ASSESSING THE CONTRIBUTION OF PARTICIPATORY COMMUNICATION IN THE FIGHT AGAINST FEMALE GENITAL MUTILATION AMONG THE MARAKWET COMMUNITY

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DECLARATION

I declare that this is my original work and has not been presented for the award of a degree in any other institution. No part of this research may be produced without the prior permission of the author.

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DEDICATION

This research project report is dedicated to family for their support and encouragement throughout my study.

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ABSTRACT

The Kenyan government has set 2022 as the timeframe for abolishing female genital mutilation across the country. The findings of this study might be used to improve existing communication approaches, therefore supporting policymakers and other interested parties in achieving this goal. This research aimed to see how effective participatory communication was in the Marakwet community's effort to end female genital mutilation (FGM). The study's overarching goals were to (1) identify the participatory communication techniques used in the fight against female genital mutilation (FGM), (2) examine the implementation of these approaches, and (3) identify the obstacles encountered by the participatory communication techniques used in the fight against FGM. The purpose of this study was to undertake descriptive research using the notion of citizen involvement as a guide. Three hundred ninety-four respondents and 4 key informants were used to collect primary data from a total population of 97,041, including Marakwet East Sub County, where female genital mutilation (FGM) is still prevalent. A simple random sample was used to collect data from neighbourhood residents, while selective sampling was used to get data from the four informants. We distributed questionnaires and conducted in-person interviews to collect important data. The study's findings were analyzed using quantitative and qualitative approaches and SPSS. Community dialogues, education and training, empowerment, community mobilization, and advocacy were identified as the five most effective modalities of participatory action utilized by the Marakwet community to address female genital mutilation (FGM). Furthermore, competence development promotes social cohesion. This leads to entertainment education via school clubs, music and theatre festivals, door-to-door campaigns, sensitization conferences, outreach initiatives through roadshows, and social mobilization, all to capture the public's attention. The approaches were also helpful in various other areas, such as environmental preservation, peace promotion, various health initiatives (such as eradicating HIV/AIDS and other illnesses like Malaria), and the reduction of cattle rustling. In the fight against female genital mutilation (FGM), there was a contradiction since many community members, especially males, thought that certain participation strategies did not ultimately involve them and that all efforts were focused on girls and women rather than boys and men. As a result of the research, it was advised that the government conduct training and sensitizations for the elderly, both men and women,

about the need to quit the habit and focusing on other vital activities. It was also suggested that the national government, chiefs, and village officials meet regularly to discuss FGM and other region-specific issues.

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CHAPTER 1: INTRODUCTION

1.0 Introduction

This chapter gives an overview of the study's background, the problem statement, research goals, research questions, rationale, and the scope of the investigation.

1.1 Background of the study

The term "participatory communication" refers to a dialogue-based method that promotes the free flow of ideas, information, and insight among those involved to empower all of them, notably the most vulnerable and disadvantaged (Tufte & Mefalopulos, 2009). A participatory communication approach may help you convey social processes, decision-making processes, and transformation processes in new ways. Incorporating local knowledge and skills into the process can empower participants to think critically and develop their answers. Increased participatory communication may increase a community's ability to establish agreement and take responsibility for resolving a contentious social problem.

Many years ago, the participatory communication approach was developed in response to critiques of the modernization paradigm, which intended to change "traditional" cultures into "modern," Western civilizations via the transfer of attitudes, practices, and technology. To transmit information, these projects used a communication-based diffusion strategy. One-way communication may be seen in mass media campaigns, social marketing, the distribution of printed items, "education-entertainment," and other forms (Haider, Mcloughlin &Scott, 2011). Participatory theories have criticized the modernization paradigm, as outlined by (Waishbord, 2001), because it promotes a top-down ethnocentric view of development that assumes government agencies' knowledge is correct and indigenous populations are either ignorant of or have incorrect beliefs about development.

There is a renewed understanding of the worth and significance of individual activities. According to the findings, the capacity of mass media to impact social behavior is significantly less than that of individual influence. No question getting the word out about exciting new possibilities and practices via the media is crucial, but direct, human connection has been shown to be far more powerful when determining whether or not to adopt (Servaes & Malikhao, 2008). As a result, the

"participatory model" of development arose. Current discussions and efforts are concentrated on bottom-up planning, people-centred development, and the belief that ordinary people can take control of their own product (Dinbabo, 2003). This notion suggests that development in low-income nations may be promoted by including all key stakeholders.

The plan prioritizes democracy and involvement at the national, regional, and individual levels. It alludes to a method that is not only accessible to ordinary receivers but also begins with them. It is difficult for an intervention to provide long-term results if the intended participants are not included in all stages of the process, from issue identification through solution implementation (Servaes & 2011).

