

# International Journal of Communication and Public Relations (IJCPR)

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

**Stacy Wangari Ndung'u, Dr. Paul Mbutu and Prof. Bernard Boyo**

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

**<sup>1\*</sup> Sammy Kaunga**

**Post Graduate Student: School of Journalism and Mass Communication University  
of Nairobi**

**\*Corresponding Author's E-mail: [sammykaunga@yahoo.com](mailto:sammykaunga@yahoo.com)**

**<sup>2</sup> Dr. Ndeti Ndati**

**Lecturer, School of Journalism and Mass Communication  
University of Nairobi**

## **Abstract**

**Purpose:** To establish the influence of media strategies in communicating information about female genital mutilation effectively among the Meru community of Tharaka District.

**Methodology:** The study adopted a descriptive Survey approach to research.

**Findings:** The correlation analysis revealed that media ambassadors and local language were positive and statistically significant in influencing effective communication. The correlation analysis also revealed that sheng language and public participation were not statistically significant in influencing effective communication.

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

**Keywords:** *Media Strategies, Female Genital Mutilation, Media Ambassadors, Public Participation, Sheng Language, Local Language*

## INTRODUCTION

### Background

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

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

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



13 years old, and 15 percent were 10-11 years old. Twelve percent of women were circumcised at 8-9 years of age, and an equal proportion was circumcised at 3-7 years of age. Only 2 percent of women were circumcised before 3 years of age.

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

Several international treaties and conventions identify FGM as a human rights violation. Among these are the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the African Charter on the Rights and Welfare of the Child, the African Charter on Human and People’s Rights and the Additional Protocol on Women’s Rights (Maputo protocol), and the European Convention on Human Rights (UNICEF, 2005). Governments then have a responsibility to respect and promote human rights and can be held accountable for failing to fulfill these obligations.

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

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

### **Statement of the Problem**

While some research indicates that many women who undergo FGM/C do not have health problems as a result of the procedure, for others, the practice can have serious health consequences (UNHCR, 2009). These include hemorrhage, shock, pain, infection, and difficulties during childbirth, and psychological and sexual problems that can damage a girl's lifetime health. The type of female genital cutting that girls and women experience aggravates these potential health effects. Other factors in determining the extent of health effects of FGC include the practitioner's expertise and tools, hygienic conditions, and access to adequate health care. The prevalence of the practice varies widely among ethnic groups. KDHS (2009), it is nearly universal among Somali (97%), Kisii (96%), Kuria (96%) and Maasai (93%) women. It is also common among Taita/Taveta (62%), Kalenjin (48%), Embu (44%) and Meru (42%). Levels are lower among Kikuyu (34%), Kamba (27%), Turkana (12%) and Mijikenda/Swahili (6%). This is a clear indication that FGM is widely practiced in Kenya (KHDS, 2003).

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

### **General Objective**

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

The study was guided by the following specific objectives:

- To establish the influence of using media ambassadors in communicating information about female genital mutilation effectively among the Meru community of Tharaka District.
- To determine the influence of using local language in communicating information about female genital mutilation effectively among the Meru community of Tharaka District.
- To determine the influence of using sheng language in communicating information about female genital mutilation effectively among the Meru community of Tharaka District.
- To examine the influence of public participation in media programs on communicating information about female genital mutilation effectively among the Meru community of Tharaka District.

### **THEORETICAL REVIEW**

#### **Influence of Media Strategies on Effective Communication**

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

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

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

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

These may include mailers, display ads or promotional materials such as merchandise with a company logo printed on it. Pamphlets, flyers and books are an excellent way to distribute information (Ugangu, 2008).

## **Communication and Female Genital Mutilation**

Communication plays a crucial role in changing behaviour. Communication has been defined differently by different scholars. Rogers (1986, cited in Severin & Tankard 2001) defines communication as exchange of information among participants, while Rogers and Kincaid (1981, cited in Severin and Tankard, 2001) contend that it is the process through which the communicators reach an understanding. According to Rogers (1995), communication channels can either be interpersonal or mass media in nature.

