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School of Journalism

Project Title:

A COMPARATIVE STUDY ON THE ROLE OF MASS MEDIA AND

INTERPERSONAL COMMUNICATION IN ANTI-FGM CAMPAINGS *campaigns*

IN KAJIADO DISTRICT

By:

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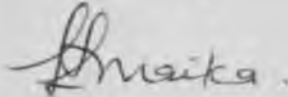
NAIROBI UNIVERSITY

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September 2006

DECLARATION

I, Lucy Okiya Masika do hereby declare that this project is my original work and has not been presented for a degree in any other university.

Lucy Okiya Masika

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The project has been submitted for examination with my approval as supervisor
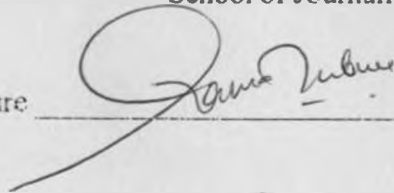
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DEDICATION

To my late mother, for believing in me

ACKNOWLEDGEMENT

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LIST OF ABBREVIATION AND ACRONYMS

ACRWC	-	Africa Chapter on the Right and Welfare of the Child
AIDS	-	Acquired Immune Deficiency Syndrome
BC	-	Before Christ
CAF	-	Convention Against Fortune
CEDAW	-	Convention on Elimination of all of Discrimination Against Women
CSA	-	Central for Study of Adolescent
DEWAN	-	Declaration of Elimination of Violence Against Women
FAO	-	Food and Agriculture Organization
FGC	-	Female Genital Cutting
FGD	-	Focus Group Discussion
FGM	-	Female Genital Mutilation
FIDA	-	Federation of Women Lawyers
HIV	-	Human Immunodeficiency Virus
KDHS	-	Kenya Demographic Health Survey
KII	-	Key Informant Interview
NGO's	-	Non-Governmental Organization
PATH	-	Programme for Appropriate Technology in Health
SISTER HELP	-	Synergizing Information Systems Towards Enhancing Reproductive Health and Eliminating Legate Practices
TBA	-	Traditional Birth Attendants
UN	-	United Nations
UNCRC	-	United Nation Convection on the Right of the Child
UNESCO	-	United Nation Education, Science and Cultural Organization
UNFPA	-	United Nations Population Fund
UNICEF	-	United Nations International Children Education Fund
USA	-	United State of America
WHO	-	World Health Organization

ABSTRACT

Female genital mutilation (FGM) is the term used to refer to the removal of part or all of the female genitalia. The practice is deeply embedded in African culture and has continued for thousands of years. The origins are not fully understood but it is thought to have existed since 3000BC. Religion is often given as the reason for the practice, especially Islam. However according to the World Health Organization (WHO) FGM predates all modern religions. It is estimated that over 130 million girls and women have been subjected to FGM and that a further 2 million girls are at risk each year. Most of them 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 made great progress in challenging the practice: by pointing to the physical and psychological health risks of the practice; its impact on girl education, early marriages and general development of the community as a whole; and by calling for respect for the human rights of girls and women. 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 making 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 well being of girls and women, as well as their whole community. The main aim is to build positive motivation for people to change.

Kenya's campaign against Female Genital Mutilation (FGM) dates back to 1913 when missionaries observed that FGM was a severe practice. In 1989 former President Daniel arap Moi asked Meru and communities still circumcising girls to stop the practice forthwith. The criminalization of FGM caused it to go underground, necessitating a different approach to its eradication.

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For this reason, the study was commissioned to and examined role played by media and interpersonal communication channels among the Maasai of Kajiado District with special reference to the subject of FGM. The results will guide policy makers, campaign designers in laying campaign communication strategies and by bringing up issues on health, education, gender inequalities, marginalization of women and its impact on development. The study assessed the community's perceptions of FGM; its effects; and factors influencing FGM such as knowledge, attitude, practices and other socio-economic and cultural factors.

Study findings indicate that a part from interpersonal communication, radio is the most accessible medium among the Maasai of Kajiado. It is, therefore, vital to use a local radio station in the local language to facilitate awareness amongst the Maasai is vital. Open debates would be more effective in deliberating on various FGM related issues.

It becomes apparent that anti-FGM advocates must counter the myth and belief that FGM provides protection, pleasure and hygiene. Public declaration by leaders and elders which has a strong psychological should be encouraged. Interplay of interpersonal communication and mass media will be more advantageous to the anti-FGM campaigns.

Study findings imply that alternative initiation should be established in order to completely eradication of FGM. It was found that significant efforts have been achieved in creation of awareness but more needs to be done to internalize the anti-FGM messages. Communication activities must be tailored and integrated to suit the local people. Focusing solely on women while completely ignoring the role-played by men in perpetuating the practice is not enough. There is need to shift attention to the male since they are the decision makers.

Maasai traditional birth attendants should be trained to give up the misconceptions about attending to uncircumcised mothers. Midwives should be trained to be advocates of anti-FGM campaigns. Networking with all stakeholders is vital for no single organization or individual can effectively succeed. Campaigns should target the following beneficiaries: Men; young girls and women; TBAs; midwives; grandmothers; community leaders and clan elders; women activists and women groups; governance officers; and NGOs

Eradication of FGM practice among the Maasai, as a whole, needs openness in communication and attitudinal change in the community. The overall goal, to improve gender

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

CHAPTER ONE: INTRODUCTION AND BACKGROUND INFORMATION

1.1 Introduction: Background of the Problem

This study set out to investigate the contribution of media and interpersonal communication strategies employed in anti-Female Genital Mutilation (FGM) campaigns in Kajiado District. It sought to establish factors that impede on FGM eradication efforts, its root causes and its impact on community development among the Maasai and lives of women in particular. Female Genital Mutilation (FGM) is a traditional practice that is deeply embedded in African culture and has continued for thousands of years. FGM refers to all procedures which 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.

World Vision (2001) identifies FGM as a health and development problem. FGM has both short and long term consequences with socio-economic resultants that continue to pose challenges to researchers and policymakers. It affects girls' the rights to education, enhances school dropout rates, facilitates complications in the reproductive development of the girl child and contributes to maternal and child mortality. It also promotes HIV/AIDS. In addition the practice perpetuates gender inequality; it is a contributing factor to poverty and violates the UN convention of the Rights of the Child.

However, raising awareness of the short and long-term adverse effects of a practice has proved to be effective because it leads to eventual changes in social norms. It is for this reason that the significance of communication processes can never be underestimated in all information campaigns against FGM.

Specifically the study sought to examine the role of mass media (radio, newspaper and television) and interpersonal communication in anti-FGM campaigns by focusing on the following questions: (a) what is the impact of media on FGM campaigns in Kajiado District? (b) What is the significance of interpersonal communication in the campaign? (c) What socio-economic and cultural factors influence the practice of FGM? And (d) based on the findings thereof, what strategies can be adopted to enhance campaign strategies?

1.2   Statement of the Problem

In spite of the various efforts that have been made over the years to eradicate FGM, the practice has persisted unabated among some communities in Kenya. Some of the initiatives have been communication based in form of campaigns in the affected areas. In Kajiado District, several efforts have been made by various development agencies; the Government with its various departments; *administration, health, social services*, Maendeleo ya Wanawake, World Vision, MAP, Global International, COMPASSION which channels its efforts through churches like Anglican Church of Kenya (ACK) and Presbyterian Church of East Africa (PCEA) and others to address the vice.

However, not much has been achieved. The study sought to investigate some of the communication methods and strategies with a view to establish the role of media and interpersonal communication in this agenda. The study sought to answer the following questions: What contribution has media made to FGM campaigns in Kajiado District; What is the role of interpersonal communication in anti-FGM campaigns; What have the current anti-FGM communication strategies failed to address that impede success; What are some of the socio-economic and cultural factors influencing the practice of FGM?

The purpose is to determine the role of media and interpersonal communication as sources of information in FGM campaigns and factors impeding their success.

1.3 Objectives of the Study

The general objective of this study was to examine the contribution of media and interpersonal communication on anti-FGM campaigns in Kajiado district; and some socio-economic and cultural factors that impinge on success of these campaigns. The specific objectives were to:

a) Determine the efficacy of mass media (Radio, Television and Newspapers) as a source of information in FGM campaigns in the study area.

b) Establish significance of interpersonal communication in the campaign;

c) Identify and examine the core socio-economic and cultural factors (e.g. knowledge, attitude and practices) influencing the practice of FGM; and

d) Based on the findings, make appropriate recommendations for future information campaigns.

1.4 Rationale for the Study

The study examined media and interpersonal FGM. The purpose was to determine the role media and interpersonal communication in anti-FGM. This will guide campaign designers in laying communication strategies. It brings to light issues on health, education, gender inequalities, marginalization of women and its impact on development. It assesses the community's perceptions of FGM and its effects. Factors influencing the practice are investigated such as community's knowledge, attitude, practices and other socio-economic and cultural factors. This study suggests practical solutions towards this effort whose benefits will have a ripple effect on the community.

FGM has been touted as the panacea to most problems bedevilling health, education, early marriages, gender inequalities and marginalization among communities that practice it. Several projects/campaigns have been initiated and others will follow. However, little research has been done to establish why these efforts have yielded little fruits and what can be done to achieve a higher percentage of success. This study evaluated media and interpersonal communication as sources of FGM campaign information. It examined the value of FGM in the local context and identified factors that perpetuate its practice.

The findings will also provide a guide to policymakers and project officers on the best strategies to apply in introducing and sustaining the end to FGM practice in Kajiado District. In academia the findings will be useful as a basis for further research in this area especially in assessing the impact of eradication campaigns in the district.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

Female Genital Mutilation (FGM) is a traditional practice deeply embedded in some African cultures and has continued for thousands of years. FGM 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. The origins of the practice are not fully understood but it is thought to have existed for thousands of years, possibly since 3000BC. According to the World Health Organization (WHO, 1999) the practice of FGM predates all modern religions. Yet religion is often given as the reason for the practice, especially Islam. Thus beliefs about FGM are an integral part of cultures of those people who practice it. They have a meaning and fulfil a purpose to the people, however irrational and harmful they may appear to others.

In modern times different ethnic groups, religions and cultures practice FGM. However, communities living in the same area or sharing the same religion do not necessarily follow the same practice. It is estimated that there are over 130 million girls and women who have been subjected to FGM. Each year a further 2 million girls are estimated to be at risk of under going the ritual. Most of them live in 287 African countries and increasingly in Europe, Canada, USA, Australia and New Zealand, primarily among immigrant communities (UNICEF, 2003). (Figure 2-1).

Figure 2-1: Areas of the World in which FGM has been reported to occur

Country	Percentage
Benin	17%
Burkina Faso	72%
Cameroon**	20%
Central African Republic	43%
Chad*	60%
Côte d'Ivoire	43%
Dem. Republic of Congo	5%
Djibouti**	98%
Egypt	97%
Eritrea	95%
Ethiopia*	85%
Gambia*	80%
Ghana*	30%
Guinea	99%
Guinea-Bissau**	50%
Kenya	38%
Liberia*	60%
Mali	94%
Mauritania**	25%
Niger	5%
Nigeria	25%
Senegal*	20%
Sierra Leone*	90%
Somalia	98%
Sudan	89%
United Republic of Tanzania	18%
Togo	12%
Uganda**	5%
Yemen	23%

■ Areas in which FGM has been reported

• FGM practised among some immigrant communities

* Based on older or unpublished studies
** Questionable estimates based on anecdotal evidence

Source: WHO, 1997: FGM – A JOINT WHO/UNICEF/UNFPA STATEMENT

Now, however, there are many people in Africa and elsewhere who have made great progress in challenging the practice. They point to the physical and psychological health risks of the practice. They also call for respect for the human rights of girls and women. African women's organizations generally state that the practice of FGM is rooted in the unequal relationship between women and men in many societies. Women comply with the stress and continue the tradition because they have been socialized into accepting these practices as right and inevitable. There is also strong pressure to conform and 'belong' to the community. People may not even know why they practice FGM or just say it is 'our tradition and culture'. They may rationalize their actions on one basis but not mention the real underlying reasons behind their behaviour.

UNICEF notes as it urges that change in this most hidden of practices can only come from within, thus it is vital that those campaigning against the practice raise the debate within communities practicing it. Transformation will take place when people can recognize the facts about FGM and understand the wider benefits that change will bring to the health and well being of girls and women, as well as their whole community. It will come when people believe that they can embrace change without feeling that their identity is threatened. Moreover they need to understand this deep felt beliefs and show respect for the integrity of the culture, acting with empathy not through confrontation. This can help people to see that they can abandon the practice of FGM while still retaining all the positive aspects of their culture. The main aim is to build positive motivation for people to change.

2.2   Eradication Efforts in Kenya

Kenya's campaign against the practice of Female Genital Mutilation (FGM) dates back 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. Yet 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. However 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 acceptable. Significantly the

transformation let to a reflection on the traditional structures that were previously shrouded by silence and only explained by 'culture'. Notably the widespread silence surrounding certain traditional practices and especially FGM was broken.

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 of Kenya, Daniel arap Moi, while in Meru, asked the communities that still circumcised girls to stop the practice forthwith. He observed that the practice was outdated and unacceptable in modern Kenya. Once again, the criminalization of FGM practice only caused it to go underground, necessitating a different approach to its eradication.

On the 12th of October, 1998 in Kajiado the President (then) advised the Maasai against engaging in traditional practices such as early child marriage 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 much more common in rural areas and among the women who have received less education. Most women who have experienced the FGM procedure are according to PATH, strongly in favour of FGM for their daughters. Research has shown that in practicing communities only 62% of girls with secondary education were circumcised, compared to 96

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% of girls with no education. Clearly there is a close link between education and the rejection of FGM. Moreover demonstrating community ambivalence about accepting FGM the survey notes: women who do not circumcise their daughters are viewed by some as irresponsible, 'loose' and imitators of western culture: however there are those who see them as strong and liberated.

Differences across ethnic groups are striking: circumcision among Kisii women in the age group 15-19 is nearly universal (97%) and very common among the Maasai (89%); Kalenjin (62%); Taita Taveta (59%); Meru/Embu groups (54%); Kikuyu(43%); Kamba(33%); and Mijikenda/Swahili (12%). Among women reporting Luo and Luhya affiliation circumcision is rare. Significant awareness, interest and commitment to fight FGM in ail its forms have not always translated in attitude change at the community level. It is estimated that only 15% out of 72 districts in Kenya do not practice FGM.

While FGM has been identified as a health and development problem, the magnitude of the problems the practice poses in the area of health and development is still unknown. Knowledge is basically limited to awareness in the few areas in which research and interventions have been carried out. The factors that support its continuation and/or resurgence in areas where it had previously died off are generally little known of. Research findings by PATH. however, 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 the reasons that are responsible for the continuation and resurgence of the practice. Spectacularly the role of communication in the eradication efforts at the community level has not been addressed. This raises fundamental questions: What is the causal contribution of one variable such as the broadcasting media to the FGM campaign?

What is the significance of interpersonal or traditional communication in the campaign? What is the cumulative effect of communication at the community level? Similarly, how are we to determine whether the stereotypes presented by the media are reflections of or causes of the stereotypes held by members of the audience?

The following paragraphs examine some of the social science theories whose principles could be adopted and applied by campaign strategies to the Kajiado question to assist in achieving the desired change: and for future campaigns.

There are many theories that attempt to explain behavioural change. They explain how people and animals learn to interact with their environments through the acquisition of response tendencies (attitudes, values, perception of the world and repertoires of behaviour). Among these is the Social Learning theory.

2.3   The Social Learning Theory

Traditional learning theories assume that learning occurs by actually performing the responses and experiencing their effects. By considering behaviour 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 behaviours in animals and man. However, recently they have been criticized of 'radical behaviourism' since it reduces men to robots, totally controlled by the environment. Thus learning is 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 behaviourism can explain

only a small part of our everyday life. They assume learning can only occur through trial and error in 'direct' experience hence does not account for many of our learned behaviours. 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 behaviour. His theory can account for a wide range of behaviours than traditional learning theories. Social leaning theory explains behaviour 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 behaviours we learn through modelling are first observed in the mass media, the major element in his analysis are Attention, Retention, Motor reproduction and Motivational processes

Attention processes: Social learning theory considers the 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. Actual behaviours (such as a novel aggressive act) while attitudes valves, moral fragments and social reality perceptions are learnt through illustrated patterns of thought – abstract modelling.

According to Bandura attention to an event is determined by 'characteristics of the event' (modelling stimuli) and characteristics of the observers. Characteristics of 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 valence' of the event – we feel positively towards events which are

salient (related to past, present an expected experiences) and reinforcing fulfil need – 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 reinforcement. 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 modelling: learning can occur without arousal.

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

Bandura represents the response pattern in two ways, marginal and verbal. The 'pictures on our mind' (visual images/marginal representation) are not adequate for modelling. 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 modelled behaviour and then enact overtly.

Motor reproduction process in Bandura's model behavioural enactment will involve the following successive steps. A person thinks before he acts. Thinking here means organizing the responses that have been learned so that the actual behaviour can be initiated or performed. Cognitive organization and performance of behaviour are dependent on the availability of cognitive and motor skills in an individual.

Very rarely are we able to accurately reproduce behaviours 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 modelling 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 motive us to action. External reinforcement – reward for performing the behaviour. 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 behaviour; and finally self-reinforcement - self-satisfaction and inner peace are common self-rein forcers. A model 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 Kajiado District the practice of FGM is built on similar principals: there is observation right from childhood, repetition with each passing age-group, motivation - reward and punishment involved in the practice and others. However the same can be applied to achieve its eradication. Based on these principles campaign strategies can came up with creative programs.

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2.4 Symbolic Interaction

Another theory worth noting in the Kajiado anti-FGM case is that of symbolic interaction and its impact on mass media.

Symbolic interactionalism has its roots in the American pragmatism in the writings of James M. Baldwin, John Dewey, and Charles Harton Codley and most important of all – George Herbert Mend, who is the most popular advocate of symbolic internationalism. Their observation took the form of theoretical proposition: Although members of each generation have to be taught to be members of society, as adults these members are capable of generating society itself. They stated that people are socially created and people can create new societies in which they live. They assumed that people generate other people and that it must be people who control human action and behaviour. And that this mechanism of control resides in socially constructed meanings – symbolic interaction.