Participatory communication has been utilized successfully in a variety of African community empowerment projects, including HIV prevention in South Africa (Parker, 2016), poverty reduction in Nigeria (Gambo, 2015), and the prevention of Gender-Based Violence (GBV) and harmful cultural practices (USAID, 2010)

Based on the participatory communication theory, this research analyzes how many communities might work together to end the practice of female genital mutilation (FGM). If this were to happen, the battle against female genital mutilation would be tremendously aided since the Kenyan government, policymakers, and development planners would better understand the advantages of participatory communication in this struggle.

According to Abdulcadir et al. (2016), non-medical genital mutilation is any practice in which the external female genitalia is cut or burned off, or the female genital organs are injured. FGM/C affects at least 200 million women and girls in 32 countries globally, according to official UNICEF numbers (2020) and other research. A country must reveal its survey results on a national level in order to be included in the total. Thirty-seven of these nations are likely to be in Africa, with the remainder spread over Asia, Africa, and the Middle East. Recent data suggest that FGM/C is done in at least 92 countries. Female genital mutilation or cutting (FGM/C) is most widespread in nations around the Atlantic coast, the Horn of Africa, and some Middle Eastern areas, however rates vary widely across countries. Over 90% of women in Somalia, Guinea, and Djibouti have FGM, but less than 1% in Cameroon and Uganda. In Kenya, nearly 4 million girls and women are subjected to female genital mutilation (The State of Kenya Population Report, 2020).

Through development communication techniques such as advocacy, information distribution and campaigns, information, communication and education, education and training, and community mobilization, communication has played a significant part in Kenya's battle against FGM.

Advocacy is most often used to affect policy at the national or international level. The major goal of this kind of communication is to influence public opinion and/or convince legislators to modify present policy (Mefalopulos, n.d.). Advocacy's ultimate purpose is to influence public policy, reforms, and new progressive legislation that answers to people's actual needs.

UNFPA and UNICEF established a collaborative advocacy initiative in 2008 in collaboration with the Ministry of Gender, Children, and Social Development and other non-governmental organizations. The program's key focal regions were Tana River, Garissa, Isiolo, Marsabit, Marakwet, Kuria, Migori, Naivasha, and Mount Elgon counties. The initiative aimed to improve local anti-FGM efforts, develop a national strategy to abolish the practice, and ensure the enactment of the Anti-FGM Act in 2011. Implementation of the legal and policy framework is encouraged and supported through measures such as the standardization of jointly developed FGM guidelines, the strengthening of coordination between actors at the national and county levels, and the identification and training of change agents who will facilitate community dialogues expected to result in public declarations against FGM (Logo et al., n.d.).

Dissemination of information and associated actions aimed at filling knowledge gaps is another means of communication employed in the battle against FGM. This technique relies heavily on media campaign diffusion models, which may be used nationwide or to particular demographic groups. According to the survey, people's social and economic potential is being stifled (Jenatsch & Bauer, 2016). C4D is critical to progress because it bridges the gap between individuals and their information distribution and communication instruments. Community radio broadcasts, plays with an educational component, public cultural events, and online e-learning are all excellent ways to disseminate knowledge.

UNFPA also finances projects in the Kenyan counties of West Pokot, Samburu, Elgeyo Marakwet, Baringo, and Narok, where female genital mutilation is prevalent. The programs are operated by partners and give participants with a location to meet people who share their interests, access to mental health treatments, and long-term financial security. World Vision International offers goats

to former cutter families in order to help them develop sustainable livelihoods. In exchange, ex-cutters facilitate community discussions about the hazards of female genital mutilation.

Information, education, and communication (IEC), a kind of development communication, are used in the anti-FGM campaign. It encompasses a broad variety of techniques for connecting with and educating large groups. Media sources such as television and radio stations use a linear transmission paradigm to spread information. UNFPA and UNICEF launched a campaign in 2014 to emphasize the crucial role of the media in the battle against FGM, with a focus on Africa. The program aimed to train African journalists how to report female genital mutilation (FGM) in a more nuanced and fair manner, as well as how to support local initiatives to abolish the practice and promote the rights of women and girls (UNFPA, 2014).

To perform this kind of teaching and training, software requiring instructional design is utilized, which is often oriented on some sort of interactive modality, particularly at the interpersonal level. Unlike training tactics, which concentrate on building specific work skills, educational approaches focus on extending students' knowledge bases. According to Kipkorir et al. (2018)b, World Vision has been running a program in Kenya since 2007 to educate young women about gender equality and give them with an alternative to traditional initiation ceremonies. They are assisting the poor families of Marakwet through the local churches, primarily the Anglican Mission, by providing education and protecting the girls from being forced to undergo circumcision.