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

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

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

McQuail (2005) further notes that for communication campaigns to be effective, they must be in line with established norms and values of the target group. He warns that if the viewpoint on which the campaign is based reflects solely the sender/planner's as opposed to the recipient's, the campaign is likely to be ineffective. He also emphasizes the importance of the relationship between the sender

and receiver in the campaign, noting that if the sender ignores the needs, interests, values and communication potential of the receiver group, or if the receiver group does not trust, attend to and understand the sender, it is likely that a communication campaign will fail.

### **Theoretical Framework**

This study was guided by two-step theory and agenda setting theory.

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

This was first introduced by Paul Lazarsfeld, Bernard Berelson, and Hazel Gaudet in *The People's Choice*, a 1944 study that focused on the process of decision-making during a Presidential election campaign. The researchers sought to find empirical evidence on the direct influence of media messages on voting intentions of the people. However, it turned out that informal, personal contacts were mentioned far more frequently than exposure to radio or newspaper as sources of influence on voting behaviour. With this evidence, Katz and Lazarsfeld developed the two-step flow theory of mass communication (Severin & Tankard, 2001). The theory contends that information flows from the media to opinion leaders, who then pass on what they have read or heard to their followers who consider them influential.

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

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

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

This theory has however been criticised for placing a lot of premium on the role of opinion leaders in spreading media messages. Critics, for example Westley (1971, cited in Tankard and Severin 2001), argue that messages can indeed be spread directly by mass media to far greater extent than personal sources.

Windahl (2008) on his part notes a serious problem for communication planners relying on the model, arguing that communication planners have no control over the communication process as opinion leaders and their followers' relationship is often spontaneous and cannot be prescribed from



outside. He further argues that it may be difficult to motivate opinion leaders to seek information and find it worthwhile to share it with others. At the same time, opinion leaders are selective on the kind of information they receive.

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

### **Agenda Setting Theory**

Agenda-setting theory was formally developed by Dr. Max McCombs and Dr. Donald Shaw in a 1968. Agenda-setting theory describes the ability of the news media to influence the salience of topics on the public agenda. That is, if a news item is covered frequently and prominently the audience will regard the issue as more important. This theory is based on two assumptions; the press and the media do not reflect reality; they filter and shape it and that the media concentration on a few issues and subjects leads the public to perceive those issues as more important than other issues (McCombs & Shaw, 1972).

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

Agenda setting serves as the first function of framing as it defines the problems worthy of government attention. Agenda setting is related to priming, bias and framing. Priming is the goal, the intended effect, of strategic actors' framing activities (Entman, 1993). Agenda setting will always occur, even if it is not pervasively biased. However, when paired, agenda setting and

priming have the ability to create widespread bias. Bias, as defined by Entman, is consistent patterns in the framing of mediated communication that promote the influence of one side of conflicts over the use of government power (Entman, 1993).

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

## **METHODOLOGY OF THE STUDY**

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

## **RESULTS OF THE STUDY**

Data analyzed was summarized in line with the research objective.

### **Response rate**

The number of questionnaires that were administered was 96. A 100% response rate was achieved since all the questionnaires were properly filled and returned. Similarly, a 100% response rate was achieved in conducting the key informants' interviews since all the scheduled sessions were successful.

### **Demographic Characteristics**

The respondents were asked to describe their basic characteristics such as gender, age, level of education, religious definition, marital status and their main occupation. Results showed that 68.75% of the respondents were females and 31.25% of the respondents were males. Results also showed that 28.40% of the respondents were aged between 18- 29 years, 23.90% were aged between 30-39 years, 20.20% were aged between 40-49 years and 27.50% were above 50 years. This shows that the population of Tharaka Nithi District is balanced. Further, results revealed that a majority of 52.25% of the respondents reiterated that they had acquired primary education, 25.67% had no education, 19.28% secondary education while only 2.8 % of them had education up to the college level. This implied that the level of education in Tharaka District is very low. Results also showed that a majority of 64.95% of the respondents reiterated that they were married, 15.46% were single, 8.25% were divorced, 6.19% were widowed while 5.15 % of them said that they had separated with their spouses. This implies that the Meru community in Tharaka District gets married at an early age and the divorce and separaion rates are very low. Results also showed that a majority of 78.98% of the respondents reiterated that they were farmers, 18.32% were business