However, there is no single orthodoxy which is symbolic interaction theory; some see it as nothing more than a set of concepts serving to sensitize one to several aspects of social life, others as a general theory of human behaviour, and still to others its one which addresses itself to a relatively modest series of questions. It focuses on the ways in which meanings emerge through interaction by observational work and intimate familiarity.

The early symbolic interactionalists conceptualized the individual and society to be inseparable and interdependent units; that the society requires some amount of coordination and cooperation among individuals in the society. Hence laws, rules and patterns of expected behaviour develop in society to assist in interaction and living together (Mead 1934). The

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study of human behaviour must therefore begin with the act of human association. Secondly, differing with Lester Wards ideology that the "individual and the society were discrete and therefore separate units", they viewed individuals in society as reflecting and interpreting beings possessing 'selves'. Thus they focused on social development of the self and personality, coupled with the recognition of the role of biological factors in human behaviour. Using the term impulses to refer to ultimate biological tendencies they posed that group membership was a prerequisite for individual satisfaction.

Thirdly, emphasizing language as the principle symbolic form, they held that the fabric of society developed out of shared meanings and it was out of here that the significance of the symbolic elements rested.

Fourth, their guiding methodological principle was that individuals could never be understood outside the social situation in which they are participating selves. This is implied by Mead's idea of taking the role of the other along with its contemporary notion of the mutual influence of the self and the other. The assumption that "knowing the individual's own interpretation of these situational characteristic was indispensable to understanding his behaviour" led to re-evaluation of the established methodological technique of interviewing. What had once been simple recording of behaviour as recounted to the interviewer was now seen as microcosm of the processes characteristic of the entire society.

As a social psychological theory it addresses itself to a set of two interrelated questions - socialization and personality. Socialization refers to how human organisms acquire ways of behaving, values, norms and attitudes of the social units in which they are a part. This focuses on development meaning that which happens over time to the human 'neophyte'.

Personality is defined as the organisation of persistent behaviour pattern, which must be demonstrated and accounted for. Symbolic interaction addresses itself largely to the normal person - the person without gross physical, physiological or psychological defect. It addressees both personal organisation and disorganisation: treating the two as facets of the same problem rather than different problems and providing answers to both without invoking the principles lying outside its theoretical scheme. Some of its assumptions are:

- That insofar as interests are social, psychologically man must be studied at his own level. This anti-reductionalism position rests on the principle of emergence, which suggests the existence of qualitative difference as well as quantitative continuities among the precipitates of the evolutionary process. If man is qualitatively different in some respect from other forms of animals it follows that principles derived from other forms cannot be used to account for his behaviour.

- That the most fruitful approach to man's social behaviour is through an analysis of society. Some social psychologists have argued that the society is the ultimate reality, while others give an ontological precedence to the individual, denying reality of society. This assumption involves no assertion of some metaphysical priority of society over individual. It permits an articulation between sociology and social psychology which alternative approach can forge, if at all, with great difficulty. Both sociology and psychology begin with the same building brick: social action. Sociology builds in one direction to the behaviour of collectiveness. While social psychology builds in the other direction, to the behaviour of individuals.

- That the human infant is neither social nor anti-social but rather asocial; it has the active organisms with impulses, which are not channelled or directed towards a specific end. This original nature is amorphous and plastic; it lacks organisation. Therefore the third assumption concerns itself with the equipment with which the newborn enters life.

- That the human being is an actor as well as reactor. He does not just respond to stimuli occurring outside him. This assumption is the one that leads to fundamental methodological principle of symbolic inter-actionists. They demand that the investigator should see the world from the point of view of the subject of his investigation. This theory therefore tends to stay close to the world of everyday experience and it is with such experience that it seeks to deal.

One of the assumptions of the theory is on emergence, and the principle of emergent on human and language behaviour. According to this theory it is an act – the behaviour by organisms stem from an impulse requiring some adjustments to appropriate objects in the external world. That in a social act the focus object is another individual and this other individual too acts with reference to the first actor. Thus every social act implicates at least two individuals each of whom takes the other into account in the process of satisfying impulses. Such acts occur overtime and thus have history, this makes possible the appearance of gestures - the meaning of gesture is the behaviour that follows it. Some gestures may have additional property i.e. they mean the same thing, imply the same set of subsequent behaviour to both individuals involved – this kind of gesture is referred to as significant symbol.

Language is a set of significant symbols, that is a set of shared meanings hence a system of shared behaviour. Communication between human beings presupposes these characteristics of shared symbols. Categories deal with using symbols to a number of objects. Position, is a socially recognised category of actors and they are social in the sense that you can't talk of a position without reference to some context of other position; like father in reference to mother, child etc. Role refers to interpersonal relation.

An actor may sometimes apply the above categories to himself by meaning and classifying himself: to engage in this kind of behaviour is to have self - that which is an object to it's self (Mead 1937). Ones' self is the way one describes to himself his relationship with others in a social process. Role taking refers to anticipating the responses of others implicated with one in some social act. Significant, other represents the recognition that in a fragmented and differentiated world not all persons with whom one interacts have identical or even compatible perspective. Hence, for action to proceed the individual must give greater weight or priority to the perspective of certain others, given that others occupy high rank on 'importance' continuum for a given individual – significant others. The mental which is symbolic interaction is defined behaviouristically thus permitting their treatment within the conventions of scientific procedures. It refers to three concepts – thinking which is the internalized manipulation of language symbols; volition – the process of selecting among alternatives symbolically present in the experience of the individual; and self from the stand point of others.

Generally symbolic interaction is concerned with the nature of meaning and interpretation. It does not see sociology as a science like natural science dealing with internal independent objects but as scientific because it gives a rational coherent account of people's action, thoughts and relationship. Although it does not provide a theoretical solution to the fact that individual and society are interdependent units, it does provide a direction for future research. It stands opposed to almost all the other social science traditions which tend to theorize without having a close first hand and intimate involvement with those phenomena about which they theorize. According to the handbook of sociology, the theory is strongly empirical and advocates for the use of wide range of research tools especially participant observation,

life histories and depth of interviewing. To this extent it serves the ends of communication research quite satisfactorily, as it encourages researches to base their conclusions on facts not hearsay, on actual observations not grapevine, on answers obtained by way of in-depth quizzing and not mediocre tests. Thus it not only ensures accurate responses but also greatly minimizes the chance of error, especially on conclusion made from a given research project.

The theory recognizes language as a set of shared meanings and symbols that are appreciated by the speaker and the recipient of the message. It emphasizes that for two people or two sets of people to be speaking the same language, they must understand one another to an appreciable degree - otherwise communication would not have taken place. Besides language, it emphasizes the need to examine the attributes adapted to a given code in a communication. This is an emphasis of great significance to the language policy of all media institutions. For symbols, colours, slogans, logos and even uniforms give organisations distinction from one another. But most important the way an organisation interacts with its competitors, its clients and even its internal public determines the image that it earns in the long run. It influences how those with whom the organisation interacts will perceive it and rate it. This relates to the concept of corporate image and identity. To some extend they also invoke some kind of aesthetic value to a given organisation.

Arguing that the development of self is a process, the proponents point out that learning about self is a life long endeavour that never ends. The media catalyses this process by availing a plethora of behavioural options those individuals may pick and try out. Moreover, it enhances the process through availing many alternative options to the comfort of individual homes thereby making them more exposed.

One of the proponents of symbolic interaction, Cooley (1902), long compared the development of self to looking in the mirror. Many sections of society today, especially the political society and the corporate world, always make themselves conscious of how they are perceived by the media. To them the media has become the mirror through which they tell themselves who they are.

Writing in 1987, McQuail concurs that the media serves as a society's mirror; that it makes sense of puzzling and fragmented events. It is a platform for information and opinion from analysts all over the world, a sign post which points the way and gives guidance or instruction; a filter that selects out experiences for special attention, and that it is a mirror which reflects back an image of society to itself.

As the fourth estate, the media plays the super visionary role for society since it has earned the 'trust' of being relied on. This explains (perhaps) the effectiveness of media as a watchdog for society.

The obsession of analyzing everyday life of humans as a methodology for empiricism by symbolic interaction scholars is also applicable in advertising. For interactions among people that give new meaning to styles can transpire through talking on face-to-face basis or interacting with mass media. Advertisers base their messages passed via the media on traditions which human appreciate with zeal e.g. the female body.

The theory views the individual as influenced by socio-economic and cultural factors of his community. This study is influenced by this theory in terms of its objectives and methodology. Similarly it advocates for adoption of the said principals to anti-FGM campaign strategies.

However, clearly the press in the contemporary sense of the word did not exist in the advancing world before the colonial conquerors arrived and imposed the press systems. The communications patterns predating the colonial conqueror were primitive and local, devoted almost entirely to the needs of the people. For the ordinary people the mechanism of communication was not the written word; it was the drum and the smoke signal and above all the spoken word – relayed in tales, songs and ritual. (Altschull, 1995). Thus long before the Gutenberg's press, communications on the Asian plains, the African savannas, the forests of central Europe, the deserts of the Middle East and the American continents passed along through primitive channels; Information regarding issues like impending arrival of hostile armies, stampeding animals or thunderstorms. Such information constituted news of genuine significance to all that received it. In the traditional world, such "news" often was crucial for survival. In a social setting where daily survival is a challenge, interest in the external world is necessarily limited

Africa is the best illustration of the creative mixing of the traditional and modern mass media: on account of its rich traditional culture that is proving impervious to rapid change in the face of massive onslaught from foreign cultures. In many parts of the Africa, the traditional stands next to the modern, in more than physical sense. Many Africans unconsciously make the mental switch from one to the other, as the occasion demands. And it has been found that promotional campaigns that employ the appropriate elements of both traditional and modern media stand better chances of succeeding. Traditional communication in Africa exemplifies the true sense of the word 'communications' which means sharing, bringing of minds, a bringing about a common set of symbols in the minds of the participants - in short, "an understanding", (Charles Okigbo 1995, page 6). The usual proximity between senders and

receivers according to Charles Okigbo (1995) increases the chances for communicative effectiveness and facilitates the sharing and understanding that are aimed at. Both the interpersonal (traditional) and modern mass media have important roles to play in promotional campaigns. It is common knowledge that in Kajiado' as is the case in most rural areas, interpersonal communication is the major channel of communication. However, in spite of repeated calls for appropriate use of traditional communication, the record in the efforts of national governments does not show that these calls have been heeded. Apart from such United Nations agencies such as FAO, UNICEF, UNESCO and UNFRA, the use of traditional media for campaigns is more of and after-thought than serious supplement to the modern mass media.

Information campaigns according to Mandelson (1973) involve a series of promotional messages; in the public interest, disseminated through the mass media channels to target audiences. He notes that the conventional approach to designing communication strategies involves dissecting the communication process into source, message, channel and receiver, to determine each factor. The optimum manipulation of the first three elements (source, message and channel) largely depends on a thorough understanding of the receivers in the target audience. Conceding to the role of interpersonal influences Mendelson points out that the social context of the receiver should be factored in since interpersonal influences may compete with or complement the mediated messages. 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 form: his amount of knowledge, patterns of belief, level of salience, value systems, capacity of acquiring information, before implementing the campaign.

The failure to demonstrate radical changes in social behaviour following from mass communication campaigns has led a great many communication researchers to conclude that the primary effect of mass media is maintain of status quo. Few if any examples of radical changes in basic beliefs, values or behaviour deriving directly from mass communication have been demonstrated. Moreover argues Joseph Clapper (1960), it is clear that mass communications are seldom, if ever the sole agent behind change. Rather it functions as just one element in a highly complex social system. Its impact is moderated and mediated by numerous other factors in the system. In short whatever the consequences of mass communications it would be a fallacy to conceive of it as anything other than a contributing influence. In other words the extent, to which other factors in the social system impel towards change, seems to manifest them more and more frequently, presenting more opportunities for mass communication to contribute to social effects. (Mendelson Page 521)

The conflict between the official western communication structure and the traditional structures was clearly decided in favour of the traditional trusted channels that have served for centuries. It is therefore wrong, writes Michael Kunzik (1984); to assume that communication networks do not exist in the developing countries if they do not conform to the westernized, modern information systems. In most of these countries the traditional media are more credible than the mass media that illiterates often distrust. Besides the language, the mass media is often misunderstood. The fact that in developing countries interpersonal communication is of key significance for the proliferation and/or the blocking of new ideas and techniques can be shown by a number of examples: Both Mahatma Gandhi and Mao Tse-Tung were faced with the task of communicating with hundreds of millions of illiterate peasants - and both were able to succeed as "mass communicators" without the use

of modern mass media. According to Kunzik, the concept of symbolic action was central to the communication style of both gentlemen:

> "It is through symbolic action that they both expressed fully their identification with the masses. Gandhi's' loincloth and Mao's rustic living fulfilled a triple action: Simplicity of living was emphasized; homespun cloth became a militant symbol of self-sufficiency; and Gandhi and Mao were identified with the poorest of their people" (page 134)

By means of loudspeaker system: word–of–mouth communication channels, various mass campaigns attended by hundreds of millions of people and especially by using a language specifically aimed at their audiences (the masses, the intellectual elite and the opponents), both were able to secure the transmission of mobilizing information.

Similarly, an innovative project (SISTER HELP - Synergizing Information Systems Towards Enhancing Reproductive Health and Eliminating Legate Practices) in Nigeria uses 'theatre for development' as a way of involving communities in discussion on FGM. The initiative began in 1999, uses cultural expressions and performance art to enable clearer communication and understanding between people. The project used theatre because through drama it is possible to discuss sensitive matters which otherwise cannot be addressed directly. Entertainment also makes the information more acceptable and accessible to people drawing on their songs and celebrations to create a strong sense of identity with the local culture. Through drama it is possible to answer audience questions on the spot. Theatre can also reach remote disadvantaged audiences not reached by electronic and print media. So far, SISTER HELP has reached 27,000.00 people in this area through interactive theatre and interpersonal communication. Research indicates that more than 60 % of this local government area has

now stopped practicing FGM. In 1985, 140 villages practiced FMG. 1997 reduced this to 87 villages (UNICEF 2003).

This brings in the two-step flow theory attributed to Katz and Larzarsfeld (1944).

2.5   The Two-Step Flow Theory

The theory arose out of the realization that the one-step model had no explicatory value. Perceiving interpersonal communication as directing a message to one or more of the person's senses – sight, smell, sound, touch or taste, they wrote: The flow of mass communication maybe less direct than was commonly supposed. The image of the audience as a mass of disconnected individuals hooked to the media but not to each other would not be reconciled with the idea of two-step-flow of communication.

Defining opinion leaders as people recognized by their peers as having some special competence in a particular subject, Katz et al goes on to assert that the mass media functions vertically, while the opinion leaders operate horizontally. According to this theory information from the mass media moves in two stages: first, to one so-called opinion leaders, and from them to the less active sectors of the populace. The opinion leaders are assumed to be active information seeking individuals. Moreover, they are characterized by a higher consumption of media as well as by a more active social life and certain openness towards the world, a so-called consumption orientation. The others, the non-opinion leaders are the mass public.

The theory further assumes that information comes from a single source (the media) and flows through interpersonal networks, rather than media to the mass. That a number of the audience have social ties which affect their interpretation of mass media messages and

making decisions whether or not to act one way or another on the basis of such messages; That each audience member sits passively waiting for information. They premised on a modern society where everybody is educated, has equal access to media, people are not isolated and individualists.

It fundamentally assumes the society is easily structured. In their study Katz et al conclude: People turn to opinion leaders for advice about a specific topic, but usually do not seek them out for their opinion on a range of issues. Personal influence then, takes place between people in a face-to-face setting and concerning rather specific topics. In other words, opinion leadership is only one influence in a contact of many. Identifying which influence played a predominant role in any particular decision may not always be possible, even for a person who made the choice.

Their theory has been of great significance in the development of theory and research in communication. It provided an important turning point. Indeed the simple idea that "ideas flow from the radio and print media to opinion leaders and from them to the less active of the population", had been overlooked for decades. Their findings changed thinking about the process of communication forever. No longer could mass communication be thought in terms of a stimulus-response framework in which the media were one side and the members of the audience on the other with little ties between them.

The ties between the people were seen as the most important factors rather than the message stimulus, the perceived characteristics of the communication, or the psychological make up of a receiver, in significantly shaping the mass communication process. The two-step-flow theory therefore represented the first dear and intensive focus on social relationships and their

role in mass communication process and hence opened up research to explore "the part played by people in social flow of information and influence from media to mass". Moreover, the two-step-flow idea set off significant new direction of research in the adoption of innovation, the diffusion of news, and the study of distortion in interpersonal communication.

Notable among the latter-day researchers includes Troldahl (1966). His two-step-model is based on the theory of cognitive consistency or cognitive balance and assumes that "People are motivated to maintain an apparent consistency among the facts and benefits they posses. New, inconsistency information brings about a condition of cognitive 'imbalance', linked with psychic stress". (Page 148 – Kunczisk)

According to Troldahl, opinion leaders and followers are equally exposed to and equally attentive to mass media. Opinion leaders behave upon the emergence of new inconsistent information exactly as followers do: They seek supplementary information. However, the opinion leaders turn to another cycle of persons – the experts such as development workers or change – "the opinion leaders of the opinion leaders", also of determinant significance in the communication process. Often a process of opinion sharing of occurs, Troldahl argues. That is, the role of opinion gives is often exchanged with the role of opinion-asker. The givers and askers strongly resemble each other and are clearly distinguished from the opinion avoiders. During the course of a diffusion process, it appears that, at first, a group of interested and well-informed individual emerges. This group through interpersonal communication both seeks and passes on information. In this process it is not certain that information is also passed on to the inactive sector. Thus objections have been raised against the two-step-flow model.

