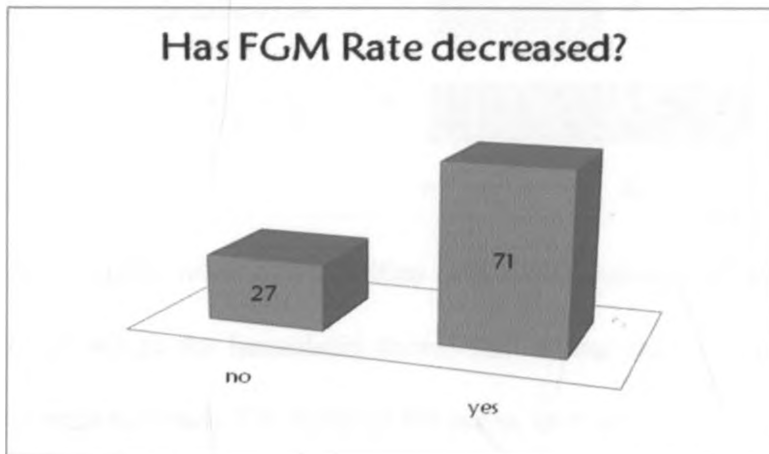
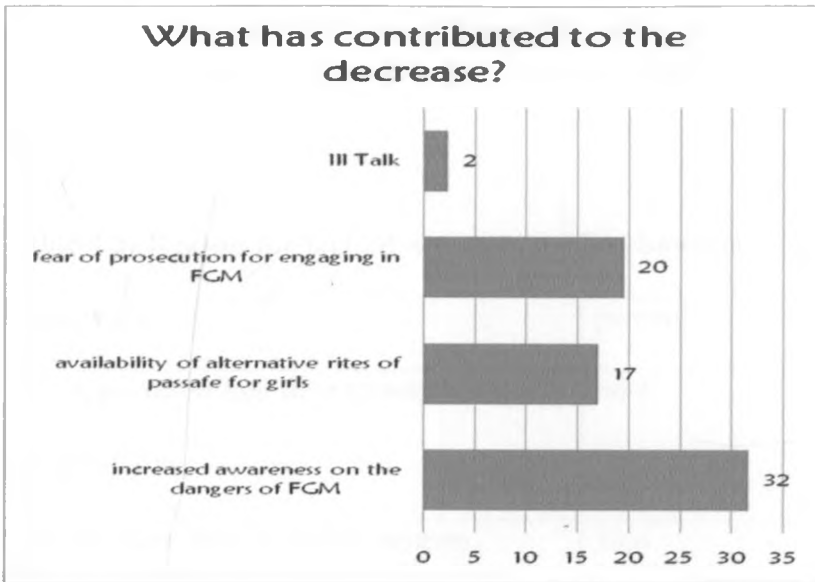


Figure 4.12 shows that majority of those interviewed are aware of the adverse effects of FGM; however, this knowledge has not necessarily caused them to change course; some say with time things will change naturally.

**Figure 4.12: Cause of decrease in FGM rate**



As in many other communities in Kenya, majority of women in Meru community are restricted to the household chores and taking care of their families and are rarely free enough to watch TV, listen to the radio, or even read a newspaper. Besides, many are not literate enough to read a newspaper or even listen to a radio station that broadcasts in English or Kiswahili. Table 4.4 below shows that men have more access to the mass media channels than women.

**Table 4.4: Women vs. men’s access to media channels**

Do you think the men in this area have more access to the mass media channels than women?	Percent
No	25.9
Yes	64.1



Lack of free time to watch TV or listen to radio and illiteracy among women were cited as the main reasons for poor access to media channels among women, compared to men. See table 4.5 below.

**Table 4.5: Reason for lack of access to media channels by women**

If yes, why	percent
They have more free time to watch TV and listen to radio	66.4
Men are more educated than women	33.6

Based on findings, it is evident that an entry point to establish more alternative initiation rites is possible but has to evolve slowly and gradually through tribal consensus building. The process of socialization as opposed to individualization is best used to bring up individuals. The individual's freedom is subordinate to the interests of the community. Any radical change would be highly resisted and confronted, as it will be viewed as an infringement on the already established and existing norms of the community.

### **4.3 Importance of the study findings**

The findings of this study are of great importance to the anti-FGM campaigners, the government and policy makers at all levels of the fight against FGM. The study focused mainly on women proponents of FGM, who are the direct victims of the practice. The study established that majority (83%) of the respondents have undergone FGM and that their grandmothers and mother were the main proponents of the practice.

In addition, the study found that majority of the females interviewed only have access to radio since they do not have electricity and cannot afford TV. Similarly, they cannot access newspaper since they are not educated enough to read and understand the messages. There is need therefore for future campaigns to make more use of the local radio stations in the affected areas in order to reach more people.

The findings point to a need to involve the elderly women more in the communication campaigns against FGM since they were found to be major decision makers with regards to FGM. Open discussions with them would be most appropriate to find out their attitudes towards the practice. Religious leaders were also found to be on the forefront in the fight. Future campaigners may therefore use these findings to work out a more inclusive strategy that involves local leaders at the interpersonal communication levels of the campaigns.