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

### **Descriptive Analysis**

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

### **Effective Communication**

The respondents were asked to give responses about how they have embraced information about FGM. Table 1 revealed that 59.8% they had not embraced information relating to the harmful sexual health effects of FGM practices, 58.9% had not embraced information relating to the harmful reproductive health effects of FGM practices, 65.4% had not embraced information relating to the harmful physical health effects of FGM practices, 58.3% had not embraced information relating to the harmful psychological health effects of FGM practices while 58.7% had not embraced information that shows that FGM practices can cause death.

**Table 1: Effective Communication**

<b>Statement</b>	<b>Response</b>	<b>Overall</b>
The community has embraced information relating to the harmful sexual health effects of FGM practices.	Yes	40.2
	No	59.8
The community has embraced information relating to the harmful reproductive health effects of FGM practices.	Yes	41.1
	No	58.9
The community has embraced information relating to the harmful physical health effects of FGM practices.	Yes	34.6
	No	65.4
The community has embraced information relating to the harmful psychological health effects of FGM practices.	Yes	41.7
	No	58.3
The community has embraced information that shows that FGM practices can cause death .	Yes	58.7
	No	41.3

### **Media Ambassadors**

Table 2 presents the influence of using media ambassadors in communicating information about female genital mutilation effectively among the Meru community of Tharaka District. Results revealed that a majority of 65.7% indicated that religious leaders were involved in communicating FGM information, of 62% indicated that political leaders were involved in communicating FGM information, of 36.1% indicated that comedians were involved in communicating FGM information, 24.1% indicated that road shows involving influential people in the local community were involved in communicating FGM information and 66.6% of the respondents disagreed that media ambassadors leads to effective communication of FGM information.

**Table 2: Media Ambassadors**

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

### Local Language

Table 3 presents the influence of using local language in communicating information about female genital mutilation effectively among the Meru community of Tharaka District. Results revealed that a majority of 85.3% indicated that they listened to vernacular radio stations, of 76.6% indicated that these vernacular radio stations aired FGM information, 61.7% indicated that the aired programs helped to reduced FGM practices, 70.8% indicated that vernacular radio stations were used by FGM campaigners to communicate FGM information, 58.3% indicated that local music was used by FGM campaigners to communicate FGM information, 72.9% indicated that FGM campaigners used local language in meetings to communicate FGM information and 84.3% of the respondents said that FGM campaigners did not give materials written in the local language.

**Table 3: Local Language**

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



	No	27.1
Do anti-FGM campaigners give materials written in the local language	Yes	15.7
	No	84.3

### Sheng Language

Table 4 presents the influence of using sheng language in communicating information about female genital mutilation effectively among the Meru community of Tharaka District. Results revealed that a majority of 76.2% disagreed that they FGM campaigners used sheng language to communicate FGM information, of 63.0% indicated that use of sheng language did not encourage youths to participate in educating in society on risk of female genital mutilation, 74.5% indicated that sheng radio stations did not help in any way to curb female genital mutilation, 53% indicated that radio stations that use of sheng language did not reach out to a large number of youths compared to other radio stations and 87.6% of the respondents disagreed that sheng empowers females with information about FGM. This is an indication that sheng language is not a common language among the Meru community in Tharaka District.

**Table 4: Sheng Language**

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

### Public Participation

Table 5 presents the influence of influence of public participation in media programs on communicating information about female genital mutilation effectively among the Meru community of Tharaka District. Results revealed that a majority of 58.3% indicated that public participation against FGM was not a common practice in the community, 67.6% indicated that they did not participate in public rallies advocating for abandonment of FGM practice, 94.4% indicated that the community did not celebrate those who have accepted to abandon the FGM practice through issuing of certificates and host festivities celebrating uncut girls, 56.5% indicated that public

participation did not help the community to communicate acknowledge and embrace basic human rights while 52.8% of the respondents indicated that public participation did not assist in passing the anti-FGM message to the community. This is an indication that public participation is not a common practice among the Meru community in Tharaka District.