The thesis that opinion leaders are the active, information-seeking individuals, with the rest of the recipients consisting, however, a passive mass public without influence does not hold. Second, depending on the respective subject of message and their position is social structure; opinion leaders use various information channels – disputing the assumption that the media would be the primary information source. Third, the model does not take into consideration which channel are significant in a diffusion process at which time findings of diffusion studies by Rogers (1973) indicate that the opinion leaders under some circumstances are simply people who are informed about innovations earlier. That is to say, the dependence on the mass media can under some conditions be founded, not primarily on the opinion leadership, but simply on early knowledge. Fourth, the model leaves unclear what the opinion leader does with information. Does he reject it? Pass it on? Modify it? The two-step-flow neutralises mass-media effects through the opinion leaders' leader selective perception and through personal influence, argues Michael Kunzik (1995). Also remaining unclear in the to two-step-flow model is the distinction between pure transmission of information and possible attempts to exert influence on the part of an opinion leader. Moreover the assumption that there are only two steps in the flow of information has been refuted empirically. Depending on how important the information is there can be only one step or more steps. The current effort is in the direction of developing a "multi-step model". The attempt proceeds from the assumption that in the communication process a variable number or relays and modification can play a role. Some messages reach the recipients directly, others indirectly. Hence it is advisable to adopt both media and interpersonal communication in campaign strategies.

In addition it is vital to look at some reasons why some information campaigns succeed while others fail.

2.6 Why Some Information Campaigns Succeed While Others Fail.

Conceptually, information campaigns can be differentiated from similar forms of communication by the nature of objectives and the message processing. They usually involve a series of promotional messages in the public interest, disseminated through the 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 attitudes or behaviours. Unlike persuasion campaigning (e.g. consumer and political advertising), information campaigns are meant to benefit individual receivers 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 classrooms 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 the view 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 article 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.

The definition of 'success' according to Mendelson (1973) varies in magnitude between two camps evaluation information campaigns. He argues for the adoption of realistic, non-grandiose criteria e.g. cutting drunk driving by a small portion rather than trying to eradicate all poor driving behaviour from the highways. Those holding the null effect tend to interpret small changes (e.g. less than 10% of variance) as trivial and conclude that the media are impotent. More liberal interpretations regard such outcomes as socially significant. Thus much of the divergent opinion regarding media impact is due to differing interpretation of the same degree of change in the audience.

The level of effects being considered can help distinguish effects. Effects can be arrayed along a hierarchy ranging from simple awareness and knowledge, to beliefs and salience priorities, to interest and motivation, to attitudes and values, to actions and habitual patterns of behaviour. The substantive topic of effects within each level must be considered, certain topics are difficult to teach while others maybe readily communicated, and certain well-established behaviours are difficult to change while others require only a minor effort. Indeed people are so resistant to some kinds of change that laws or monetary incentives are often effective. On the other hand some individuals may have been predisposed and hence more receptive to incoming messages on certain subjects. Hence, the interpretation of effectiveness of media depends on the specific topics under consideration. Generally mass media have much greater potential for producing shorter term and cognitive effects than longer range and behavioural effects.

The quantitative attributes of media campaign vary considerably from one campaign to the next. Many of the ineffective campaigns have been poorly conceived, inadequately pre-

tested and under funded. This results in insufficient frequency of presentation, undesirable channels and time slots, incorrect source presenters, inappropriate message appeals and unattractive stylistic quality. When such campaigns are selected for evaluation null effects are likely to be obtained.

According to Mendelson 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 Atkin (1981). He notes that the conventional approach to designing communication strategies involves dissecting the communication process into; source; 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 do not watch, listen of read then there is no chance that knowledge can be gained or behaviour 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.

The most thorough studied aspect of source is credibility where three critical dimensions are: Trustworthiness, Expertise and Dynamism/attractiveness, Research demonstrates that a source, which projects one or more of these qualities, has greater impact than a source with less credibility. The selection of an effective source depends in the campaign situation.

2.7   Some Reasons Why Campaigns Fails

Finally, it is worth visiting Herbert Hyman and Paul Sheattsly (1940) 'some reasons why campaigns fails'. According to the two "even if all physical barriers to communication were known and removed, there would remain many psychological barriers to the free flow of ideas" pointing out that the physical barriers merely impede the supply of information they pose: To assume a perfect correspondence between the nature and amount of material presented in an information campaign and its absorption by the public is to take a naïve view, for the very nature and degree of public exposure to the material is determined to a large extent by certain psychological characteristics of the people themselves. In order to increase public knowledge, not only is it necessary to "present" more information, but it is essential that the "mass audience" be exposed to" and that it "absorbs" the information.

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And in order to insure such exposure and absorption, the psychological characteristics of human beings must be taken into account: Arguing that all persons don't' offer equal targets for information campaigns the authors charge that there chronic-know nothings in relation to information campaigns. There is something about the uninformed which makes them harder to reach, no matter what the level or nature of the information. Indeed surveys consistently find that a certain proportion of the population is not familiar with any particular event. They discussed the effect of certain psychological factors on level of knowledge under three sections:

a) Interested people acquire the most information: The widest possible dissemination of material would be effective if it is geared towards the public interests. Opinion polls measure areas of knowledge and ignorance thereby overlooking areas of "apathy" and "interests". Yet they can be just readily measured and they are highly significant in understanding of the factors behind a given level of knowledge. It is possible that these two factors are interdependent; as people learn more, their interests' increases and as their interests increases they are impelled to learn more. Nevertheless from the point of view of initiating a specific campaign at some point in time, it remains true that in the case of outstanding public issues large group of the population admit little or no interest in the problem. Scientific surveys are needed to determine who these people are, why they lack interest and what approach can best succeed in reaching them.

While information campaign involves the presentation of facts the materials may not be congenial with the attitudes of any given individual. Evidence supports the view that people tend to expose them to information, which is congenial to their prior attitudes, and to avoid information, which is not congenial. In his studies of political campaign propaganda, Lazarfield et al conclude "people selected political material in accord with

their own tastes and bias. Even those undecided exposed themselves to propaganda which fit their "not yet conscious political predispositions: Underlying the importance of this factor Herbert et al concluded: merely increasing the flow, is not enough if the information continues to flow in the direction of those already on your side.

b) People interpret the same information differently: Hence it is equally false to assume that exposure once achieved, results in a uniform interpretation and retention of the material. Exposure in itself is not always sufficient since people will interpret the same information in different ways; according to their prior attitude e.g. people tend to read the particular newspapers, which are congenial to their own attitudes and beliefs.

c) Lastly, Herbert et al offer that information always affects attitudes, or that it affects all attitudes equally: Yet the principle behind all information campaigns is that the disseminated information will alter attitudes/conduct. But it is naïve to assume that information always affects attitudes, or that it affects all attitudes equally. Investigations indicate that individuals, once they are exposed to information, change their views quite differently, each in the light of his own prior attitude e.g. a study of communication campaign in Britain indicated that a group was overwhelmingly opposed to loan without information, and they remained overwhelmingly opposed to it even when they were exposed to the information.

These factors are intangible but apply eternally to all types of public information. Indeed due to these psychological barriers those responsible for information campaigns cannot rely simply 'on increasing the flow' to spread information. And in many cases public opinion surveys offer the only means by which these problems can be recognized and thereby

overcome. These surveys provide scientific knowledge of the quantitative distribution of material; tell the people reached and more important not reached; can measure public interest in information materials and areas while at the same time providing accurate knowledge of the problems/handicaps in the campaign within various population groups and; can at a different and higher level, inform about the whole structure of attitudes on any public issue: factors in determining attitudes, extent of information and how it has changed opinions that were existing and what information is still needed to reach the unexposed/unsympathetic group. .

2.8 Kajiado District

Kajiado District is classified among the poorest districts in Kenya. The biting poverty and under development are attributed to various factors: Vast area of the district, coupled with low population density, high population mobility and scattered mode of settlement in the area have discouraged the government from providing basic social services. Adverse climatic conditions and frequent drought has had a destructive impact on an already impoverished community and beleaguered public amenities and service centres. The general low value placed on education among the Maasai Community has also impacted on the labour market with high school dropout rates. Majority of those with university and most of those with secondary education have left their home villages in search of employment in the urban centres such as Nairobi.

These challenges have been exacerbated over the years by cyclical drought spells and famine outbreaks. They have led to environmental depletion, loss of livestock, displacement and rural urban migration. In turn it is the most vulnerable who have suffered most especially

women. They have had to cope with disaster, yet are constrained by socio-cultural barriers, coupled with illiteracy and lack of marketable skills.

Girls, the Maasai elders say, should not be allowed to stay in school beyond standard five or six. By that time they are on the brink or marriageable age. If they go on to secondary school (usually in places remote from their houses) they may fall prey to men of other ethnic groups. Girls may want to or may actually marry men of inferior or polluted status and go to live in places so far form home that the parents may never see them again, or even know where they are. Hence on reaching puberty girls are circumcised and married off. The Maasai in Kajiado do not perceive female circumcision as an abnormal practice, they view it as a rite of passage.

Over the past decade individuals, women's organizations, youth and church groups, politicians, professional bodies, non-governmental organizations and international development agencies like the United Nations have spearheaded the eradication campaign against harmful practices affecting women and children. Several governments have begun to mobilize resources to fight FGM but the majority ignores the harmful effects of traditional practices against women. Yet according to World Vision (2001) the female genital mutilation has both short and long term health consequences. Immediately after circumcision young girls often experience depression and withdrawal symptoms, loss of appetite, weight and energy, disturbed sleep, spontaneous crying, irritability or agitation. They carry these memories for a lifetime and with it come long-term problems such as severe depression, psychoses, anxiety, sleep and mood disorders. Girls undergo this procedure fully conscious, without anaesthesia and are sometimes forced to watch the exercise.

Unhygienic circumcision environments and the use of crude, un-sterilized tools can harbour tetanus, hepatitis B and HIV. After infibulations wounds are dabbed with substances such as ashes, eggs, herbs, sugar and frankincense because tradition considers these helpful to the healing process. Contrary to tradition these substances often provide a breeding ground for infection. The worst health hazard associated with FGM is death, which can result from haemorrhage, blood poisoning, and acute urinary retention, HIV or other complications. In the long term women experience painful menses and sex. Circumcision scars obstructing the vaginal opening, this can cause frigidity, anxiety and depression. The scars can also cause recurrent urinary tract infections, which without treatment can lead to gallstones in the liver and kidneys. Scarring may also cause infertility, obstructed labour, increased maternal and child morbidity and mortality rates plus other birth complications. Besides the victims are psychologically traumatized:

> "Victims who are forced to undergo these operations are often deeply
>
> affected by the intimidation, deception, manipulation and even
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> violence, used to compel them to agree to the procedure,"(World
>
> Vision 2001, Page 11)

Painful intercourse for women and difficult penetration by their husbands may lead to sexual dysfunction in both partners. This is especially traumatic to child brides. Sex and suffering become synonymous to females both young and old who engage in sexual relations only to oblige their husbands' demands and to procreate. These girls and women mostly suffer in silence for they have no socially acceptable way of addressing their feelings. Disharmony in the conjugal bed often leads males and women to search outside the home for better sex. This trend complicates an already convoluted sex life since it leads to the proliferation of sexually

transmitted diseases including HIV. Sooner or later HIV will have far-reaching socio-economic effects: taking its toll of both sexes in the most productive age bracket, 15 -- 49. The health consequences associated with the practice and the resultant socio-economic consequences continue to pose challenges to researchers and policy makers. While women, for example, believe the operation will benefit men, research indicates that more and more men are showing preference for women whose genital sensitivity has not been tampered with. A 1993 survey in Kenya among the Masaai, Samburu, Kisii and Meru in four districts, found older men claiming they preferred sex with uncircumcised women, though they had circumcised wives.

Experience also suggests that the educated and the urban dwellers change their practices more easily. They are more informed on relevant issues and further removed from their extended families. Educated and urban women have more practical options and more authority over their lives. However, for many rural folks, these harmful traditional practices are as deeply entrenched today as ever. While noting that there are vigorous efforts to encourage the abandonment of FGM in Kenya, the population council (2003) writes that it is practiced in over half of the districts in Kenya. Their records also indicate that 34% of all women aged 15-49 years have been circumcised. This represents a slight decline from the one recorded by a Kenya Demographic Health Survey (KDHS, 1998).

FGM practice perpetuates gender inequality. The term 'gender' became popular in the late 1980's as a replacement for women and development. It is a social construct that asserts that the expectations and responsibilities of men and women are not always biologically determined. Its advocates point out quite relevantly that FGM needs to be placed within the wider context of women's social and economic development. Most of the circumcised girls

drop out of school for early marriage. Yet the social problems associated with FGM and early marriages are often ignored. Rural girls who get circumcised get their first children before age 17: they are usually poorer and less educated than those who begin their child bearing careers in their 20's. While boys and girls begin first grade in equal numbers, after three years 50% of the female students will usually have dropped out. About 64% of these are partially or completely illiterate. The primary schools completion rate is only 34%. And only 10% of the girls (as compared to 36% of the boys) go on to secondary level. Four times as many boys as girls continue to tertiary level. The termination of a girl's education usually extinguishes her hopes of gainful employment and traps her in a life of poverty. Her daughters will probably replicate her life. The adage "teenage mothers beget teenage mothers" is fitting in this context.

Female education is among the most powerful forces for development in low-income countries. Educating girls is the best single investment that most developing countries can make. Education as a foundation of development brings social and economic benefits to both individuals and their nations. When a girl is educated her family's health care and nutrition improve; her children's survival rate increases and their physical and intellectual development also improve. Each additional year of schooling for females is associated with a decline of 5 to 10 percent in infant mortality rates.

Fragmented initiatives, at this time, should be replaced by more systematic and concerted efforts by the growing circles of interested parties. Indeed FGM is among the worst violations of the UN convention on the Rights of the Child. Passing legislation to outlaw this practice is a move in the right direction. However, raising awareness of the short and long-term adverse effects of the practice has proved to be effective because it leads to eventual changes in social

norms. It is for this reason that the significance of communication process can never be underestimated in all information campaigns against FGM.

Mass media can be used extensively to create a public forum in which public opinion on FGM is openly discussed. A well- researched public information campaign to harness the mass media can be complimented by various traditional channels of communication. Methods of communication about FGM can draw on the local culture, expressing the ideas through song, forms of drama and celebrations.

In Kajiado, and basically among the Maasai, communication is by word of mouth. Even very important message is communicated verbally, mostly on market days. As this study experimented on a market day, a mother of two was picked from the market crowd, a message was given for her to deliver to one of the assistants in this study, whom she had never met. What was important was the name of the person and village and that the sender who spoke to her was a fellow Maasai. The message was requesting him to meet with the sender at a petrol station in Kiserian on a given date. It was delivered and the assistant arrived as per the message. It was amazing to note how information is delivered and recipients respond without much a do, however it is important that sender be one of their own.

It is on this background that this study proposed to investigate the interplay between mass media and interpersonal communication in the fight against FGM in Kajiado District and some of the socio-economic and cultural factors perpetuating the practice.

CHAPTER THREE: METHODOLOGY

3.1 Introduction: Site Selection and Description

The study site was selected owing to the researcher's fascination with the Maasai culture and convenience in terms of distance from Nairobi.

Kajiado District covers an area of about 21,902 square kilometres made up of beautiful rolling plains, plateaus and occasional volcanic hills. (This is 3.4 % of total area of Kenya). It is divided into seven vast divisions, 47 locations and 120 sub-locations (in Kajiado divisions are also 'clan sections'). (Figure 3-1 next page).

It receives precipitation rain is two seasons: March – May long rains, November – December short rains. However, the rain is characteristically low with an erratic pattern. Generally average annual rainfall ranges between 300 – 750mm and temperatures vary from 10°C around Loitokitok to 34°C around lake Magadi. Forest vegetation is found on the high hilltops and along major drainage systems. Wooded grasslands cover is at the low lying, flat – topped volcanic ridges, while shrubs are found at the lower lands. The rest of the plains are covered with grass and woody acacia. Average rainfall fluctuates at a low of 500mm and a high of 1,250mm.The district is strongly influenced by the altitude that varies between 500mm (Lake Magadi area) and 1,250mm (Ngong Hills area).

Figure 3-1: Kajiado District

KAJIADO DISTRICT

NGONG

NORTH KEEKONYOKIE

NGONG
OLOOLUA

NKAIMORONYA

OSHTA RONGAI

ISCHIAN NGONG

KITENGELA

CENTRAL KEEKONYOKIE

SOUTH KEEKONYOKIE
KONYOIE
OLTOROTO

OLKIRAMATIAN

ISINYA

OLOOYTO NKOIKE

CENTRAL KAJIADO

KAJIADO TOWNSHIP

KIMUNKUSH

SAJILONI

MAGADI

LOODOKILANI

ILDAMAT

MAGADI

ENKORIKA

IMAROBO

ARROI

SHOMPOLE

NKOILE

ENKARONI

OLOBELIBEL

OLOONTULUGUM

MASHURU

LOROGOSWA

OSILALEI

NKAMA

TORN HILL

BISSIL

MAPARASHA

POKA

KENYEWA

NAMANGA

METO

LENKISM

MURUESHI

NAMANGA

MAILWA

BABIRIKANI

N

W — E

S

ENTONET

LOITOKITOK

KIMANA

0   5   10   20   40 Kilometers

Map by ALPMP

Due to inadequate surface water resources for livestock and human consumption or irrigation, the population depends on ground water reserves. These are influenced by climate, topography and parent rock. Other water sources include sub-surface resources like water pans, dams and shallow wells. Some people supplement these with roof catchments. Women

42

and girls spend most of their working time looking for water. On average they cover over two kilometres to the nearest source of water, which they share with animals. However it is useful to note that Maasai are sceptical of new water technologies meant to improve its supply. Their tradition dictates that no one should interfere with underground water sources for fear of diverting its course. There are tales of cases where attempts were made to divert water, widen its opening to allow piping or pumping and in the process lost the water passageway. Silted dams and ponds, contaminated with diseases that have affected people and livestock have reinforced their belief.

Maasai settlement patterns are influenced by water. Nucleated but scattered they are found: along the numerous seasonal river valleys and their distributaries, the environs of urban centres and rural shopping centres where there is permanent water supply and along major roads where they can buy water from trucks using the road.