To "mobilize" a community means to organize organized efforts to engage its people in addressing issues that affect their daily lives. Specialized groups are frequently required to participate in decision-making and monitor activities outlined in a project's work plan.

The Elgeyo Marakwet County administration sponsored the first community discussion on ending FGM in 2021, collaborating with the national government, World Vision, the United Nations Population Fund, and the Marakwet Girls Foundation. Rennish (2021) The activity's goal was to propose effective solutions to end the practice of female genital mutilation and to raise awareness of the risks associated with the procedure among elders, youth, and religious leaders who play key roles in community decision-making. Because mobilizing communities is one of the cornerstone functions of development communication, encouraging citizen participation is critical. Communication for Development (C4D) is a multi-level method for bridging the gap between

people and their governments. This could be done through a variety of means, such as in-person gatherings, radio shows, and online forums. To wit: Jenatsch and Bauer (2016).

1.2 Statement of the problem

Female genital mutilation occurs when the external genitalia are cut or otherwise harmed or when the internal genitalia are injured for reasons other than health or safety (Abdulcadir et al., 2016). Female genital mutilation, or FGM, affects approximately 4 million Kenyan children and women (The State of Kenya Population Report, 2020). According to current UNICEF statistics, an estimated four million Kenyan girls and women have undergone female genital mutilation (A Profile of Female Genital Mutilation in Kenya, n.d.). Female genital mutilation affects 28 per cent of Kalenjin girls and women between the ages of 15 and 49 in the Marakwet subcommunity (FGM). Kenya, on the other hand, has addressed this tendency with various participatory communication initiatives. For example, Kenya enacted the FGM Act 2011 in 2011, making female genital mutilation illegal.

Kenyan legislation not only restricts the procedure inside the nation but also prohibits it from being conducted outside of Kenya and prohibits medical personnel from engaging in the procedure (Eleanor et al., 2016). Educating traditional circumcisers and providing them with alternative sources of income; the Alternative Rite of Passage (ARP) approach; interventions addressing FGM and religion; the Legal and human rights approach; the intergenerational dialogue approach; and interventions addressing other approaches have been used in Kenya in addition to the health risk approach and addressing the health complications of FGM. All of these strategies have been employed. Promoting girls' education and empowerment as a technique for combating female genital mutilation (FGM) and providing assistance to girls who seek to avoid early marriage and FGM are equally critical (Council et al., 2011). The incidence of female genital mutilation in Kenya has reduced considerably as a result of these approaches, but it has not been totally abolished. This research aimed to see how successfully the participatory communication method worked in the battle against FGM in the Marakwet community.

Several research on the subject have been undertaken. Kaunga (2014) conducted study to assess the influence of different media tactics on the distribution of information about the harmful practice of female genital mutilation. While the negative repercussions of female genital mutilation (FGM)

are well-known, Omondi (2011) investigated the factors that contribute to the practice's high prevalence rates. Although there have been studies on FGM and various communication strategies, none have attempted to assess the effectiveness of participatory communication in the fight against FGM. The purpose of this research is to fill that information gap.

This study provide policymakers, researchers, non-governmental organizations (NGOs), human rights activists, and community development workers with the information they need to create an effective framework for community engagement. This study may yield additional proposals to assist the Kenyan government and other interested parties in ending the practice.

1.3 Research objectives

The main objective for this study is to assess the contribution of participatory communication approaches in the fight against female genital mutilation among the Marakwet community

The following specific objectives guided this study:

1. To determine the participatory communication strategies adopted in the fight against FGM in Marakwet community.

2. To investigate the application of participatory communication approaches in the fight Female Genital Mutilation among the Marakwet community.

3. To identify challenges facing participatory communication approaches in the fight against FGM among the Marakwet community.

1.4 Research questions

This study was guided by the following research questions:

1. What participatory development communication strategies adopted in the fight against FGM in the Marakwet community?

2. How are the participatory development communication approaches applied in the fight against Female Genital Mutilation among the Marakwet community?

3. What are the challenges facing participatory development communication approaches used to in the fight against FGM?

1.5 Justification/ Significance of the study

The Kenyan government has set the year 2022 as the deadline for the complete abolition of FGM. As we near the end of 2022, this research may provide an evaluation whose findings can be used to fine-tune future communication strategies. If everything goes according to plan, this will help the government reach its goal on time.