**Table 5: Public Participation**

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

#### **T-test (Comparison of the Two Districts)**

A t-test assisted to compare the acceptance of FGM messages between the two districts. Table 6 shows the mean for media ambassadors, local language, sheng language and public participation. Results show that there was more use of media ambassadors to communicate anti-FGM messages in Tharaka North district than in Tharaka South District. Results also show that there was more use of local language to communicate anti-FGM messages in Tharaka North district than in Tharaka South District. Results also show that there was more use of sheng language to communicate anti-FGM messages in Tharaka South district than in Tharaka North District. Further, the results show that public participation was used to communicate anti-FGM messages in Tharaka North district than in Tharaka South District. This implies that anti-FGM campaigns were more in Tharaka North District as opposed to Tharaka South district. This can also imply that anti-FGM messages were more accepted in Tharaka North District as opposed to Tharaka South district.

**Table 6: Descriptive Analysis of Acceptance of FGM Messages**

	District	N	Mean	Std. Deviation	Std. Error Mean
Media Ambassadors	Tharaka South	48	0.3333	0.2927	0.04225
	Tharaka North	48	0.3792	0.3094	0.04466
Local language	Tharaka South	48	0.3333	0.2927	0.04225

Sheng language	Tharaka North	48	0.3833	0.32962	0.04758
	Tharaka South	48	0.6542	0.37979	0.05482
Public participation	Tharaka North	48	0.6125	0.34371	0.04961
	Tharaka South	48	0.3333	0.2927	0.04225
	Tharaka North	48	0.3458	0.32154	0.04641

T-test results of acceptance of FGM messages indicate that there is significant relationship between media ambassadors, local language and acceptance of FGM messages. This is supported by a t statistic of 0.746 ( $p=0.002$ ) and 0.786 (0.000) respectively.

**Table 7: T-test of Acceptance of FGM Messages**

		F	Sig.	t	df	Sig. (2tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Media Ambassa dors	Equal variances assumed	0.275	0.002	0.746	94	0.458	-0.046	0.061	-0.168	0.076
	Equal variances not assumed			0.746	93.712	0.458	-0.046	0.061	-0.168	0.076
Local language	Equal variances assumed	0.687	0.000	0.786	94	0.434	-0.050	0.064	-0.176	0.076
	Equal variances not assumed			0.786	92.704	0.434	-0.050	0.064	-0.176	0.076
Sheng language	Equal variances assumed	1.207	0.927	0.564	94	0.574	0.042	0.074	-0.105	0.188
	Equal variances not assumed			0.564	93.079	0.574	0.042	0.074	-0.105	0.188

Public participation	Equal variances assumed	0.741	0.039	-0.199	94	0.843	-0.013	0.063	-0.137	0.112
	Equal variances not assumed			-0.199	93.182	0.843	-0.013	0.063	-0.137	0.112

### Inferential Data Analysis

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

### Pearson's Bivariate Correlation Analysis

The Pearson's Bivariate analysis sought to find whether there was any significant relationship between the independent variables; media ambassadors, local language, sheng language and public participation with the dependent variable; effective communication of FGM information.

The results of this relationship are presented in Table 8. Pearson's Bivariate results shows that media ambassadors and local language were significant in determining the effective communication of FGM information as the p value was 0.000 a value lower than the conventional p value 0.05. The results further show that all the variables had strong and positive correlation media ambassadors (0.394) and local language (0.418). This means that an increase in either of the variables positively influences effective communication of FGM information. On the other hand, sheng language and public participation were insignificant in determining the effective communication of FGM information as the p value were 0.992 and 0.524 respectively which is lower than the p value 0.05.