However the road network is poor, it calls for development to allow for inter-district communication and ease of travel. The whole district has two main tarmac roads:

- Nairobi – Namanga (153kms),
- Nairobi – Magadi road through Ongata Rongai / Kiserian (102kms),

All other roads are without tarmac and impassable during wet seasons.

Kajiados' 406,054 population is predominantly Maasai with a steady increase of other ethnic groups: Kikuyu, Kamba, Somali, Luo, Luhyia and others, due to the increased rate of sale of land. Agriculture is a non-Maasai occupation; they prefer to eat meat and milk and the old people refuse to eat chicken and vegetables. Lately some of their women have engaged in subsistence agriculture growing maize, potatoes, beans, onions, tomatoes and sukumawiki;

which Maasai accommodate in their diet. Men own animals and control people, they are expected to fulfil a supervisory or managerial role at both family and community level. They are trained to be brave and excellent fighters: they protect the community.

The Maasai traditional semi-nomadic pastorals mode of life is undergoing change due to land adjudication and sub-division of group ranches into individual land tenure system. However change is not inclusive of all spheres of life, circumcision, early marriages, age-set system and other institutions typical of Maasai culture are still in practice. In turn these affect literacy levels and general development especially for women. The burden of constructing a house, subsistence (knitting, making ornaments and others), and cash crop agriculture and home management is burdened on the woman. Women generally work harder while men do little because of the degree of mobility, social and cultural constraints under which the male Maasai operates. Unlike most Kenyan rural areas Kajiado has a predominance of male population 236,249 to 228,634 women[1]. Female life expectancy is lower than that of males at 63 years.

The Maasai do not name their religion, which is monotheistic and personal. They are deeply but not openly religious. Prayers are recited or sung in private before sunrise and after sunset, and before milking in the morning and after the evening milking session. In times of adversity such as drought animal sacrifices are offered to God but this is very rare. There are no places exclusively set aside for worship. Large old *Oreteti* trees are sometimes used for individual devotional activities. Some people place bunches or grass or beaded ornaments on trees to show respect for God.

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[1] Kajiado District Development Plan 2002-2008

3.2   Sample Design and Sampling Procedure

This study combined both qualitative and quantitative methods in the collection and analyses of data because they complement each other. The **quantitative** method aims at producing generalizations about relationships aspects of the phenomenon under study. The **qualitative** method provides details of the social setting, behaviour and its meaning within the socio-cultural environment of the area under investigation. Hence provides insight to the meaning of peoples everyday lives from their point of view.

The total area of Kajiado District and parent population is quite large. Due to constraints of funds, personnel and time it was not possible to involve the whole population in the study. Nevertheless it would result in duplication after some point. It is for the above reasons that this study settled for a sample of 100.

Multistage sampling procedure was employed because of the large area and population covered by Kajiado's districts also because it reduces chances of errors.. Purposive sampling sometimes referred to as judgmental sampling was employed in selection of schools to administer the questionnaires. This is where a researcher selects sampling units subjectively to obtain a sample unit that appears to be a representative of the population. It is suitable for large areas. The chance of a unit being selected to be a sample is dependent on the subjective judgment of the researcher. However the researcher specifies the criteria for choosing the particular unit. In this case target and guidance was areas with immigrants whose foreign culture may have diffused on the local Maasai and those almost totally pure Maasai. Hence four Primary and three secondary schools were picked from areas that qualified as urban set up and the same applied in areas almost totally pure Maasai. After identifying the schools for administration of questionnaires, using the criterion identified above the study then used

probabilistic sampling. Probability sample designs permit the researcher to specify the probability of each sampling unit's being included in the sample in a single draw from the population. Stratified random sampling was employed. Under stratified random sampling a decision is made on the criteria under which the sample is to be stratified. The variable may be sex, income level, size, colour and others. Key Informant Interviews (KII) results indicated that FGM was performed between ages twelve to sixteen. For this reason stratification in schools was based on classes: Primary standard six – secondary form three, where this range of age was found as indicated by the class registers. Standard eight and form four were skipped because of the National examinations that were taking place during this period of November. The distinguishing characteristic of probability sampling according to Nachmias and Nachmias (1996) is that, for each sampling unit of the population you can specify the probability that the unit will be included in the sample. In the simplest case, all the units should have the same probability; its sampling designs include stratified and systematic sampling. The underlying idea in stratified sampling is to use available information on the population *"to divide it into groups such that the element within each group are more alike to the elements of the general population as a whole"*, (Nachmias and Nachmias (1996) page, 188.).

The various stakeholders in the anti-FMG campaigns in the study area were categorized into sets of homogeneous samples. The samples were then combined into a more heterogeneous population of 100 units. When the various stakeholders were stratified, systematic sampling was used to identify the respondents to be studied in each stratum.

Systematic sampling consists of selecting every K^{th} sampling unit of the population after the first sampling unit is selected at random from the total of sampling units. Using this process

a total of 60, respondents were selected: fifteen from public primary schools; fifteen from private primary schools; fifteen from public secondary schools; and fifteen from private secondary schools.

The other 40 respondents were picked from a wide spectrum of stakeholders who included the district administration, education, social and development officers, women and youth groups, clubs, non-governmental organizations, clubs, churches, teachers and village elders. The study used non-probability techniques to identify the respondents. In **non-probability sampling** one cannot specify the probability of each units being included in the sample, there is no assurance that every unit has some chance of being included. It is used when the researcher is not interested in selecting a sample that is representative of the population because it focuses on in-depth information and not on making inferences or generalizations. Non–probability-sampling designs include convenience and snowball sampling. **Convenience sampling** that involves selecting whatever units are conveniently available was used, plus **snowballing** where one follows and interviews a respondent recommended by those interviewed. For example circumcisers are known however not all were willing to talk the researcher used snowballing to get circumcisers that were willing to discuss the subject matter.

A sample of 100 respondents in total was distributed across stakeholders as shown in Table 3-1. This enabled the researcher get different views to the subject matter and counter check if same views run across the board and verify responses.

Table 0-1: Distribution of Sample Respondents

Stakeholders	No. of Respondents Interviewed
Circumciser/Traditional Birth Attendants	2
District Development Officers	1
District Medical Officer & Nurse	3
Anti-FGM officer	1
Women Groups	2
Primary Pupils	30
Secondary Students	30
Christian Religious Leaders	2
Football clubs	1
District Social Officers	2
Headmasters/teachers	4
Village Elders: four female; four male.	8
Chiefs	2
Sub-chiefs	2
Convenient Volunteers	10
T O T A L	**100**

3.3 Data Surveys and Data Collection Methods

The main data collection methods were personal interviews, Key Informant Interviews (KIIs) and Focus Group Discussions (FGD's). **Personal interview** is a face-to-face interpersonal situation in which an interviewer asks respondents questions designed to elicit answers pertinent to the research hypothesis. It allows for free and open supply of information, allows for expression of feelings and thoughts freely frankly and spontaneously, in ones own language especially where complex issues are being studied. Respondent can be prodded and provoked, allows researcher to go deeper into motivations of the respondent, record observations, research has control over respondents environment. Data collection instrument used was a questionnaire. It was found suitable because it is economical in terms of cost, time and efforts. It is suitable for geographically scattered population, accessibility- people that maybe difficult to reach: can be sent by e-mail or post, allows for collection of large amount of data, can be administered simultaneously, allows for anonymity – respondents don't need to sign or give name, does not call for special training or skills for the agents in the field, it solicits immediate response with no personal interactions with the respondent, even shy

persons respond without pressure. The questions, wording and sequence defined the structure of the interview. *(See sample of the questionnaire at Appendix 1)* This method allowed the collection of supplementary information about respondents, background information, personal characteristics and opinion, environmental issues and others, which aided the researcher in interpreting the results. It also yielded spontaneous reactions that were observable and when recorded become useful at data analysis stage.

Besides the questionnaire, Focused Group Discussions (FDG) were conducted within the identified strata. FGD employs both informal and personal approach. *"Thus, although the aim is for members of the focus group to feel and behave naturally as in ordinary conversation, in reality they are in a planned, structured and organized situation."*[1] The groups were composed of between 6 and 10 respondents, homogenous in terms of age and occupation. The researcher introduced the topic of discussion and let the participants steer the conversation. However, the researcher determined how long the group discussed each point and decided when to move on to a new issue or question. The research assistant recorded proceedings of the discussions.

Direct observation method was also applied to establish some of the aspects that did not require questioning such as distribution of duties in a homestead, infrastructure and to establish peoples general feelings about FGM.

Guidance was sort from Strategic Public Relations and Research Limited on recruitment of Maasai English-speaking research assistants. Three male assistants were recruited who were

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[1] (Dr. Mbindyo: class handout; Master of Art, Communication Studies Class, (2004) U.O.N Kenya).

conversant with the general geography, cultural and other considerations. This was also vital to win the co-operation of the community, especially because of the sensitivity of the subject under investigation and to overcome language barriers. The team of three was inducted through the methodology and an overview of the subject under investigation, on 3rd November 2005 at Total Petrol Station restaurant in Kiserian, Ngong. The research tools were pre-tested and thereafter amended accordingly.

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 used for analysis. Descriptive statistics: mode, mean, median, frequencies and percentages, were used describe the distribution of responses from the sampled respondents.

Similarly, information from the open-ended questions and FGD was subjected to qualitative data analysis. Responses were categorized and assigned numbers for processing under SPSS; the statistical package for social scientists.

3.5 Problems and Limitations of the Study

Communication was limited at various levels; the conservative nature of the community, intimate subject matter, language barrier, poor road network and cluster scattered settlements in the vast Kajiado District. It took time, effort and interventions from people of good will for the researcher to make a breakthrough in communicating subject matter with the community.

FGM is a very sensitive issue that deals with the private anatomy of a woman; the mere mention of the subject creates embarrassment. Further queries on its effects, impact on sex

and delivery was very sensitive: Especially because communication with women in the rural areas had to be done in the presence of a male member known to the interviewees as culture demands.

In the process of translation some expressions were lost due to differences between the Maa and English language systems.

Public transport is scarce, apart from the two main tarmac roads most travel is on feeder roads, necessitating hire of a four-wheel vehicle or travel on foot. Tarmac road in the whole district of about 21,902 square kilometres are Nairobi- Namanga (153kms) and Nairobi-Magadi road through Ongata Rongai/Kiserian (102km) All other roads have no tarmac. Most homesteads are far apart because of livestock keeping which requires space this increased time and distance to be covered in between the itinaries.

The 2005/2006 draught caused hunger, poverty and depression. There was a lot of movement in search of water, food and pasture. Livestock was lost in big numbers. Naturally all festivals /ceremonies were postponed, including FGM. These conditions impacted negatively on the study in terms of time and costs.

CHAPTER FOUR: RESEARCH FINDINGS

4.1 Introduction

This section comprises the findings of this study. The study focused on media and interpersonal communication in anti-Female Genital Mutilation (FGM) campaigns and the influence of socio-economic and cultural dynamics as a basis for the prevalence of the practice. The aim was to establish factors that have bearing on the persistence of the FGM practice in the study area, specifically: efficacy of mass media in raising awareness of Anti – FGM campaigns; Significance of interpersonal communication in the campaign and socio-economic and cultural factors influencing the practice. Based on findings make recommendations for future research and information campaigns.

4.2 The Findings

According to results as presented in Figure 4.1, many people have received information against Female Genital Mutilation (FGM) placing awareness among the respondents at 91%.

Figure 0-1: Awareness of Anti-FGM Campaigns

In addition, as evidenced in Table 4-1 below, they were aware of health consequences associated with the practice and its impact on girl education.

Table 0-1 How does Circumcision interfere with female education?

How does circumcision interfere with female education	%
Girls feel uncomfortable and drop out of school	45
There is the fear of being married off	15
Death may occur	11
Breaks occasioned by the slow healing process	9
Results in early marriages	8
Spread of infectious diseases like VD or HIV	6
You start thinking of sex	5
Total	100

Majority of the respondents received this information through Radio, which is accessed by 52% of the respondents, in comparison to television at 42% and Newspapers at 6%.

Figure 0-2: Which of these Communication channels do you have access to?
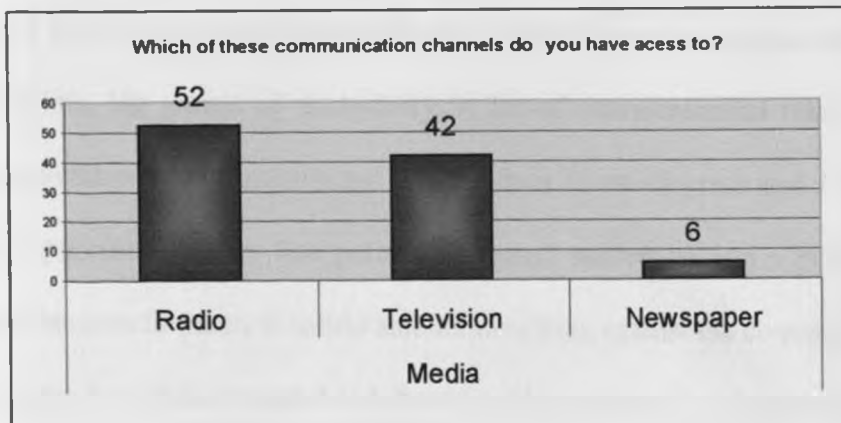
Radio is the main mass media channel in use, affordable, durable, easily shared, portable conducive for their pastoral life style, low capital and maintenance cost. Radio focuses on

audio unlike newspapers that call for literacy, are expensive and not easily available due to poor road network. Television, convenient for its combination of audio and visual, is found in the few shopping centres with access to electricity, though some people do connect to car battery and generators. Viewing is free at shopping centres, in bars, clubs and restaurants. However apart from those who own them in homes and schools, watching television is not a regular activity. Interpersonal (verbal) is the major channel of communication, supplemented by radio in passing of information.

On the interpersonal level administrators, teachers, Christian religious leaders and institutions: mainly Non-Governmental Organizations concerned about the impact of FGM and generally from the view point of HIV-AIDs, champion the FGM campaign by regularly addressing the issue (verbally). Politicians are reluctant to breach the subject for fear of losing votes from the more conservative Maasai who are the majority. Basically among the Maasai communication is by word of mouth. Important messages are communicated verbally mostly on market day when people from various directions meet at the common point. The study also noted that elders who are normally not easy to access as a group meet and lazy around water points, big groups of thirty-forty. A lot of communication takes place here, there is general exchange of information and ideas as their livestock graze and drink water.

It also became apparent that very few parents discussed matters of anti - FGM with their children. This is because for many it would amount to talking against the community. FGM is associated with sex, it is taboo or sacred and should not be expressed or discussed in public or with minors. Among the Maasai it is shameful to talk about FGM. Hence women find it difficult and shameful to talk about their suffering during marriage (read sex), or delivery, even when they are divorced. As a result Maasai women do not talk about the impact of circumcision on them, even when experiencing health problems associated with circumcision.

Sufferings associated with FGM are closely guarded personal secrets that are never discussed nor disclosed.

Figure 4-3 indicates that 72% of the respondents were circumcised without their consent. They were not consulted and had no say in the event. Only 28%, probably among the elite and enlightened Maasai families did discuss it. Maasai society is patriarchal, men: clan elders, fathers, sons, are the key decision makers. Grandmothers often exert pressure for FGM to be performed. Mothers inform the father on the girl's growth and development, in other words they send signal that the girl is ready for FGM. It could be due to her display of mental maturity or 'anti-social' behaviour associated with the opposite sex. Grandmothers and other initiates persuade and encourage, but it is fathers' word that rules the day. The girl child has no say.

Figure 0-3: Was it your own choice to get circumcised?
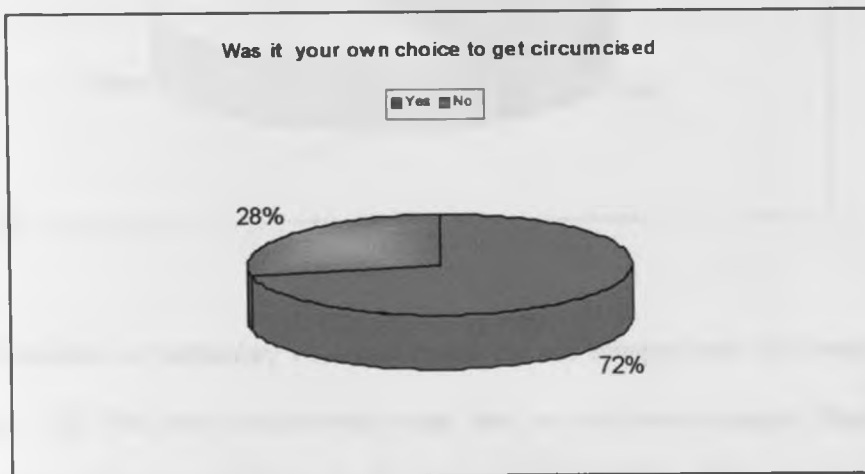
The study found out that FGM ushers a girl into adulthood, it confirms her readiness for marriage. Maasai social set-up, norms and culture teaches and enhances perpetuation of the

family tree hence marriage is regarded highly. A father feels that it is his responsibility, obligation, he owes his daughter(s)' FGM; for her/them to get a husband which is also a source of wealth. They believe that girls have to be circumcised in order to grow normally and open up marriage opportunities. In fact they practice childhood betrothal. The study encountered several women betrothed when toddlers and some when still in the womb. They youngest case was one betrothed when three months old in her mother womb. Yes, she is 41 years old now (2006) and been happily married for 26 years to the same man. (Figure 4-4). Divorce is rare among the Maasai.

Figure 0-4: At what age did your parents get you a husband/wife?