1.6 Scope and limitation of the study

As participants, only Marakwet East Sub County inhabitants are included in this study's scope. This place was chosen since it is one of the last of its sort. Those who have experienced the impacts of female genital mutilation (FGM) personally were among the most significant participants, along with government agencies, religious leaders, elders, and men and boys, who must also play a role in the struggle to abolish this practice. The primary source is representative of a substantial portion of the population. Local organizations, such as the Marakwet Girls Foundation, are attempting to eliminate FGM. Due to time and budgetary constraints, the research was limited to the Marakwet East Sub County. In addition, the study was unable to collect a larger sample size to reduce the likelihood of sampling error. Despite this, the Marakwet community may benefit from this research due to the clear similarities between their traditions and practices and those of the focus group for this study.

CHAPTER 2: LITERATURE REVIEW

2.0 Introduction

We present a review of the literature on the role of Participatory Communication in the fight against female genital mutilation in Senegal, Ethiopia, and Kenya. Participatory communication methods are described, along with their successes and failures. Female genital mutilation is also addressed, with a particular emphasis on the Marakwet people.

2.1 Participatory Communication

Information may be more easily exchanged between developing countries and the rest of the world as a result of development communication operations. The knowledge given may not only educate but also affect the recipient's conduct. Participation in planned activities should be encouraged via effective development communication.

According to Servaes (1999), grassroots organizations and groups are the starting point for both communication and development, highlighting the participatory nature of both processes. In the 1980s and 1990s, greater emphasis was put on participatory techniques, and the field has developed significantly since then, in stark contrast to the communication models and theories dominant during the first development decade (Huesca 2002).

The phrase "involved" has had a variety of implications throughout history. UNESCO (1986) defines participation as "being engaged in" a process without actively engaging in it and "taking part in" a process with a shared sense of responsibility.

Aycrigg (1998) describes four stages in his participatory communication study. 1. the act of transmitting information from one person to another; also known as one-way communication; with the goal of making the receiver feel as though they are taking part in the activity. Consultation is a monologue in which the consultant conveys information to the responder, who then applies it. Stakeholders contribute to decision-making by contributing perspectives, but their influence is restricted. Third, collaboration requires two-way communication, which encourages open participation in decision-making and guarantees that all points of view are considered. Coldevin defines the role of participatory communication in rural development as "a shift from the prevalent paradigm of top-down to self-development in which peasants and urban poor are the primary

audience and self-reliance and the development of local resources are encouraged" (2003). As a result, we may define participation as the exchange of information between the two parties engaged, the people and the organization. Those most familiar with the issue are given the opportunity to weigh in on the necessary choices and are charged with identifying the issues and potential solutions.

Several scholars have previously used the term "participatory communication" to stress the participatory approach to communication as opposed to the more traditional dispersion strategy. This communication technique is also known as communication for social change and participatory communication for development.

When we talk about "participatory communication," we mean more than just a variety of methods for influencing the thoughts and actions of others. According to Cadiz (1994), in order to get an in-depth grasp of the motives for their engagement, people must participate in activities of their own will. Individuals are more likely to stick with behavioural adjustments if they understand their reasoning. People agree and work together to promote societal changes as part of the social change process.

Participatory communication is concerned with incorporating individuals or communities in change efforts by designing and implementing communication resources, channels, methodologies, and tactics in programs designed to bring about progress, change, or development. According to Ascroft and Masilela (1994), participation in the African setting implies that people are actively engaged in development programs and processes, i.e., they offer proposals, take the lead, and explain their own wants and issues.

When seeking to include several parties in the settlement of a problem, it is critical that they all communicate with one another. In this way, people, also known as the grassroots, may identify issues and provide remedies. They have a say on issues that impact them. Rather than imposing a top-down solution, the participatory approach comprises working with community people to identify needs and build programs that fulfill locally determined priorities. In contrast, the traditional technique requires intervention from on high.

Bessette (2006) contends that by increasing dialogue and participation, empowering individuals and groups, strengthening leadership and advocacy skills, and promoting these, empowering

communication activities can promote alternatives to norms and practices that perpetuate gender inequality and violence..

2.2 Female Genital Mutilation

According to Comfort (2005), there are four main kinds of FGM: (World Health Organization, 1998). Here are several examples: Type 1: Clitoris excision in its whole or in part Type 2: Excision of the clitoris, the atrium, or both labia minora Clitoris and/or labia are poked, punctured, or incised; stretched; and cauterized by burning. Incision or scraping of the vaginal lining (also known as Angurya cuts) (Gishiri cuts). Any procedure that includes putting a caustic chemical or plant into the vagina in order to induce bleeding or constrict or restrict the vagina.

Studies indicate that the incidence of the four kinds of FGM varies considerably across locations. Type I is generally followed by the people of Ethiopia, Eritrea, and Kenya; Type II is followed by the people of Benin, Sierra Leone, Gambia, and Guinea; Type III is followed by the people of Somalia, Northern Sudan, Eastern Chad, Southern Egypt, and Djibouti; and Type IV is followed by the people of Northern Nigeria (Llamas, 2017).