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The findings will definitely inform future studies in the area of FGM and especially in the role of the media in the fight against FGM in other areas around the country.

#### **4.4 Conclusion**

The long-term objective of anti-FGM communication information is to not only reduce its prevalence, but also to abolish all forms of the practice. Anti-FGM crusaders should focus on countering the myth and belief that FGM provides protection, and physical hygiene. Girls should be helped and encouraged to feel at ease when making a decision not to undergo FGM. They should be made to feel perfectly normal for not choosing to

end their education or give in to the pressure from their mothers or grandmothers to get circumcised.

Interplay of interpersonal communication and mass media messages will be more effective especially in addressing the women who are the main victims of FGM, but who often have limited or access to mass media channels.

There is need for more alternative rites of passage which will aim at educating the girls on their culture without inflicting any damage to their bodies. Involving community elders who are the custodians of culture and tradition through dialogue, is the way forward. These elders carry social status recognizable by the society members and are respected. Eradication initiatives should address the overall development strategy of the community, including poor economic status of the women as well as high level of illiteracy. Addressing of the legal policy and related aspects is vital in supplementing other eradication efforts.

Study findings indicate that there has been significant success in creation of awareness on FGM. However, more needs to be done to internalize the anti-FGM message in order to achieve the ultimate goal of eradicating every form of the practice.

Communication, association, involvement and participation of the concerned local communities are a sure way to consolidate the on going work on anti-FGM campaigns. It is advisable to tailor communication activities to suit the local community targeted. It is

also important to maintain a continuous dialogue with FGM practitioners. Institutional and moral back up as well as medical initiatives and viewpoints to support the various complications of FGM should be incorporated in the anti-FGM campaigns.

#### **4.5 Recommendations**

Attempts by local and international NGOs to tackle FGM in Kenya have born little fruits. Kenya's campaign against the practice of FGM dates back to 1913 when missionaries observed that FGM was a severe practice. Despite campaigns by the government, local and international NGOs, KDIIS report (1998) indicates that circumcision is still a common practice in many communities in Kenya. This might be due to approaches and methodologies adopted which treat the practice in isolation from the local reality and context.

Findings indicate the need to bring on board the elderly women in the community, who are the main decision makers regarding FGM. They may be asked to participate in campaigns by making public declarations to their community against FGM. Using available women groups, women centers and identified women projects may give the desired opportunity to informally meet and discuss FGM issues using income generating activities like vegetable growing as entry points. Campaign strategists may also consider offering FGM practitioners support through income generating activities without making the support conditional as an alternative method of sustaining their livelihood.

The study also found that there are many local leaders in the community who are aware of the negative effects of FGM from its different dimensions. These leaders and other individuals should be selected and trained to create a local cadre of anti-FGM activists for health, social as well as psychological reasons. The selected should be equipped with the appropriate communication skills to reach the community using the local language and other relevant mechanisms. Training activities could include: community work training, basic and advanced training on FGM issues, interpersonal communication skills, and leadership training for women, among others.

The Meru community pays a lot of attention to togetherness and respect for one of their own. The use of one of their own would therefore be more successful a strategy than the use of strangers whom they are likely to view as intruders in the affairs of the community.

Study findings indicate that radio is the most accessible mass medium among the women in Meru North district. Majority of them cannot read and therefore cannot access the newspaper. Similarly, they cannot access television due to lack of electricity and the fact that it is expensive to buy a TV set. Use of the radio station that broadcasts in Kimeru, the local language to facilitate awareness is vital. Open debates would probably be more effective in deliberating on various FGM issues such as health and socio-development aspects. Specialists deliberating on various FGM issues in the ensuing debates would attract the attention of other stakeholders and together they would form a strong team of

campaigners against the practice. The backing of the community members by non-governmental institutions would help form deeper collaboration.

FGM is a complex issue based on strong cultural beliefs and practices and no single organization or individual can effectively address it without proper partnerships with others.

The study found that fear of arrests is one of the reasons for decreased rate of FGM among the Meru community. Local authorities and law enforcing bodies could successfully be involved in educating the community in a non-threatening manner so that the people understand the need to embrace change and abandon the practice with or without the threat of arrests. Other stakeholders may include community leaders, elite/enlightened Meru community members, activists, social workers and their networks, medical staff drawn from within the community as well as local and international NGOs working in the area, communication networks at local, state and national level, donors and external supporters among others.

Since the men in the area were found to have more access to various mass media channels, they should be educated, through informal communication, to regularly share anti-FGM messages from the media with each other and the females in their lives. This is because their support of an end to FGM could draw positive response from the women, especially those that believe that a Meru man cannot marry an uncircumcised woman.

Eradication of the deep rooted FGM practice among the Meru needs much more openness in communication and attitudinal change in the community. The overall goal, to

improve gender relations, further women rights, change attitudes and behavior of the community towards FGM is envisioned in community involvement and enhancement of informal communication rather the use of classic media.

In order to improve their social, physical as well as psychological well being, women should be allowed to fully participate in the issues that concern them, including FGM. Their decision making capacity should be enhanced to avoid situations whereby they follow the instructions of men even in cases where these instructions may not benefit them in any way.

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