At what age did your parents get you a husband/wife

☐1 Below 10 years ■2 10-14 years ☐3 15-20 years

17%

56%   27%
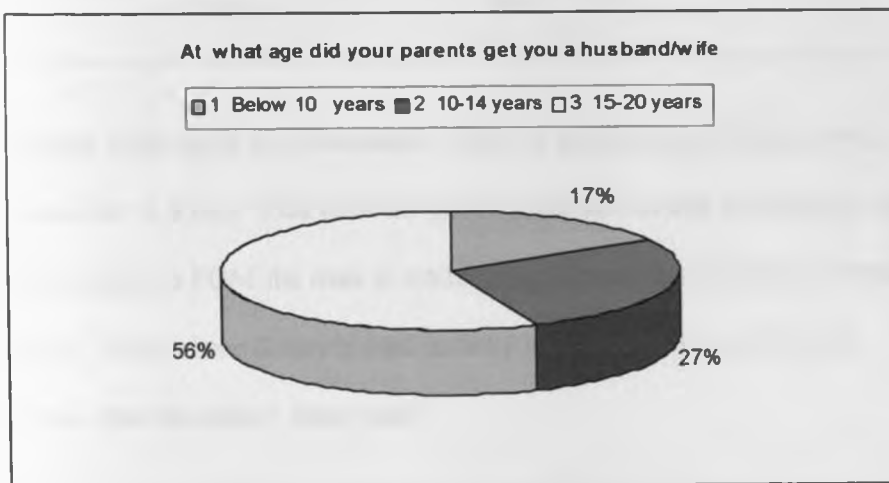
Of the 60 students, in particular, 74% said they were not engaged only 26% were engaged. (See Figure 4-5). The study encountered young men too who were engaged. Engagement is not necessarily to old men; families enter into such arrangements for their youth without consulting them. Engagement agreements are entered into as a sign of friendship between two elders, gesture of gratitude or respect, a gift, honour, to bond for one reason or another. What

comes across is that the concept of marriage is not necessarily based on the emotion of love; marriage is primary, it signifies many things. Love is secondary.

Figure 0-5: Have your parents found you a husband/wife?

Have your parents found you a husband/wife
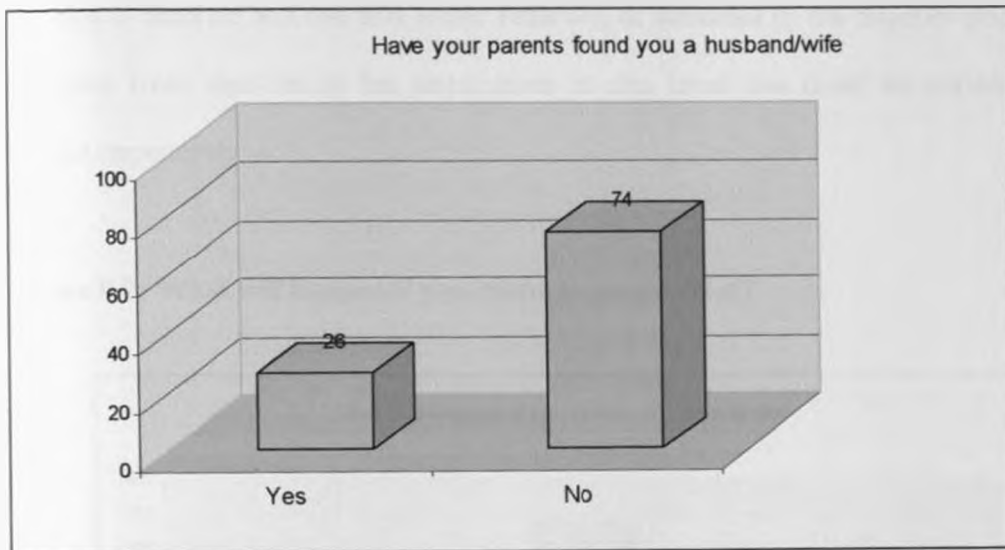
Even though majority of the prospective dowry is not been paid (Figure 4-6), culturally the girl is attached to a man. This puts the girl in a precarious and uncertain position. It means once she undergoes FGM the man in waiting pays dowry forcing her to get married as soon as possible. Those whose dowry is paid up are a hundred percent committed.

Figure 0-6: Has the dowry been paid?

Has the dowry been paid

□ Part of it ■ All of it □ Not paid yet
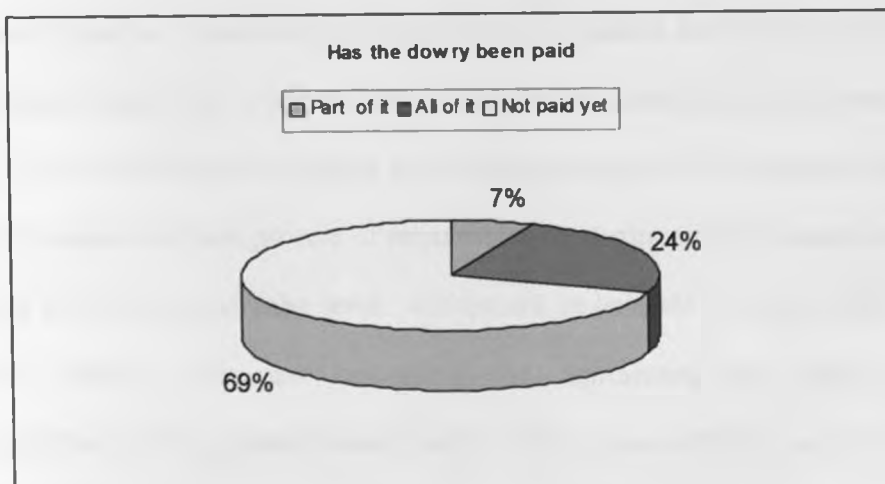
The girl's family owes the man and for sure this has to be honoured. Just as is the case with FGM, it is against the norms to reject the practice of betrothal. Among other misconceptions under FGM and early marriage is fear of the parental curse. Men's, particularly the elders', decision is absolute and one may suffer reflection as indicated by the majority (Figure 4-7). Rejection from ones family has implications at clan level: one could be cursed or made outcast respectively.

Figure 0-7: What will happen if you refuse to get married?
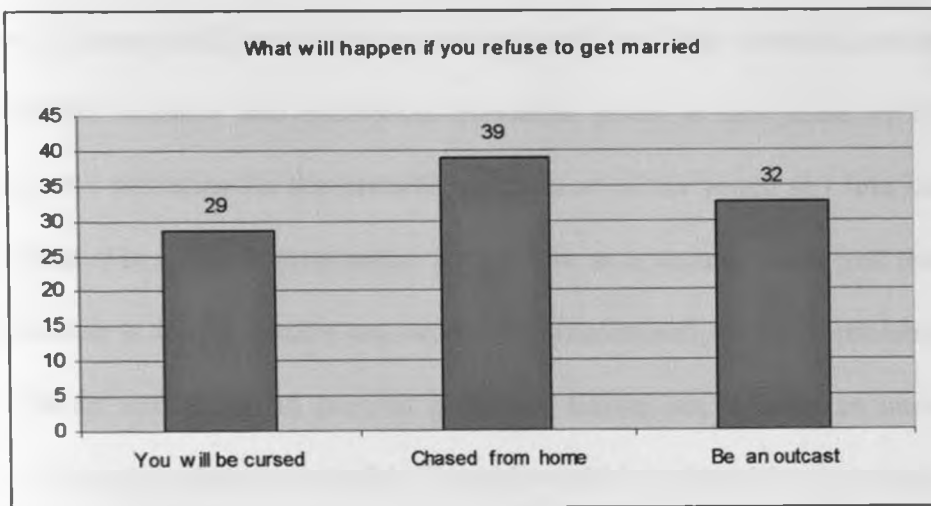
Among the Maasai the tribe is accountable for the behaviour of its members and not the individuals themselves. Clan elders are empowered to question members on aspects of the rite of passage in case of any violation. An individual's anti-social behaviour is blamed on the clan and not the individual who violates the customary practices. The customary mechanism among the Maasai is a chain process of responsibilities: starting from the individual's heads of families up to the broad tribe level. Fathers are responsible for their families and to traditional leaders: elders are responsible for representing the affairs of their communities/clan to the general Maasai public. This process affirms one tribal identity affiliation with the customary system.

In earlier days girls did undergo FGM at an older age of 20-25 years. However, due to social changes: ease of movement (roads & transport), increased security, girls mixing with boys freely in schools and town centres without supervision, foreign cultural influences among others, the age bracket has been lowered to between 6 to 18 years of age. It is believed that early circumcision serves to tame girls against temptations to indulge in pre-marital sex.

Normally several factors are considered before FGM takes place; state of mental maturity, responsibility, physical size, season of the year (such festivals are suspended during drought) and others: a Maasai child cannot be circumcised until the father observes certain customs which mark her entrance into adulthood. Education given at this phase of initiation is therefore strictly utilitarian for the immediate induction of the young girl into society. The girl knows that it is useful in preparation for her role as a woman / wife and mother to be hence motivation to lean is usually not necessary. Traditionally sex was prohibited among the youth. Older women would prohibit girls from having sex because an uncircumcised pregnant girl was regarded as shameful. The girl would be rejected by the community and rarely got a suitor. Boys who engaged in sex traditionally would be 'dropped' to a lesser or to a younger age set. However things have changed hence the decision to perform FGM at an earlier age.

Maasai men undergo prolonged rites of passage process that is inclusive of the male circumcision. These men prefer to marry circumcised women because they believe removal of the sensitive tissue of the outer genital (clitoris) decreases sexual desire in females, maintains chastity and virginity before marriage and fidelity during marriage: all to mans' favour. The clitoris is considered to be unsightly to birth attendants and that if a child gets into contact with it during delivery the child dies. These misconceptions/myths stimulate,

sustain and perpetuate the practice for they touch on the core, sensitive areas of life: birth, marriage, sex and death. Uncircumcised women from other communities who marry Maasai men are circumcised when pregnant or at delivery, her consent is immaterial. In essence FGM is about taming a woman, keeping her silent and in her place. Largely as a result of FGM, high levels of illiteracy and lack of economic empowerment most Maasai women have fully resigned themselves to a subordinate status in the community. According to Maasai, women are inferior because of physical and intellectual weakness, and are polluted by the blood of menstruation and childbirth. Women are responsible for menial tasks, household maintenance such as cooking and cleaning, building and smearing, drawing water, fetching firewood and processing skin. Although modern local religious leaders manage to generate considerable awareness among the communities, perception of girls' circumcision as a traditional religious belief is still prevalent among men and women equally. Most Maasai are deeply yet not openly religious. Maasai don't discuss their religion. It is monotheistic and individual. Maasai adherence to the rites of passage rules where customary rules are in many ways mixed up with their religious values, have resulted in their becoming legitimate practices. Illiterate Maasai believe that female circumcision is customary and inherent to their religious beliefs. They believe that circumcision is the removal of an undesired part of the body and presences of an uncircumcised girl represents ill fate regarding marriage, wealth and childbirth. To them circumcision is the simple removal of dirt, paving way to good health, social well-being and acceptance. The senior male member of the family calls upon a respected clan elder to bless the women following this event. All these initiations are observed with strict and religious adherence.

The Maasai believe that the skill of circumcising is God given. A circumciser is born not trained. During circumcision ceremonies she will be outstandingly active and observant.

When ready to take the role, her first patient usually is her own daughter she cuts her own child. Thereafter her services are now rolled out to the community until old age causes her to retire. Circumcision earns her income and great respect, she is held in awe. You can feel her presence in a crowd unlike the nurses who carry out FGM privately.

Her customary role as a circumciser is linked to religion by the fact that it is God given. The misconception makes the Maasai view those who are not circumcised as inferior. Inferior people do not circumcise and they are unhygienic, look dirty and smell nasty. Even those who do not circumcise are believed to have other alternatives to protect their girls against bad fate or omen, such as wearing charms, use of special tree roots and frequent cleaning of the genitals. The perception common among the Maasai is that uncircumcised girls is physically and spiritually dirty in the community and rarely or may not get a husband at all. Although some Maasai privately admit that circumcision causes problems like bleeding, urine retention, dyspareumia and difficult labour, they also believe that weight loss, itching, eye infections and abdominal distension are a direct result of being uncircumcised. Normally after circumcision marriage follows almost immediately.

Maasai elders have no quarrel with literacy and intellectual sophistication that comes from schooling. On the contrary, they recognize the value of these skills to the community. It is the social, economic and cultural implications of the schooling process as illustrated by living examples that they object to. Educated girls, it is said, do not adhere to their husbands' rules and decisions, and many a times do not conform to most traditional taboos. In addition, parents' fear of having to relate to non-Maasai in-laws is acute. Worst of all is that there is no guarantee that the fathers of such girls will ever receive cattle for their daughters. You cannot get cattle from people who have none, or from those who do not value your culture. You

cannot expect them to appreciate the woman and acknowledge the parents. You cannot apply pressure for payment on the man or his family if they speak another language and live hundreds of miles away. It is this conception of wisdom that particularly and practically empties the schools of Maasai girls from standard seven onwards. School does not allow the girls to attain the Maasai context of education on basically taking are of the home, children and the husband. Elders believe that once a girl is circumcised she is respectable and ready for marriage. It is also believed that if an uncircumcised girl dies she will not intercede for parents on doomsday. This belief terrifies parents and those who choose to let their daughters escape the knife are often taunted and insulted by the community during social occasions, mostly through the songs.

Several reasons were given for early marriages: to have a husband and children (it's easier when younger), to gain respect, lack of school fees. (Figures 4-8 and 4-9).

Figure 0-8: Why do girls get married at an early age?
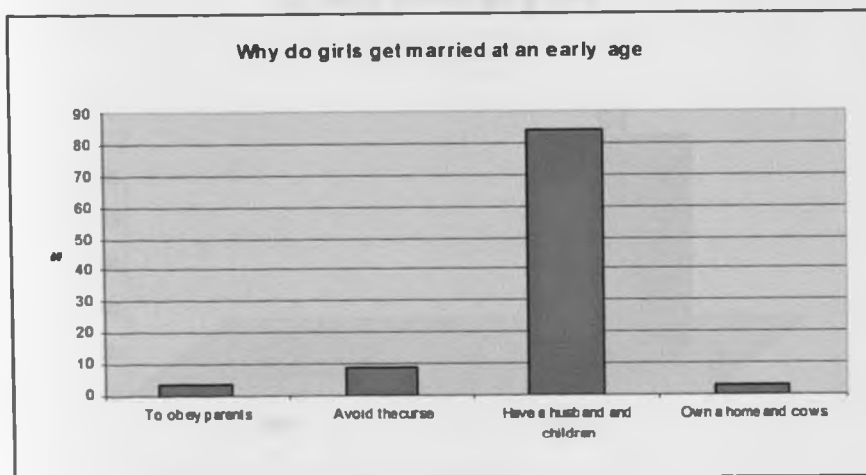
Figure 0-9: What are the reasons for wanting to marry you off?
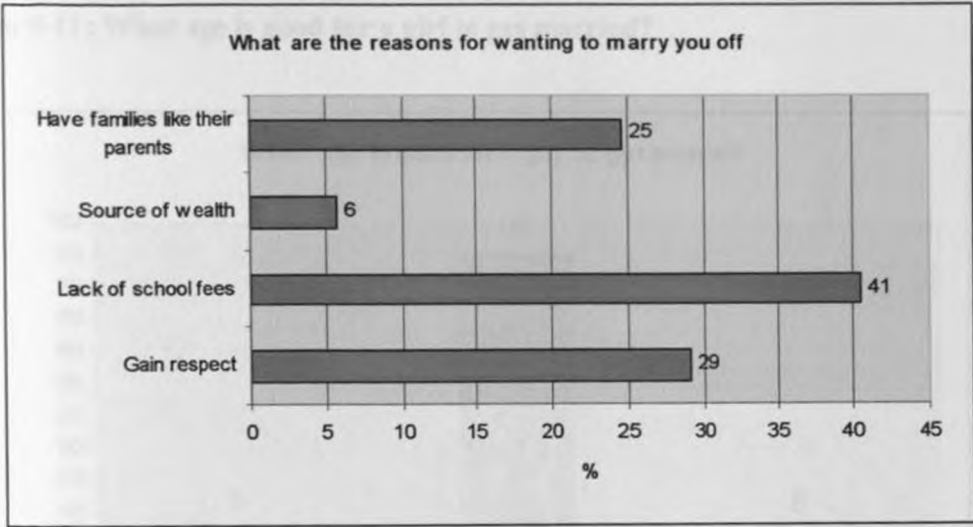
However majority disapproved of early marriages, they recommended age twenty to twenty five as ideal as illustrated in (Figures 4-10 and 4-11).