As stated by (Kipkorir et al., 2018a), type two female circumcision is performed on Marakwet women (2010). Whether or whether the clitoris is also removed, this act includes excision of the labia minora. Locally, these elderly ladies are traditional birth attendants and herbal medicine practitioners, thus the term murwo tipiin (daughter circumcision). The ceremony consists of four major phases: isolation (kitung'), the magical cut, being alone, and passing out (kibuno). The primary objective of the practice is to prepare young women for marriage and full participation in society by instructing them on the proper gender roles, taboos, and values.

According to study by the Center for Reproductive Law and Policy (2000), the practice of female genital mutilation is rooted in conventional ideas of femininity and sexuality (FGM). They also provide support to the hypothesis that FGM is caused by interconnected and mutually reinforcing social and cultural variables.

Tammary et al. (2017) discovered that the motives for FGM/C are comparable across cultures. Participants highlighted the need to comply to cultural norms and social pressure, boost girls' marriageability, achieve respectability, build a sense of identity and belonging, fulfill religious

duties, and regulate women's and girls' sexuality. It is believed that female genital mutilation and cutting (FGM/C) may reduce sexual desire in women and girls, hence reducing immorality. Female genital mutilation is a major indication of cultural standards reinforced by punishments, and it happens in certain situations because to women's fear of social pressure, discrimination, stigmatization, or a spell. FGM/C functioned as a rite of passage for the Kuria.

In many cultures, female circumcision denotes the passage from girlhood to femininity and readiness for marriage and motherhood. By exposing the young woman to the lifestyle and obligations shared by other women, being a lady contributes to the preservation of customs and traditions. FGM works in this setting as a way of inculcating cultural values and keeping links to one's family, community, and ancestors, which are all crucial to the preservation of social order and cultural identity (Center for Reproductive Law & Policy, 2000).

A reduction in libido has been connected to female genital mutilation. According to the concept that sexuality is a social construction, its meaning may vary depending on the circumstances (Center for Reproductive Law & Policy, 2000). Often, the status of a family or clan is dependent on a girl's virginity or her ability to participate in sexual behavior. In many cultures, female genital mutilation is seen as a technique of restricting sexual behavior before to marriage. Certain less puritanical cultures see female genital mutilation (FGM) as a technique to assist males get more sexual partners.

In certain cultures, FGM is believed to improve a woman's "marriageability." Due to preconceived assumptions about their maturity, domestic competence, and capacity to participate in communal rituals, women who had undergone FGM were regarded in higher regard. It was argued that women who had undergone FGM were "more trustworthy" and less prone to commit adultery. The media strongly emphasized the stigmatization and rejection of women who had not undergone FGM and their husbands. Deep-seated conviction in the need of sustaining the established gendered social order served as the foundation for these rituals. Men were urged to marry women who had undergone female genital mutilation (FGM) both in the ordinary world and as a method of obtaining "blessings" from ancestors (Eleanor et al., 2016)

Researchers have connected social pressure to the prevalence of FGM. Confirms that when the majority of women in a community have their cervixes cut, the practice of circumcision becomes

socially acceptable due to the influence of friends, family, and neighbors. Circumcision moves from an anticipated norm to a generally recognized norm. Fear of social judgment, like when males refuse to marry uncircumcised women, exacerbates the stress (Center for Reproductive Law & Policy, 2000).

Female genital mutilation is seen as advantageous in the Marakwet culture for a number of reasons. At minimum, it safeguards the society against a curse. According to Magadalene (2015), a community member named Kipkoech said, "If we don't do it, we will be cursed, and calamity may befall us; we must ensure that our children are circumcised in accordance with our traditions." God will punish us if we do not." Due to this idea, women who have not been circumcised are ostracized and treated differently. In addition, women who have not been circumcised are barred from all communal ceremonies, including those associated with marriage and childbirth.

Worldwide, between 120 and 140 million women and children have experienced female genital mutilation (FGM), and millions more are at danger. Approximately 28–30 nations in Africa and the Middle East have a notably high prevalence (Comfort, 2005). All but five of Kenya's ethnic groups practice female genital mutilation (FGM) in some form (Luo, Luhya, Pokomo, Teso, and Turkana). The number of Kenyans aged 15–49 who had undergone FGM declined from 37.6% in 1998 to 21.3% in 2014. To wit: (KNBS and ICF Macro, 2014). But when factors such as race and locality are included, the incidence trend is completely different (Tammary et al., 2017).

The rate of female genital mutilation among the Kalenjin people is 28%. (A Profile of Female Genital Mutilation in Kenya, n.d.). The Marakwet are a subgroup of the Kalenjin, to be precise.