**Table 8: Pearson's Bivariate Correlation**

Variable		Effective communication	Media Ambassadors	Local language	Sheng language	Public participation
Effective communication	Pearson Correlation	1				
	Sig. (2-tailed)					
Media Ambassadors	Pearson Correlation	0.394	1			
	Sig. (2tailed)	0.000				
Local language	Pearson Correlation	0.418	0.863	1		



	Sig. (2tailed)	0.000	0.000			
Sheng language	Pearson Correlation	0.001	-0.045	-0.063	1	
	Sig. (2tailed)	0.992	0.666	0.545		
Public participati on	Pearson Correlation	0.006	0.947	0.871	-0.088	1
	Sig. (2tailed)	0.524	0.000	0.000	0.392	

---

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

### Content Analysis

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

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

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

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

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

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

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

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

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

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

## **CONCLUSIONS**

The study concluded that FGM messages were more accepted in Tharaka North District than in Tharaka South District. The study concluded that media ambassadors influenced effective communication of FGM information. This implies that more involvement of media ambassadors in anti FGM campaigns would improve effective communication of FGM information. The study also concluded that local languages influenced effective communication of FGM information. This implies that more use of local language in anti FGM campaigns would improve effective communication of FGM information. Further, the study concluded that sheng language and public participation do not influence effective communication. It can be concluded that media strategies have a key role to play in communicating anti- FGM information among the Meru community in Tharaka District.

## **RECOMMENDATIONS**

Study recommends that media ambassadors as a strategy should be emphasized since it has a significant effect on the effectiveness of communication of anti-FGM messages. Famous and influential reporters such as Julie Gichuru and also First lady Margaret Kenya have been known to give mileage to female empowerment programs. For instance, Julie Gichuru, in the “Inua Dada” campaign and First Lady Margaret Kenyatta “Beyond Zero Campaign” have improved the public perception about such programs.

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

It is recommended that public participation and sheng language should be frequently used in a bid to effectively communicate the anti FGM information.

## REFERENCES

- Aziz, F. A. (2010). Gynecological and Obstetric Complications of Female Circumcision. *International Journal of Gynecology and Obstetrics* 17.
- Entman, R. M., & Rojecki, A. (1993). Freezing out the public: Elite and media framing of the U.S. antinuclear movement. *Political Communication*, 10, 155–173.
- FIDA Kenya (2009). *Protection Against Female Genital Mutilation: A Review of the Implementation of the Children's Act. Lessons from Samburu and Garissa Districts*. Federation of Women Lawyers Kenya (FIDA Kenya). Nairobi.
- Hartley, P. (1999). *Interpersonal Communication* (2nd ed.). New York: Routledge.
- Kiarie, M. & Wahlberg, J. (2007). *Female Genital Mutilation*. Bachelor Thesis. yvaaskyla University of Applied Sciences.
- Koven, R. (2004). *An Antidote to Hate Speech: Journalism, Pure and Simple*. Britain, Focal Press.
- Masika, L. (2006). *A Comparative Study of the Role of Mass Media and Interpersonal Communication in Anti-FGM Campaigns in Kajiado District*. Unpublished Master thesis
- McCombs, M, & Shaw, D (1972). The Agenda-Setting Function of Mass Media. *Public Opinion Quarterly* 36 (2).
- McQuail, D. (2005). *Mass Communication Theory: An Introduction*. New Delhi: Sage.
- Oloo, H, Wanjiru, M. and NeWell-jones (2011). *Female Genital Mutilation Practices in Kenya: The Role of Alternative Rites of Passage: A case study of Kisii and Kuria Districts*. Nairobi.
- Rogers, E. M. (1995). *Diffusion of Innovations* (4<sup>th</sup> ed.). New York: Free Press.
- Rogers, M. (1983). *Diffusion of Innovation's*. New York: Free Press.

- Severin, W. J. & Tankard, J. W. (2001). *Communication Theories: Origins, Methods and Uses in the Mass Media* (5th ed.). New York: Longman.
- Shell-Duncan, B. & Hernlund, Y. (2010). *Female Circumcision in Africa: Culture, Controversy, and Change*. Boulder, CO: Lynne Rienner Publishers, Inc.
- UNICEF (2009). *Female Genital Mutilation/Cutting: A Statistical Exploration 2005*. New York.
- WHO (2008). *Eliminating Female Genital Mutilation: An Interagency*. UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNIFEM, WHO, Geneva.
- Windahl, S. et al. (1998) *Using Communication Theory: An Introduction to Planned Communication*. London: Sage.