Figure 0-10: Is early marriage good?
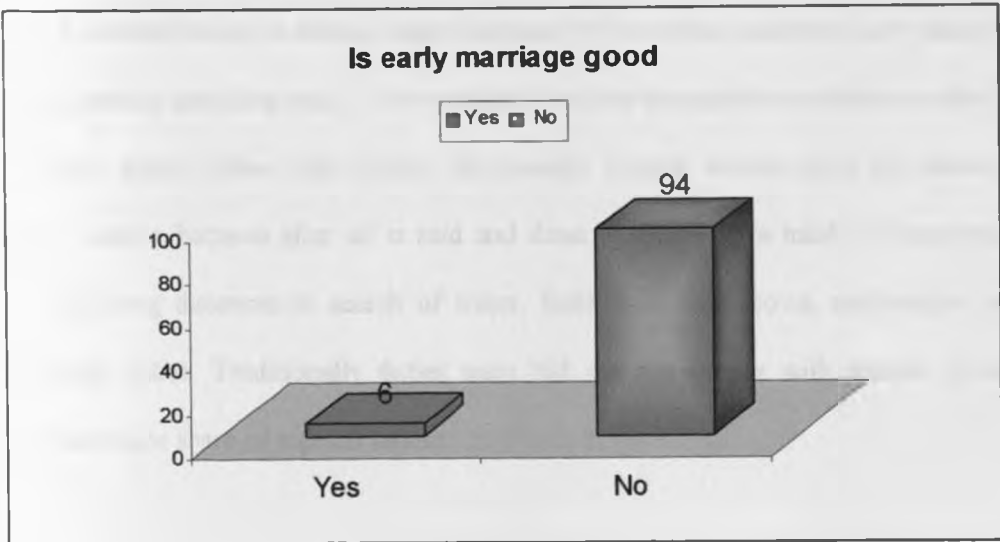
Figure 0-11: What age is good for a girl to get married?
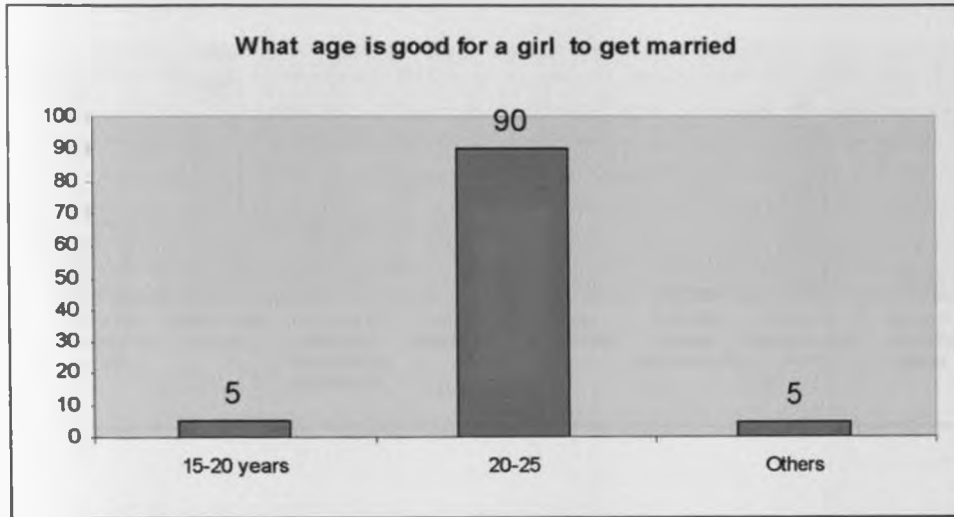
Various reasons were given against early marriages (see figure 4-12); among them was its impact on education. It results into girls dropping out and not completing their education, it is linked to marriage problems associated with health and age tenderness respectively. In addition FGM's impacts on education as illustrated in table No. 2. After FGM the now 'adult ' girls feel uncomfortable in school, maybe because of the notion that she is now ready to be a wife and mother and drop out. A few confided that they thought more about sex after FGM than before, among other side effects. Incidentally Maasai women have no issues with polygamy; maybe because after all is said and done it means extra hands. Women run the home, walk long distances in search of water, build huts, milk cows, and tend to calves among other duties. Traditionally duties were laid out per gender with women of course carrying the major share of manual labour.

Figure 0-12: Reasons for and against early marriage

Reasons for and against early marriage
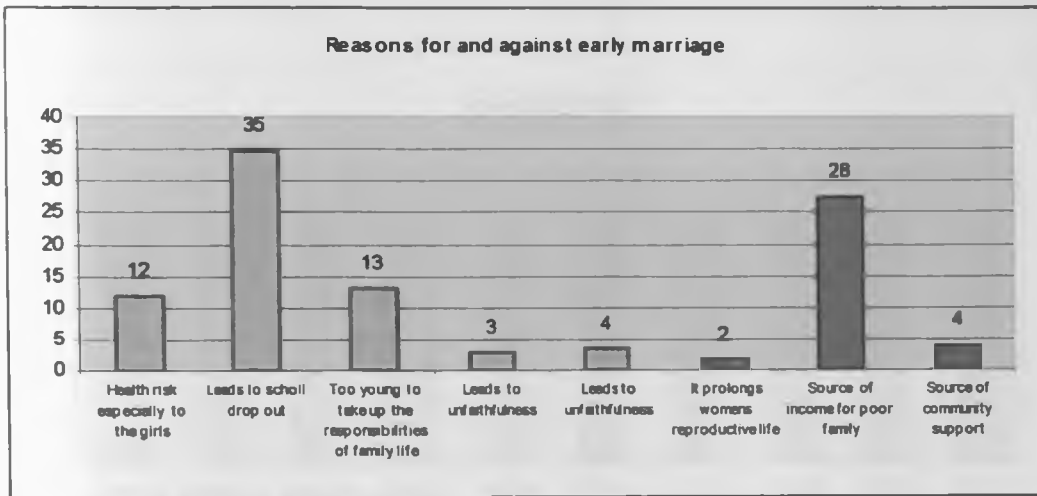
However, according to study findings perception of gender among the Maasai is changing positively. Women told stories of how their husbands assist in activities like building, milking and getting water contrary to the hitherto stereotype and misconception (see Figure 4-13). Probably these were based on myths and the unquestioned norms of the community. In spite of the persistence and rigidity of the rites of passage some men privately acknowledged that they would have married an uncircumcised girl except for community pressure. However, the new perceptions are not always openly demonstrated. In conclusion the study noted a general attitudinal change from the stereotype misconceptions.

Figure 0-13: Reasons for and against early marriage

Perception on gender

Legend: □ FALSE ■ TRUE

Category	FALSE	TRUE
The place of a woman is in the kitchen	60	40
An educated woman cannot make a good wife	88	12
One cannot get HIV/AIDS from sharing a circumcision knife	71	29
A woman cannot inherit property	70	30
A man can milk cows	86	14
A man can cook	91	9
An uncircumcised woman can build a house/hut	83	17
A man can look after children	74	26
A woman can divorce a man	39	61
Your parent can curse you if you fail to undergo circumcision	66	34

4.3   Recent Attitudinal Change

The Maasai have started to embrace the idea of instituting change and now feel less inhibited about discussing the challenges of FGM issues with outsiders. In addition to information derived from the focus group discussions, it was evident that the community is increasingly accepting involvement of women in development projects. This study encountered various existing, proactive women's groups, some of whom participated in our group discussions. Previously women were completely excluded from attending or participating in such discussions.

Some enlightened and educated Maasai, most of whom live in towns/cities, have started rethinking the FGM practice and several have skipped it. These families organize a ceremony to compensate and provide psychological support for the girl and relatives. It enables them announce a "fake circumcision" in compensation for the dispensation of FGM. Media reports carry news of other members from FGM practicing communities trying to embrace the

alternative rite. For example. Agnes Pareyio and her organization have built the Tasaro Girls' Rescue Centre in Narok for girls who want to escape FGM and early marriages. At Tasaro, a girl undergoes alternative rite of passage. She is secluded for a while, just as it happens in a real circumcision ceremony, she is taught about her sexuality, adulthood and what to expect as a mature and married woman. After the rite of passage. Agnes organizes an official reconciliation ceremony between the girl and her parents. However rate of success calls for another study. Others have rejected it saying education is no excuse to violet community rites that give them identity.

In Kenya, Maasai have maintained their culture and are proud of it. They live and act within it. In the study finding and ensuing from discussions that followed it was evident that people's attitudes are changing. This is in spite of the persistence and rigidity of this form of rite of passage. Some men privately acknowledge the fact that they would have married an uncircumcised girl except for community pressure. In effect the change of attitude and misconceptions is critically a factor that could further boost a new and critical awareness campaign against FGM.

A greater part of the Maasai life is engaged in participatory education, through work, ceremonies, rituals, initiation, play, oral literature and many other activities. Maasai communication and education reflects communal nature of the society. The social structure provides cohesion among its members despite their nomadic nature, continual movements of individuals, internal divisions, geographical relocation of communities and social groups within the region.

While a few Maasai have generally recommended communal action to be taken by their community to reach a new rite of passage for their girls, studies indicate that still there is no serious initiative in this respect.

Majority of those interviewed were aware of the adverse effects of FGM but this knowledge has not caused them to change course, they say it is up to the elders to decide. Others say with time things will change naturally. Meanwhile FGM remains a source of misconstrued beliefs and subjugation of women.

Based on the findings, it is clear that an entry point to establish a new and alternative initiation rite as a change of system is possible but has to evolve slowly and gradually through tribal consensus building. The philosophy of Maasai communication and education rests on the principles of communal functionalism and perennials.

The process of socialization as opposed to individualization is used to bring up individuals. Everyone is brought up in a social atom capable of entering into social relation with other social atoms, which make up the clan and tribe. Likewise the issue of FGM has been there from the beginning of the 'Maasai Social atoms' construction. The individual's freedom is subordinate to the interests of the community, so is the issues of FGM. An alternative rite and co-operation would be better than competition. These principles are well demonstrated in the Maasai age–set system. The argument here is that the basis of unity is a sentiment of loyalty to elders in each age-set system and all the related social activities, clan observances, taboos rituals, ceremonies, communal ownership and responsibilities are pegged to it. Any radical change would bring resistance and confrontation, as it will be viewed as an infringement on the already established and existing norms

CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS

5.1 Recommendations

Attempts by local and international NGO's to tackle FGM have not been very successful. Kenya's campaign against the practice of FGM dates back to 1913 when missionaries observed that FGM was a severe practice. Despite campaigns by government, local and international NGO's over forty years down the lane KDHS report (1998) indicates that circumcision is still a common practice: among the Maasai it is practiced 89%. This may be due to approaches and methodologies adopted which treat the practice in isolation from the local reality and context.

Focusing solely on women while completely ignoring the role-played by men in perpetuating the practice may not be enough. Men especially the elderly are the main decision-makers, in almost every aspect of the Maasai societal life and events. There is need to shift attention to the male, bring them on board for they are one of the main reasons behind female circumcision.

Findings indicate the need to work with both men and women, with special focus on educating and raising awareness on socio-economic aspects. Awareness should include active participation of women in development activities. Intervention programs need to involve and implement activities that contribute to combating the deep-rooted harmful practices, chief among them being circumcision. Which is a major health hazard to the Maasai woman. It results to low life expectancy as a result of extreme poverty, poor nutrition, and lack of preventive and reproductive health services, partly due to extreme climatic conditions, migration and scarcity.

Past studies and research in other regions, for instance in Sudan in 1998 and 2001/2, by Accord Red Sea Hills programme, among the Befa tribes demonstrates positive results of the cordial approach. Similar strategies could be adopted to tackle the issue of FGM among the Maasai of Kenya. In summary this would involve:

- Capitalizing on participatory research as a tool to inform interventions and empower the community.

- Collecting quantitative information for reference and comparison over time since qualitative information is merely a useful tool for participatory planning with the community.

- Tackling the root cause of the problem rather than just addressing the consequences.

- Tackling the core objectives of other interested actors behind the practice, especially circumcisers, TBA (Traditional Birth Attendants) and midwives for whom circumcision is of financial gain. In this regard, finding economic alternatives for them.

- Training of leaders and trainers as a key sustainability strategy, as well as a strategy entry point to socio cultural issues of sensitivity

- Raising awareness on FGM as a human right issue, continuously. The approach should not be imposing or confrontational. Utmost care should be taken to ensure that the community does not feel that outsiders are imposing their ideas and attempting to forcefully change their culture.

The whole approach should be based on equal participation, consensus, trust building and partnership.

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Various research findings by, Ibrahim M.G. Sahl, ASha A. K. Elkarib and El Mutalib Ibrahim Mohammed (2002): Breaking the Silence, have identified the best methods of planning and implementing campaigns to be those that are realistic, comprehensive, active and participatory. The campaign, they advice, should involve a multi-disciplinary team. The objective is to handle the issue of FGM from different angles and perspectives as offered by the team: socio-economic cost for the community, women rights and health complications among others. It is important that emphasis be put on use of the local language, in this case the Maa.

A multi-disciplinary strategy enables the campaign to cater for provision of clinical services and drugs to encourage attendance and establish better relations with the community. Specialist in animal health and pastoral issues may join the team to attract a wider audience alongside the FGM campaigners, in addition to topics in HIV/AIDS and women rights awareness. Hiring villagers as campaign team members to share their experience and gained knowledge about FGM with the campaigners, use of original ideas like organizing competitions on gained knowledge of FGM with financial prizes for the winners, could stimulate lively discussions in public places and homes where debates are not across gender and age divides. Sessions should be repeated and continuous.

Elders and other traditional leaders are trusted and respected opinion leaders among the Maasai. They may be asked to participate in campaigns by making public declaration to their community against FGM practice (quite a challenge).

Campaigns need to be participatory entailing mobilization of men who are the decision makers. Focusing on women only for behavioural change may not yield much success. Using

the women groups, women centres and identified women projects may give the desired opportunity to informally meet and discuss FGM issues using income generating activities like handicraft as entry points. Campaign strategist should consider offering FGM practitioners support through income generating activities without making the support conditional as an alternative method of sustaining their livelihood.

Local individuals who are aware of the negative effects of FGM from its different dimensions should be selected and trained to create a local cadre of Anti – FGM activists; health, social and psychological. It is vital that those selected have the right communication skills to reach the community using the local language and mechanism. Given the history of the Maasai communal life, one of their own would receive more attention than strangers. Besides being pastoralists they always migrate, live in remote and scattered settlements that are often difficult for foreigners to easily access.

Training activities would include: Community work training, basic and advanced training on FGM issues, interpersonal communication skills, on job training during the awareness campaigns for FGM worker in each village (i.e. learning by doing) and leadership training for committees, especially women among others.

Maasai traditional birth attendants have not been trained to give up the misconceptions about attending (delivering) to uncircumcised mothers. Lack of trained midwives is a life-threatening factor for pregnant uncircumcised women in remote areas. Training of midwives particularly advocates of FGM would bring these women together for a period long enough to equip them with technical and professional skills, enlighten them on the harmful nature of FGM, how to deal with emergencies and work on the FGM misconceptions. There is need of

recognition after the training; say they could be awarded certificates and a complete tool kit to perform their job efficiently and effectively upon return to the village. This would give new identity and responsibility hence status and self-esteem. It is a crucial angle for the campaign.

Study findings indicate that radio is the most accessible medium among the Maasai of Kajiado. Use of the local radio station and in the local language to facilitate awareness amongst the Maasai is vital. Open debates probably would be more effective in deliberating on various FGM related issues, such as health and socio – development aspects. Specialists deliberating on various FGM issues in the ensuring debates would attract the attention of other stakeholders; together they would form a strong informed team of campaigners against FGM. This backed by non-governmental institutions and the government would form deeper collaboration.

FGM is a complex issue and no single organization or individual can effectively address it without building partnerships with others. Building partnership for change is crucial. The stakeholders may include concerned local authorities, law enforcing bodies, community leaders, 'elite \ enlightened' Maasai community members, activists, social workers and their networks, medical staff drawn from the community and local and international NGOs working in the area, communication networks at local, state and national level, donors and external supporters among others.

Campaigns particularly informal communication should target the following beneficiaries: Men (Fathers, brothers and husbands), young girls and women, traditional birth attendants, midwives and grandmothers, community leaders and clan elders, women activists and women

groups, legal authority like local chiefs, FIDA and others, people working in health field doctor and nurses, other partners concerned with social and developmental issues.

Eradication of deep-rooted FGM practice among the Maasai needs openness in communication and attitudinal change in the community. The overall goal, to improve gender relations, further women rights, change attitudes and behaviour of the community towards FGM is envisioned in community involvement and enhancement of informal communication rather than the classic media.

In order to improve the social, physical and psychological well being of women, there is need for their thorough participation and inclusion, to enhance the decision making of women in the community.

Involvement of leaders and clan elders of the community would be a milestone in the fight against FGM. This is only feasible in the event of discussions on issues of FGM and its consequences. Due to there conservative nature, findings indicate that it is easier to access clan elders at water points than any other forum. This is where they lazy the day away as they watch over their herds of cattle. (see photos Appendix 5: Photos 1 - 3

5.2   Conclusion

The long-term objective of anti-FGM communication education information is to abolish all types of FGM, not to only reduce its prevalence. This means that any form of circumcision on girls should be abolished. Anti –FGM advocates must counter the myth and belief that FGM provides protection, pleasure and hygiene. Parents should be helped to feel at ease when making a decision not to circumcise their daughters. Encouraging public declaration by

leaders particularly elders is necessary. Public declaration has a strong psychological effect because such official declarations make it difficult to resume the practice. Interplay of interpersonal communication and mass media will be more advantageous to the anti-FGM campaigns.

Focus on health aspects by providing medical proof that the practice has nothing to do with hygiene and childbirth is vital. Circumcised women need protective measures to reduce the risks associated with delivery, i.e. provision of maternity, reproductive health and ambulance services accessible for the villagers.

Study findings imply that unless an alternative initiation is established complete eradication of FGM remains a challenge because the community attributes to many social values to it. Involving men particularly elders, through dialogue is the way forward. Medical initiatives and viewpoints should support the various complications of FGM and the fallacies about its positive aspects. Traditional figures and leaders should be incorporated in the anti-FGM initiative because they carry social status recognizable by the community members and are respected. If initiated the process should employ use of interpersonal communication as it is the common most effective Maasai communication system, however other communication channels like radio, drama and songs (normally used to ridicule the uncircumcised) should be used for emphasis. The initiative should address the overall development strategy of the community like the deplorable living conditions and high level of illiteracy. Addressing of the legal policy and related aspects is vital in supplementing other eradication efforts.

Although as findings indicate significant efforts have been achieved in creation of awareness more needs to be done to internalize the anti-FGM massage in order to achieve its goals. Communication, association, involvement and participation of the local community is a sure

way to consolidate the on going work on anti –FGM campaigns. It is advisable to tailor communication activities to suit the local set up. Integrating the local people in these activities will ensure the community does not disturb efforts to reach the community's length and breadth. It is important to maintain continuous dialogue with FGM practitioners. Institutional and moral back up for the anti-FGM network should be provided to allow for better coordination of grass root work. As this will enable it have significant impact on policy and decision-making particularly in education, health and legislation. The state should lead by taking a more active role in eradication efforts.