Immediate and long-term problems have been linked to FGM (World Health Organization, 1998). In addition to mortality, hemorrhage, and organ damage, other acute hazards include urinary retention, infection, and intense discomfort. Moreover, female genital mutilation causes mental suffering in young girls and women. Few studies have been undertaken on the psychological effects of female genital mutilation (FGM); nonetheless, the available information shows that it may have a significant impact on the lives of girls and women (Center for Reproductive Law & Policy, 2000). Many women report feeling fearful, subservient, restrained, furious, resentful, or deceived yet unable to express these feelings publicly shortly after surgery. According to study undertaken in Somalia and Sudan, this is detrimental to an individual's sense of self.

While the majority of research on female genital mutilation (FGM) has focused on its effects on women, research indicates that the technique also has harmful effects on men. According to studies conducted in the Gezira Scheme near the Blue Nile in Sudan, males have difficulty entering circumcised women and suffer from penis sores and psychological problems (Lars et al., 2001). In certain situations in Marakwet, female circumcision has been related to mortality.

Efforts to eradicate FGM are usually characterized by an emphasis on the evaluation of norms, knowledge, and behavior at the community level. Domestic conversations are affected by power relations, cultural politics, and global discourses. It has been proposed that criminalizing FGM, as has been done in 24 of the 29 countries with the highest prevalence of the practice since 1965, is a vital component of effecting social change in order to eliminate FGM, but insufficient in and of itself. A focus on law, policy, and prosecution has received criticism (Eleanor et al., 2016). Several African nations have implemented laws protecting women against female genital mutilation (FGM), however it is controversial whether or not this reflects local value systems.

At the Girl Summit in 2014, the Department for International Development of the United Kingdom announced intentions to expand its efforts and resources to abolish female genital cutting (FGM/C) within a generation. This added impetus to a global movement that had been gathering steam since the 1995 UN Decade for Women conferences, which characterized FGM as a horrible form of violence against women and children that violates their rights. As a result, there is hope for a worldwide agreement to launch a social campaign to ban FGM (Center for Reproductive Law & Policy, 2000).

In Kenya, efforts to prevent female genital mutilation (FGM) stretch back to the colonial period. From the 1930s through the 1950s, African nationalists utilized female genital mutilation (FGM) as a political symbol to declare their independence from colonial control. This degree of politization may have persisted to the current day (Eleanor et al., 2016).

As part of its National Plan of Action, the Kenyan government has undertaken a range of projects to support the cessation of female genital mutilation. For example, a government-led commission has been established to coordinate efforts to eradicate female genital mutilation (FGM), bringing together people and groups fighting to end the practice at the local, state, and federal levels in order to combine their expertise, resources, and efforts. The commission's attempts to build regional

networks have met with varying degrees of success; in Kuria, for instance, a network to coordinate action against female genital mutilation has grown.

Kenya approved the FGM Act 2011 in 2011 to safeguard its people from the damaging practice of female genital mutilation. This is against not just international law and medical ethics, but also Kenyan law. According to the law, permission cannot be used to justify female genital mutilation. Local chiefs selected by the government were blamed for mass protests against the FGM Law, yet in other places, authorities would condone the practice or be reluctant to aid efforts to eliminate FGM around elections.

The Kenyan government has implemented a number of strategies to reduce the prevalence of female genital mutilation. Including: a health risk approach that emphasizes the negative health effects of the practice; programs that educate traditional circumcisers and provide them with alternative means of income; an alternative rite of passage approach; programs that address the relationship between FGM and religion; and programs that provide alternative rites of passage. Methods based on the rule of law and human rights, in addition to those involving intergenerational and intersex dialogue; Female genital mutilation (FGM) prevention via increasing access to education and female empowerment, as well as assistance for girls attempting to escape child marriage. The health risks connected with female genital mutilation and the fact that it is a harmful cultural practice were the first foci of preventive efforts. While there is no strong evidence to support the allegation, it is plausible that some communities developed harm-reduction measures, such as removing less flesh or having trained medical experts do the actual cutting, as a result of this emphasis (council et al., 2011).

Since the FGM legislation was established in 2011, the number of reported instances has decreased. Despite this, FGM occurs in several civilizations. in accordance (A Profile of Female Genital Mutilation in Kenya, n.d.) The Kalenjin are one of the top eight ethnic groups who continue to practice FGM. According to the same study, 28% of Kalenjin women and girls aged 15 to 49 had participated in the activity.