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APPENDICES

Appendix 1: Schedule of Activities

Activity	Duration	Deadline
Obtaining letter of introduction and authorisation from the University Administration	1 Week	July 29, 2005
Visiting Kajiado District Officer's office for background information and orientation	1 Week	August 05, 2005
Identifying and contact crucial persons, offices and institutions	1 Week	August 12, 2005
Literature review	2 Weeks	August 26, 2005
Sampling and development of data collection instruments	2 Weeks	September 02, 2005
Pilot-testing and reviewing of the instruments	1 Week	September 09, 2005
Data collection	4 Weeks	October 07, 2005
Data analysis	3 Weeks	October 28, 2005
Report writing and reviewing	3 Weeks	November 18, 2005
Final report	2 Weeks	December 02, 2005

Appendix 2: Fieldwork Schedule

Stakeholders	No. of Respondents Interviewed	No. of Sessions	No. of Days
Circumcisers	2	2	2
Traditional Birth Attendants	2	2	2
District Development Officers	2	1	1
District Medical officers & Nurse	3	4	1
Anti-FGM officer	1	1	1
Social Worker	1	1	1
Women groups	2	2	2
Primary pupils	30	1	1
Secondary students	30	1	1
Religious leaders	4	4	4
Football club	1	1	1
Social worker	2	2	2
Headmasters	4	4	2
Village elders	8	8	8
Chiefs	4	4	4
Sub-chiefs	4	4	4
Total	100	42	37

NB: Where availability of stakeholder, schedule time and distance allowed, more than one session were held per day to minimize costs

Appendix 3: The Budget

Activity	Unit Cost Kshs	No. of Persons per session	Total Cost Kshs
Translators/Interviewers fee	500 per person per session	2 for 5 sessions	5,000
Translators/Interviewers travel expenses	1000 per day	2 for 3 days	6,000
Supervisor fee	750 per day	1	750
Supervisor travel expenses	1000 per day	1	1,000
Data editing and coding	500 per day	1	2,000
Data entry	500 per day	2	1,000
Data cleaning and analysis on SPSS	500 per day	2	1,000
In-depth interview assistants	1000 per day	2	2,000
FGD recruitment allowance	500 per day	4	2,000
Recruiters' fare	1500 per day	4	6,000
Transcriptions and typing	800 per tape	2	1,600
Maasai note-takers	500 per session	2	1,000
FGD moderator	2000 per day	2	4,000
Project management	10000	1	10,000
Total			**43,350**

INTRODUCTION

I am a student of the University of Nairobi. Pursuing a Masters of Arts Degree in Communications. I am conducting a study of which the findings may ultimately be useful in forming the designing of policies and in future anti- FGM campaigns. Any information given will be confidential.

QUESTIONS

GENERAL INFORMATION

1. Name of school...

2. Level of School: Primary ☐   Secondary   ☐

3. Type of School: i)   Private ☐   Public   ☐
                         ii)   Boys   ☐   Girls   ☐   Mixed school ☐

4. School   location ....and division ....

5. What is your age?
    a) Below 10 yrs   ☐   b) 10-14yrs   ☐   c) 15-20 yrs   ☐
    d) 21-24 yrs   ☐   e) Over 25 yrs ☐

6. What is your home district?.................................

7. Your sex?   Male ☐   Female   ☐

8. In which class are you? ....

9. What is your religion?   Christian ☐   Muslim ☐
    Others specify ....

10. How often do you watch Television in school?
    Everyday ☐   Weekends only ☐   Others specify ....

11. Which programs do you watch?
    a) News ☐   b) Documentaries ☐   c) Movies ☐   d) Music ☐
    Others specify ....

12. Does the school library provide newspapers for you to read? Yes   ☐   No☐

    Why?...
    ....

13.   Do you listen to Radio while in school?   Yes ☐   No ☐

14.   Where do you go to watch T.V during holidays?   At the shopping centre ◻
        Neighbours ◻   At home ◻   No electricity in my area.◻
        Others (specify) ◻...

15.   Where do you go to read the newspaper during school holidays?
        At the shopping centre ◻   Neighbours ◻   At home ◻
        No electricity in my area.◻ Others (specify) ◻ ....

16.   Where do you go to listen to Radio during school holidays?
        At the shopping centre ◻   Neighbours ◻   At home ◻
        No electricity in my area.◻   Others (specify) ◻ ....

17.   Have you heard of female circumcision?   Yes ☐   No ☐

18   i) Who was giving this information on female circumcision?
        DO ☐   DC ☐   A Friend   ☐   Teacher   ☐
        Chief ☐   Radio ☐   Pastor   ☐   Newspaper ☐
        Others◻..
        (*You can pick more than one*)

        ii) What did they say about female circumcision?
        That it was bad   ☐   That it is good   ☐

19. (i) Have you ever heard on any problem resulting from female circumcision?
        Yes   ☐   No   ☐

  (ii) If yes, how did you hear of this problem that resulted from female circumcision?
        Saw on TV ☐   Told by parents   ☐   Friends   ☐   Teacher   ☐
        Pastor   ☐   Chief   ☐   DO   ☐   DC   ☐
        Politician (President/MP/Councillor) ☐

  (iii) Who was the victim?
        Sister   ☐   Friend   ☐   Classmate ☐
        Schoolmate ☐   Neighbour   ☐   Mother   ☐
        Any Other Specify◻...

  (iv) Please give details ....
        ....
        ....

20. (i) Have you ever looked for information on female circumcision? Yes ☐   No ☐

  (ii) If yes where did you look for this information?
        Library   ☐   Newspapers ☐   Parents   ☐   A Friend   ☐
        Radio   ☐   TV   ☐
        Any other (specify) ◻..

21. (i) Have you ever shared such information with anybody else? Yes ☐ No ☐

   (ii) If yes why?
   ....
   ....
   ....
   ....

22. (i) Who would you freely discuss FGM issues with?
   Aunt ☐   A Friend ☐   Teacher ☐   Pastor ☐
   Mother☐   Father ☐

   (ii)   Others specify ....

   (iii) Why?...
   ....
   ....

23.   i) Are most of your female age mates circumcised? Yes ☐   No ☐

       ii) Why ....
       ....

24.a)   i) Are you circumcised? Yes ☐   No ☐

       ii) Who encouraged you? ....

       iii) What reasons did they give you?
       ....
       ....
       ....

   b)   If circumcised how old were you when you got circumcised? ....

25. What is the meaning of circumcision?
       a) To be a woman   ☐
       b) Your ready for marriage   ☐
       c) Can now have sex   ☐
       d) Any other   ☐ ....

26. Can you be a woman without being circumcised?
       Yes ☐   No ☐

27. Would one still be a proud Maasai woman if not circumcised?
           Yes   ☐   No ☐

27.   What will happen if a girl refused to get circumcised?
       a) She will be cursed ☐   b) Chased from home ☐   c) Not get husband. ☐
       d) Any other (specify) ☐...

28. Can a Maasai man marry a girl who is not circumcised?
Yes ☐   No ☐

29. What is the likelihood of a girl who is not circumcised to get a husband?
Slim ☐   High ☐   Very high ☐   never ☐

30 Have you ever had sex?   Yes ☐   No ☐
If yes: How old were you the first time you had sex (indicate in number e.g. 13 years) ………………………………………………………………………..

31. Are you married?   Yes ☐   No ☐

32 i) Have you ever been married before? Yes ☐   No ☐

ii) If yes: Who rescued you from marriage? …………………………………….

33. i) Has your mother or any other person persuaded you to get married?
        Yes ☐   No ☐

ii) If yes what reasons they gave for wanting you to get married?
………………………………………………………………………………………………

34. Why do girls get married? To
a) Obey parents and   b) Avoid the curse☐   c) Have a husband and children ☐
b) Own a home and cows ☐   Any other☐………………………………
………………………………………………………………………………………………

35 Have your parents found you a husband / wife?   Yes ☐   No ☐

ii) If yes at what age did they get you a husband?
    Under 5 years☐   5-10 years ☐   10-14 years☐   15-20 years ☐

iii) If yes: Has the dowry been paid?
    Half of it ☐   All of it ☐   Not yet ☐

iii) What will happen if a girl refused to get married? …………………………….
………………………………………………………………………………………………

36. Is early marriage good? Yes ☐   No ☐
Why?………………………………………………………………………………………
………………………………………………………………………………………………

37. What is the good age for a girl to get married?
Below 10 ☐   15-20 ☐   20-25 ☐   Others specify. ☐ ……………

38. i) Would you encourage girls who are not yet circumcised to go for the rite?
        Yes ☐   No ☐

ii) If yes, explain your answer …………………………………………………………
………………………………………………………………………………………………

39.   i) Does female circumcision interfere with the education of girls?
        Yes   ☐   No   ☐

      ii) If yes, please explain how?
      ....
      ....
      ....
      ....

      (Indicate whether the following statements are **True** or **False**)

40. An uncircumcised woman can build a house ....

41. One cannot get HIV/AIDS from sharing a circumcision knife........................

42. An educated woman cannot make a good wife.....................................

43. A man can milk cows.....................................

44. A man can cook ....

45. A man can not look after children ....

46. The place of a woman is in the kitchen ....

47. A woman cannot inherit property..

48. A woman can divorce a man ....

A GUIDE TO KEY INFORMANT INTERVIEWS (KIIS)

For Circumcisers

Name of Interviewer _____

Date of Interview:_____

Taking Notes:_____

The interviewer should introduce herself/himself and clearly state what this is about and why it is being done. Explain that it is purely academic, in part fulfillment of a Masters degree in communication, Nairobi University. However, the information will be useful in appreciating the importance of Maasai systems and institutions. In turn this will be useful in designing future information campaigns and development activities in the local community.

Tell her that you have come to hold a discussion with her to learn from her.

In the absence of a tape recorder, the note-taker should take detailed notes and ensure that the writing is legible/readable.

Name of Key Informant: _____

Profession:_____

Age: _____ Religion: _____

Place of Residence: _____ Location: _____

Please may I discuss with you the subject of female circumcision?

1. What is the origin of female circumcision? _____
    _____

2. What is the importance/significance of female circumcision in Maasai culture? ____
    _____

3. How old were you when you started this job of circumcising girls? _____

4. Which areas/locations do you cover (list them) _____
    _____

5. How many times do you perform circumcision in a year? _____

6. Approximately how many girls do you circumcise per year? _____

7. In your opinion, is the number of girls undergoing circumcision increasing or
    decreasing? WHY? _____
    _____

8. What tools did you use traditionally and which tools do you use today to perform
    circumcision? (She can demonstrate how it's done and request for her permission to
    take pictures). _____
    _____

9. Which particular parts were cut off traditionally and which ones are cut off today? _
    _____
    _____

10. What prompted you to take up this job? (Prompt her to give a story of how the
    decision was taken, who influenced her, who trained her and whether she had to
    undergo any initiation ceremony into the practice/profession, and the reaction of the
    community). _____
    _____

11. How do you get to know where your services are needed? _____
    _____

12. How much is the circumcision fee per girl? (In the past and today) _____
    _____

13. a) Have ever experienced any complications/problems/accidents in the course of your
       work, or a girl suffering complications after circumcision? (If yes, let her explain
       what happened and what action was taken) _____
       _____

    b) If no, ask if she has ever heard of any case of complication arising from
       circumcision. _____

2

14. a) As a circumciser, do people/elders/parents and others consult you on matters affecting the community? (Let her give examples) _____

_____

b) Do you enjoy any special privileges in the community by virtue of your work as a circumciser? _____

_____

15. a) Do you communicate or meet with other circumcisers to discuss issues concerning your work of female circumcision? _____

b) If yes, how often and what do you talk about? _____

_____

c) If no, why? _____

_____

16. Can HIV be spread through circumcision? _____

_____

17. a) Have you ever heard of campaigns about female circumcision? _____

_____

b) If yes, which channel did you receive it from? (Find out: Radio, TV, Newspaper, poster or word of mouth) _____

c) If by word of mouth, who was giving this information? (Friend. Teacher, Chief, DC, Medical staff, etc) _____

_____

18. a) What did they say is bad about female circumcision? _____

_____

b) In your opinion, is this true? _____

_____

c) With whom have you shared this information? (Find out what prompted her to share the information with that person(s)) _____

_____

19. a) Are you aware that it is against the Kenyan Law to circumcise girls? _____

_____

b) If yes, who told you about it? (Prompt, was it by word of mouth/who, Radio, TV, ant other) _____

_____

20. If offered another source of income, would you stop the business of circumcising girls? _____

_____

21. Do you have any comment to make on the issue of female circumcision? _____

_____

_____

THANK YOU FOR YOUR TIME.

A GUIDE TO KEY INFORMANT INTERVIEWS (KIIS)

For Chiefs/Sub-chiefs

Name of Interviewer _____

Date of Interview:_____

Taking Notes:_____

The interviewer should introduce herself/himself and clearly state what this is about and why it is being done. Explain that it is purely academic, in part fulfillment of a Masters degree in communication, Nairobi University. However, the information will be useful in appreciating the importance of Maasai systems and institutions. In turn this will be useful in designing future information campaigns and development activities in the local community.

Tell her/him that you have come to hold a discussion with her/him to learn from her/him.

In the absence of a tape recorder, the note-taker should take detailed notes and ensure that the writing is legible/readable.

Name of Key Informant: _____

Profession:_____

Age: _____ Religion: _____

Place of Residence: _____ Location: _____

Please may I discuss with you the subject of female circumcision?

1. a) For how may years have you served a Chief/Sub-chief in your area? _____
    b) Which areas/Location/Sub-location(s) do you cover _____
    _____

2. What is the importance/significance of female circumcision in Maasai culture? _____
    _____

3. What is the origin of female circumcision? _____
    _____

4. Have you ever heard of campaigns about female circumcision? _____
    _____

5. If yes, which channel did you receive it from? (Find out: Radio, TV, Newspaper,
    poster, word of mouth, letter) _____
    _____
    b) If by word of mouth or letter, who was talking/who wrote the letter? _____
    _____

6. a) Briefly, describe what they said _____
    _____

    b) Did you believe them? _____
    _____

7. What did you like or dislike about the campaign? _____
    _____

8. Have you shared this information with anyone else? If yes, who? _____
    _____

9. Identify which areas should be addressed in future to campaigns to make them more
    effective? _____
    _____

10. What is the Government doing in your area (if any) to stop female circumcision?
    _____
    _____

11. a) Is the local community doing anything to stop female circumcision? _____
    _____

    b) If yes, what are some of the actions being taken? _____
    _____

12. a) Have you, as chief/sub-chief supported or protested against female circumcision?
    _____
    _____

b) If no, why? _____
_____

c) If yes, how have you done this? _____
_____

13. Apart from the Government, which other organizations or who else do you think can play a role in the fight against FGM? _____
_____

14. Do you think that most adults are aware that the Government by law is against female circumcision? _____
_____

15. a) Has anyone ever reported a female circumcision to you? _____
_____

b) If yes, what action did you take? _____
_____

c) If yes, how many such cases do you handle per year? (Or how many have you handled since the practice was outlawed?) _____
_____

d) If yes, who normally informs you of such cases and where do they take place? __
_____

16. Do girls running away from CIRCUMCISION and/or EARLY MARRIAGE ever come to you for help? (If yes, how do you assist them? _____
_____

17. Are such cases on the increase or decrease? (Give reasons) _____
_____

18. As a Chief/Sub-chief:
a) Do you feel this is in conflict with the culture of the people? _____
_____

b) Have you ever discussed female circumcision in a public meeting? _____

_____

c) If yes, how did the people react?) _____
_____

d) Does this affect your relationship with the village elders? _____
_____

19. In your opinion, what encourages FGM and early marriages? _____
_____

20. Who are the other people who support you in your efforts against FGM? (DC, DO, Councilors, MP) How? _____
_____

21. What channels do you use to communicate important messages to your people? ____
_____

22. Do you have any comment to make on this issue of female circumcision? _____
_____

23. a) How many of you read newspapers? How often? _____
_____

    b) How many of you listen to radio? How often? _____
_____

    c) How many of you watch TV? How often??) _____
_____
(Probe for access to mass media advantages and disadvantages of each as a channel of communication)

24. Whom do you consult when you have important decisions to make? (Things affecting culture like FGM, politics like 'Banana-Orange' issues) _____
_____

25. Who are the opinion leaders, people whom other people listen to apart from you, in this area? (e.g. Teachers, Pastors) _____
_____

THANK YOU FOR YOUR TIME.

FOCUS GROUP DISCUSSIONS (FGDs) GUIDE

For Teachers

Name of Moderator: _____

Date of FGD: _____

Name of Note-Taker: _____

The Moderator and the person taking notes should introduce themselves. They should clearly state what this is about: purely academic in part fulfillment of a Masters degree in communication, University of Nairobi. Explain that the information will be useful in appreciating the importance of African systems and institutions. In turn this will be useful in designing policies, future information campaigns and development activities in the local community.

Tell them that you have come to hold a discussion with them to learn from them. That everyone's opinion or views will be valued and there is no wrong or right answer. Emphasize that as the discussion will be going on, they should respect each other's views. Whichever one says will not be recorded on his/her name – it will remain anonymous after the discussion.

Ensure that the number of participants is not less than eight (8) and not more than twelve (12). Arrange the sitting to be semi-circular. The note-taker may code the participants in numbers as RI (Respondent 1) up to R12 clockwise.

In the absence of a tape recorder, the note-taker should take detailed notes and ensure that the writing is legible/readable.

Request for participants' time and remember to thank them at the end of the discussion.

Name of Group: _____

Divisions they represent: _____

Location they represent: _____

Sub-Locations they represent: _____

Village they represent: _____

Age Bracket of Group Members: _____

Members of the Group

	Names of group member	Age	Religion	Primary or Secondary School
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Please let us discuss issues concerning the subject of female circumcision?