As stated by (Kipkorir et al., 2018a), type two female circumcision is performed on Marakwet women (2010). The operation involves the whole or partial removal of the clitoris and labia minora. Elder women, the majority of whom are traditional birth attendants and practitioners in

herbal medicine, do Murwo tipiin (girl circumcision). The ceremony consists of four major phases: isolation (kitung'), the magical cut, being alone, and passing out (kibuno).

According to Kipkorir and Weldon (2008), as reported in Kipkorir and Weldon (2008), circumcision provides a suitable training ground for females in areas such as housekeeping and family responsibilities, making it more important to the Marakwet people (Kipkorir et al., 2018a). The event is part of a bigger framework aimed at fostering social cohesion and inclusiveness. As a mark of their incorporation into the larger society, initiates get a particular age-based status (ipiin).

2.3 Participatory Communication and the fight against FGM

Promoting community involvement in development initiatives, such as the movement against female genital mutilation (FGM), is an example of what is meant by the term "Participatory Communication." The term "community participation" refers to the active engagement of many different groups within a community, including but not limited to the community itself, its stakeholders, and the many development and research agents who work with the community and decision makers. It is the method of reaching out to locals through various channels to get them involved in planning and carrying out development projects. Facilitating exchanges between different stakeholders to find a solution to a problem also means shifting one's focus away from informing and convincing people to change their behavior or attitudes. It's essential to make this change in order to solve the problem. The Tostan empowerment program in Senegal, as well as other projects that will be discussed below, have discovered that participatory communication is effective.

The Tostan Community Empowerment Program in Senegal

Since 1991, the non-profit organization Tostan has been empowering rural Senegalese through a Community Empowerment Program (CEP) that emphasizes both formal and informal, hands-on learning. Literacy was taught alongside human rights education, health education, and hygiene education in this program (Population Council, 1999; Feldman-Jacobs and Ryniak, 2006; ICRW, 2007 quoted in (*Communication , Participation , & Social Change :*, n.d.).

Participants in the CEP program used a strategy called "organized diffusion" to disseminate what they learned in class to their friends, neighbors, and fellow committee members in their villages and beyond. This helped spread the program's message and enlist more people in the fight against harmful social norms and practices. According to (Easton et al., 2003), this program offered a complementary, bottom-up approach to government legislation that was more likely to bring about the widespread cultural change that was ultimately desired.

Women were the primary audience for the Tostan program, and their input was instrumental in shaping the course material. According to (Belenky et al., 1986), which is cited by (Easton et al., 2003), the program's curriculum was developed through a collaborative and iterative process. Designers worked with rural women in a series of workshops to identify their felt needs, create and test curricula that reflected their concerns and used language and cultural forms familiar to the participants, and ground the whole thing in a Senegalese take on the concept of "women's ways of knowing.".

According to The Tostan program gave communities participatory safe spaces where they could talk about problems with the current normative status quo and work to change gender norms about voice, agency, roles and responsibilities, health, child marriage, and FGM/C. (Communities changing social norms to end Female Genital Cutting in West Africa, 2020).

For the Tostan program to keep going, it was important to let men join. At the start of the program, Community Management Committees (CMCs) were set up to act as local governments and provide leadership to reach mutually agreed-upon goals based on shared values, an understanding of human rights, and better problem-solving skills. Men and women from the community were chosen by hand to serve on the CMCs. The members were told what their jobs were and played a key role in coordinating the distribution operations both within the community and to other communities in the social network.

People in Senegal say that a religious leader helped get the word out about the CEP program's anti-FGM messages and gather support for its implementation. After the program was over, people started to talk about the bad effects of FGM in private, thinking about what they had learned in the education sessions and in Tostan's human rights modules. As word got around, more and more women began to question the old tradition. When they talked to their local imam, they found out

that FGM isn't necessary in Islam and that the imam himself was against it. The Imam's explanation led to more conversations with husbands and the village chief, and soon most Bambara villagers in Malicounda agreed that FGC was a harmful tradition that needed to end. After the people of Malicounda decided to stop circumcision, they went to neighboring villages and asked them to do the same (Feldman-Jacobs and Ryniak, 2006).

Female genital mutilation (FGM) in Senegal and other West African countries has gone down thanks to Tostan's CEP program. Women were encouraged by the program to stop avoiding hard topics like FGM and instead work to find solutions to them. As a result, 13 communities in rural Senegal publicly said they would stop cutting the genitalia of girls and women.

Comparing the beliefs of men and women in villages with and without Tostan's program, the Population Council/FRONTIERS found that men and women in intervention villages knew a lot more about FGC and were less likely to want to cut girls under 10 years old. As of 2011, 5,315 communities in Senegal had signed 56 different public statements to end the practice of cutting and mutilating women's genitalia (*Communities changing social norms to end Female Genital Cutting In West Africa*, 2020).