1. What is female circumcision? (Briefly describe what parts of the body were removed traditionally and what is removed today if it has changed) _____
    _____

2. What is does female circumcision mean? (Its significance to the Maasai community)
    _____

3. At what age did girls get circumcised traditionally and at what age do they get circumcised today? _____

4. Who decides the time when a girl should get circumcised? _____
    _____

5. What are the things they look for to determine that one is now ready for circumcision?
    _____

6. What do you think the young girls feel about circumcision? _____
    _____

7. At what age do girls start having sex these days in this area? _____
    _____

8. At what age do boys start having sex these days in this area? _____
    _____

9. As a teacher, at what age (of your students) do you begin discussing issues regarding reproductive health/ sex/marriage with your students? _____
    _____

10. How often do you do this? _____
    _____

11. Have you discussed HIV/AIDs with your students? _____
    _____

12. Do you think cases of girls getting married before finishing school is on the increase or decrease in the last 10 years. Probe for reasons why it is on the increase/decrease and what this means to the Maasai as a community; find out relationship between education and cultural erosion. _____
    _____

13. a) Does the community think early marriage is good or does it think that this is bad? _
    _____

    b) Does the girl's level of education determine the amount of dowry to be paid? ___

    c) How do you think early marriage affects the girl's self-reliance financially? ___

    d) How do you think circumcision affects the education of the girls? _____
    _____

14. a) Are there some complications with sexual intercourse, pregnancy and delivery as a result of circumcision? _____
_____

b) How is the academic performance of the circumcised girl compared to the uncircumcised ones? _____
_____

c) What level of schooling do most circumcised girls reach? _____
_____

d) Is there discrimination between the circumcised girls and the uncircumcised ones in school? _____
_____

15. a) Have you ever heard of campaigns about female circumcision? _____
_____

b) If yes, what channel did you receive it from? (word of mouth, radio, TV, chief, DO, NGOs, etc) _____
_____

c) Who was talking about it? _____
_____

d) Briefly describe what was said _____
_____

e) Did you believe them? Why? _____
_____

16. a) What did you like or dislike about the campaign? _____
b) Identify which other areas should be addressed in future campaigns to make them more effective _____
_____

17. a) Is the community here doing anything to stop female circumcision? _____
_____

b) If yes, what are some of the actions being taken by:

i) the Community members? _____
_____

ii) the Administration? _____
_____

iii) the Police? _____
_____

iv) the Religious groups? _____
_____

v) the NGOs? (name some) _____
_____

vi) Women groups? _____
_____

c) Are there any initiatives or activities in local schools against FGM? _____

d) Have you as teachers generally supported or protested against FGM? (Let them explain how) _____

_____

18. a) What else do you think should be done to stop it? _____

_____

b) Apart from government, which other organizations or who else do you think can play a role in the fight against FGM? _____

_____

19. Finally, give me one comment about what you think of FGM. Probe for individual thought and NOT what the community thinks) _____

_____

20. a) How many of you read newspapers? How often? _____

_____

b) How many of you listen to radio? How often? _____

_____

c) How many of you watch TV? How often??) _____

_____

(Probe for access to mass media advantages and disadvantages of each as a channel of communication)

<div align="center">THANK YOU FOR YOUR TIME.</div>

FOCUS GROUP DISCUSSIONS (FGDs) GUIDE

For Women Groups

Name of Moderator: _____

Date of FGD: _____

Name of Note-Taker: _____

The Moderator and the person taking notes should introduce themselves. They should clearly state what this is about: purely academic in part fulfillment of a Masters degree in communication, University of Nairobi. Explain that the information will be useful in appreciating the importance of African systems and institutions. In turn this will be useful in designing policies, future information campaigns and development activities in the local community.

Tell them that you have come to hold a discussion with them to learn from them. That everyone's opinion or views will be valued and there is no wrong or right answer. Emphasize that as the discussion will be going on, they should respect each other's views. Whichever one says will not be recorded on his/her name – it will remain anonymous after the discussion.

Ensure that the number of participants is not less than eight (8) and not more than twelve (12). Arrange the sitting to be semi-circular. The note-taker may code the participants in numbers as R1 (Respondent 1) up to R12 clockwise.

In the absence of a tape recorder, the note-taker should take detailed notes and ensure that the writing is legible/readable.

Request for participants' time and remember to thank them at the end of the discussion.

Name of Group: _____

Divisions they represent: _____

Location they represent: _____

Sub-Locations they represent: _____

Village they represent: _____

Age Bracket of Group Members: _____

Members of the Group

	Names of group member	Age	Religion	Education
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Please let us discuss issues concerning the subject of Marriage.
Incidence and prevalence of early marriage/circumcision and the socio-economic benefits/negative impact.

1.   What is Circumcision? *Briefly describe what parts of the body were removed traditionally and what is removed today if it has changed.*
2.   What does circumcision mean? (*Its significance to the Maasai community*).
3.   At what age did girls get circumcised traditionally and at what age do they get circumcised today? _____
4.   Who decides the time when a girl should get circumcised? _____
5.   What are the things they look for to determine that one is now ready for circumcision? _____
6.   What do you think the young girls feel about circumcision? _____
7.   How do you as a mother feel about circumcision? _____
8.   Would you encourage your daughter to get circumcised? Why? _____
9.   Are there any complications with sexual intercourse, pregnancy and delivery as a result of circumcision? _____
10.   How do you think circumcision affects the education of the girl? _____
11.   As a wife how would you feel if your husband married an uncircumcised second wife? _____
12.   Have you ever heard of campaigns about female circumcision? _____
13.   Who was talking about it? _____
14.   Did they say that circumcision was good or did they say that it was bad? _____
15.   Briefly describe what they said? _____
16.   Did you believe them? Why? _____
17.   How did you get to hear/read about these campaigns? (*Probe for media channels, or mobilization techniques*) _____
18.   What did you like or dislike about the campaigns? _____
       • Probe for persons who conducted the campaigns: were they Maasai or no-Maasai?
       • How were they dresses? Was that good or bad?
       • What language did they use? Was there any language barrier?
       • Did they understand Maasai culture and way of life, etc.?
       • Did you enjoy listening to the person(s)? Why? (*This will help determine factors that hinder campaign penetration and general perception towards the campaigns.*)
19.   What is the Government doing (if any) to stop female circumcision? _____
20.   Is the community here doing anything to stop female circumcision? Yes/No _____
21.   If yes, what are some of the actions being taken by:
       i) Community members? _____
       _____

ii) the Administration (Government officials like Chief, DO, DC)? _____

_____

iii) Police? _____

_____

iv) Religious groups? _____

_____

v) the NGOs? (name some) _____

_____

22. Are there any initiatives or activities in local schools against FGM? _____

23. Have you as a group supported or protested against FGM? (Let them explain how) __
    _____

24. What else do you think should be done to stop it? _____

25. Apart from government, which other organizations or who else do you think can play
    a role in the fight against FGM? _____

26. What is marriage?_____

27. What is the importance of marriage in Maasai culture? _____
28. How does marriage benefit the two families? _____
29. How does the clan benefit from the marriage? . _____
30. Do you think the girl benefits from the marriage? Explain. _____
31. Do you think the boy benefits from the marriage? Explain. _____

32. In what form is the bride price/wealth paid today? _____
33. How was it paid traditionally?. _____
34. Does the age of the girl determine the amount of dowry to be paid? _____
35. Does the girl's level of education determine the amount of dowry to be paid? _____
36. Traditionally, at what age did girls get married? At what age do they get married
    today? (*Probe for personal experiences and find out what has caused the difference if
    any*). _____
    i)   How old were you when you got married?
    ii)   How old was your husband when he married you?
    iii)   At what age should girls get married?
37. What is the significance of engagement in Maasai culture? _____
38. One can engage an unborn child. What are the factors that prompt parents to make
    such commitments? _____
39. Is this kind of engagement still practiced today? _____
40. Where you engaged before marriage? If yes, who told you about it? _____
41. What is sex? _____
42. At what age do girls start having sex these days in this area? _____
43. At what age do boys start having sex these days in this area? _____

44. As a mother at what age do you begin discussing issues regarding sex/marriage with
    your daughter? _____

45. How often do you do this? _____

_____

46. How often do you talk to your children in the house about their reproductive health and sexual life? _____

47. Have you discussed HIV/AIDs with your children? _____
_____

48. Do you think cases of girls getting married before finishing school is on the increase or decrease in the last 10 years? *Probe for reasons why it is on the increase/decrease and what this means to the Maasai as a community; find out relationship between education and cultural erosion.* _____
_____

49 Does the community think early marriage is good or does it think that this is bad? _
_____

50. How do you think early marriage affects the girl's self-reliance financially? ___
51. Do you thing some domestic violence cases are linked to marriage of girls below 18?
52. Do you think certain divorce cases are due to marriage to young girls below 18?
53. Would you allow your son to marry an educated woman?
54. In case a man dies, does the woman inherit all his property traditionally?
55. How about today, what happens?
56. Can a woman own land?
57. Does your husband help you to milk the cows sometimes?
58. Can your husband traditionally help you build a hut?
59. Would you like your husband to sometimes assist you with housework?
60. Can a woman choose to divorce a man if she is not happy with him?
61. Do married women have secret affairs? If yes, why?
62. What advantages does a circumcised gorl have over those who are not circumcised? Probe for the values the community considers as advantages of a circumcised girl vis-a-via the uncircumcised.
63. If a girl is not circumcised would she still get married among the Maasai community? *Probe for the significance of marriage to the community and linkages between circumcision and acceptability in marriage.*
64. What are the advantages or disadvantages associated with what is considered late circumcision?
65. Traditionally, what would happen to a girl if she said NO to circumcision?
66. Can one get HIV/AIDs through circumcision? Say sharing of the knife?
67. Can circumcision cause death? Disease? Problems at birth? (Probe: Have you ever heard of any problem arising from circumcision? Probe for their knowledge of problems arising from circumcision if any).
68. What is a curse? (Probe meaning of a curse, who administers it, can it be undone and by who?)
        i) Have you ever cursed anyone?
        ii) If yes, what mistake had the person done?
        iii) What happened after the curse?

69. Traditionally, what channel is used to inform the girl that she is going to be circumcised? Probe for tools and the role of each.
70. Who do you or would you consult about who to vote for during political campaigns like the Orange and Banana case?

71. What kind of message was given to the people? (Probe for the most common thematic areas and identify which other areas they would like addressed in future campaigns to make them more effective.

72. Finally, give me one comment about what you think of FGM. Probe for individual thought and NOT what the community thinks) _____

_____

73. a) How many of you read newspapers? How often? _____

_____

   d) How many of you listen to radio? How often? _____

_____

   e) How many of you watch TV? How often??) _____

_____

   (Probe for access to mass media advantages and disadvantages of each as a channel of communication)

74. Any comment about the issues we have discussed?_____

THANK YOU FOR YOUR TIME.

FOCUS GROUP DISCUSSIONS (FGDs) GUIDE

For Footbal Club

Name of Moderator: _____

Date of FGD: _____

Name of Note-Taker: _____

The Moderator and the person taking notes should introduce themselves. They should clearly state what this is about: purely academic in part fulfillment of a Masters degree in communication, University of Nairobi. Explain that the information will be useful in appreciating the importance of African systems and institutions. In turn this will be useful in designing policies, future information campaigns and development activities in the local community.

Tell them that you have come to hold a discussion with them to learn from them. That everyone's opinion or views will be valued and there is no wrong or right answer. Emphasize that as the discussion will be going on, they should respect each other's views. Whichever one says will not be recorded on his/her name – it will remain anonymous after the discussion.

Ensure that the number of participants is not less than eight (8) and not more than twelve (12). Arrange the sitting to be semi-circular. The note-taker may code the participants in numbers as RI (Respondent 1) up to R12 clockwise.

In the absence of a tape recorder, the note-taker should take detailed notes and ensure that the writing is legible/readable.

Request for participants' time and remember to thank them at the end of the discussion.

Name of Group: _____

Divisions they represent: _____

Location they represent: _____

Sub-Locations they represent: _____

Village they represent: _____

Age Bracket of Group Members: _____

Members of the Group

	Names of group member	Age	Religion	Education
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Please let us discuss issues concerning the subject of Marriage.
Incidence and prevalence of early marriage/circumcision and the socio-economic benefits/negative impact.

1. What is marriage? _____
2. What is dowry? _____
3. What is the importance of dowry in Maasai culture? _____
4. What is the importance of marriage in Maasai culture? _____

5. Traditionally what was the standard dowry among the Maasai? How much is paid in dowry today? *Get the background of dowry, how was it done in the olden days, what was the significance? Probe for value, i.e. was it in terms of cattle/money, etc. what is the relationship between family ties and exchange of dowry? Probe for differences today in order to identify shift in cultural expectations and perceptions.*
6. What is the common range of age at which girls get engaged in this community? Probe for what is acceptable, what is considered unacceptable and the significance.
7. i)   Is the girl consulted about the engagement?
    ii)   Can she say No?
    iii)   What is given as a sign of engagement?
8. At around what age bracket would they eventually get married?
9. Is the marriage age bracket the same as those going to school aas those not in school? *Probe for the characteristics of one who is considered by the community as ready for marriage, is it age, periods, family ties, etc.?*

10. Do you think cases of girls getting married before finishing school is on the increase or decrease in the last 10 years? *Probe for reasons why it is on the increase/decrease and what this means to the Maasai as a community; find out relationship between education and cultural erosion.* _____

11. Why do you think some parents allow or marry off their daughters at ages below 18 years?
12. Do you think poverty drives them into marrying their daughters off to gain wealth through dowry?
13. Is there a particular age group that marries young girls or just any man?
14. How do you thing girls below the age of 18 feel about marriage at that stage? *Probe for comfort ability, acceptance, ignorance or lack of choice.*
15. How about the family of the man marrying the girl?
16. What benefitd or losses do you think the girl's family normally gets when their daughter gets married below 18 years?
17. How about the girl herself?

18. At what age do girls start having sex in this area? _____
19. At what age do boys start having sex in this area? _____
20. What is sex? _____
21. Does the community think early marriage is good or does it think that this is bad? _
    _____
22. How do you think early marriage affects the girl's self-reliance financially? ___
23. Do you thing some domestic violence cases are linked to marriage of girls below 18?
24. Do you think certain divorce cases are due to marriage to young girls below 18?

Gender equality and stereotypes

25.   Would you marry an educated woman? Why? _____
26.   Would you marry a woman who makes more money/cows/property?
27.   In case a man dies, does the woman inherit all his property traditionally?
28.   How about today, what happens?
29.   Can a woman own land?
30.   Can a man milk cows?
31.   Can a man build a house for a woman traditionally?
32.   Can a woman choose to divorce a man?
33.   Do married women have secret affairs? If yes, why?

Circumcision and its significance

34.   Would you marry a girl who is not circumcised? *Supposing she was not a Maasai and not circumcised but you love her, would you accept her as she is or marry her and have her circumcised?*

35.   a)   What advantages does a circumcised girl have over those who are not circumcised? *Probe for the values the community considers as advantages of a circumcised girl vis-à-vis the uncircumcised?*
       b)   If a girl is not circumcised, would she still get married among the Maasai community? *Probe for the significance of marriage to the community and linkages between circumcision and acceptability in marriage.*

36.   At what age did girls normally get circumcised? _____

37.   Who normally makes the decision of when a girl should get circumcised? _____
38.   Who persuades her to undergo circumcision? _____
39.   What reasons do they give her to undergo circumcision? _____
40.   What is the meaning of circumcision? (probe for its significance in Maasai culture.
41.   Traditionally what would happen to a girl if she said NO to circumcision?
42.   What is a curse? (*Probe meaning of a curse, who administers it, can it be undone? By who?*

Awareness/channels of communication/recommendations

43.   Can one get HIV/AIDs through circumcision? Say sharing of the knife?
44.   Can circumcision cause death? Disease? Problems at birth? (Probe: Have you ever heard of any problem arising from circumcision? Probe for their knowledge of problems arising from circumcision if any).
45.   Have there been any Anti-FGM campaigns in this area recently? _____
       Probe for form and mode of campaign, whether face to face or through the media. How often and by whom, where and how it was conducted.
46.   How did you get to hear/read about these campaigns?
       Probe for media channels, or mobilization techniques.
47.   What did you like or dislike about the campaigns? _____
       •   Probe for persons who conducted the campaigns: were they Maasai or no-Maasai?
       •   How were they dresses? Was that good or bad?
       •   What language did they use? Was there any language barrier?
       •   Did they understand Maasai culture and way of life, etc.?
       •   Did you enjoy listening to the person(s)? Why? (This will help determine factors that hinder campaign penetration and general perception towards the campaigns.)

48. What kind of messages were given to the people? *Probe for the most common thematic areas and identify which other areas they would like addressed in future campaigns to make them more effective.*

49. Finally, give me one comment about what you think of FGM. Probe for individual thought and NOT what the community thinks) _____

_____

50. a) How many of you read newspapers? How often? _____

_____

b) How many of you listen to radio? How often? _____

_____

c) How many of you watch TV? How often??) _____

_____

(*Probe for access to mass media advantages and disadvantages of each as a channel of communication*)

51. When the chief calls for a village meeting. How does the information reach each individual family unit?

52. If I wanted to pass a very important cultural message to the community, which channel of communication would you advise me to use to be effective?
    Probe, through Chief's baraza, village elders, councilors, local MP, teachers, church leaders, and women groups, radio, newspapers, TV, etc.
    If oral whom should I appoint to pass the information/message? What characteristics would I look for in the person that makes him/her acceptable/credible in the eyes of the community?

53. What would be the preferred language? Maasai or Kiswahili?

THANK YOU FOR YOUR TIME.

Photo 1:   **Women drawing water at a water-point in Kajiado**

Photo 2: Women at a water point with Elders in the background under Acacia trees

Photo 3: Animals and women sharing a water point, elders in the background.

Photos 4 & 5: Young Maasai girls (left -painted in ochre clay) in readiness for circumcision

Granny cuts 12-year-old girl by force

By NATION Reporter

A 12-year-old girl is admitted to hospital after she was forcefully circumcised.

The minor was admitted to the Nairobi Women's Hospital yesterday, four hours after the incident occurred at Gichungo Village in Dagoretti.

A nurse at the hospital, Ms Alice Kibui, said the Standard Three pupil was brought in bleeding profusely, and would undergo corrective surgery later.

Police arrested her grandmother, and three hours later seized her father and another woman suspected to have helped in the act

Police said the suspects adamantly claimed innocence, saying they had only followed their traditions.

Arrest woman

The dragnet was expected to widen, police said, in a bid to arrest the woman behind operation, and three other people still at large.

All six, except the stepmother, had initially escaped after neighbours responded to the girl's screams.

Mr. Samuel Ndung'u Githua, a care taker at the farm where the incident occurred, said he heard the girl shout "Don't cut me again, you will kill me!"

The girl told hospital staff how her grandmother had the previous night prepared for the operation. By morning, female relatives started arriving and "that is when I realised what they were going to do: What they had done to my three elder sisters".

Her father stood guard outside as six women pinned her down tightly on a table to let her grandmother circumcise her.

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