Djibouti, Guinea, Guinea-Bissau, Mali, Mauritania, Senegal, Somalia, and The Gambia are just some of the countries that have seen improvements in governance, education, health, the environment, and the economy thanks to this program.

According to research on the Tostan Community Empowerment Program in Senegal (2016), participants faced a variety of challenges. First, bigger political and social power structures frequently stymied their attempts to make their future dreams a reality via social action. In 1997, when 30 women publicly announced their decision to end female genital cutting, it became clear that the practice could not be maintained unless members of neighboring communities who had previously married within their own communities also ended the practice. Also, the program had a lot of issues in the more conservative northern region of Senegal. To some extent, this was mitigated by the program's establishment of solid ties with local religious leaders. One final point: not all men appreciated Tostan's initial emphasis on women, especially in the form of the CEP module on women's rights and health. The module on women's and children's rights was revised to include men's rights as well after male students disrupted several classes because they didn't

trust the women instructors. The men were more invested in the program after the new strategy was implemented, which prioritized human rights and was accessible to all.

According to a report titled "Communities Changing Social Norms to End Female Genital Cutting in West Africa, 2020," Tostan's Community Empowerment Program (CEP) demonstrated the efficacy of community-led, participatory critical awareness raising and social learning processes in transforming lives and catalyzing social movements to end female genital cutting.

The Education campaigns and community dialogue initiatives in Ethiopia

Ethiopian non-profit Kembatti Mentti Gezimma-Tope (KMG) aims to put an end to female genital mutilation (FGM) through community-based, informal education and discussion. Because of the prevalence of female genital mutilation in the Kembatta Tembaro region, KMG is actively engaged in bringing awareness to the issue.

KMG Ethiopia's main strategy for energizing locals and bringing about positive change is conversations within communities. In these settings, members can determine for themselves how best to improve their communities and their quality of life. Fostering long-term sustainable development is important to KMG, but so is involving locals in creating a more inclusive society.

Together with public education campaigns aimed at upholding women's human rights, building trust within local communities, and mobilizing public pressure against FGM, public weddings for uncircumcised women (who traditionally others would consider ineligible for marriage) are also used as a strategy. A network of educated advocates working in different parts of the region works to raise awareness among men about the negative effects of FGM on women's health and fertility. Because to the efforts of religious leaders, males, and government organizations, the KMG program was mostly successful.

Religious and idir leaders in the Kembatta zone were critical to the intervention's effectiveness. KMG enabled these leaders to engage with all segments of society, including women, youth, and Golden Hands members, thereby shifting power relations and allowing key stakeholders to gain first-hand knowledge of, and acknowledgement of, the unique challenges that women and girls face, through CEPs and public events. Community activists were thought critical for influencing

guys and soliciting their assistance in KMG's participation, particularly in male-dominated arenas such as the court system.

Reduced maternal mortality was a crucial element in boys' and men's support for the abolition of FGM-C. As mentioned in the EMERGE Evidence Review Summary, interventions that encourage males talking about and debating gender problems with each other have been found to be a doorway to higher pro-feminist engagement in politics and the public realm (2015).(*"One hand can't clap by itself": Engagement of boys and men in Kembatti Mentti Gezzimma's intervention to eliminate female genital mutilation and circumcision in Kembatta Zone, Ethiopia*, 2015).

KMG makes it simpler to end FGM-C by enlisting men's participation. Men who participate are taught to disregard societal stigmas and are urged to reach out to other men and boys via activism and organizations such as youth clubs. Men and women have collaborated to devise and implement sanctions for those who continue to engage in the activity. Men have also influenced how women see FGM-C, particularly how it impacts a woman's prospects of marrying. KMG encourages males to open out about FGM-C and recognize that it is an issue for both men and women. A critical component of this method is educating males about the dangers of the behavior, particularly to the women and girls in their lives. This appeals to their desire to see the activity stop.

According to a recent research (KMGEthiopia, n.d.) According to a research, the number of locations where female genital mutilation (FGM) is practiced has decreased from almost 100% in 1999 to 3% in 2008. The number of persons in Kembatta Tembaro who favor FGM has decreased from 97% in 1997 to less than 5% in 2021 as a result of KMG's activities over the previous 22 years.

The effort has also made residents more accountable and resulted in legal improvements. This contributes to the continuing struggle to end female genital mutilation. Communities are increasingly enforcing restrictions on FGM, child marriage, bride abduction, polygamy, widow inheritance, and domestic abuse via social penalties and self-monitoring. Local courts now have a dedicated bench that hears exclusively women's cases for at least two days. Some districts devote five days to court, have female judges, and have mobile courts on weekends.

The fact that FGM-C is widely accepted in Ethiopian society presents a significant challenge for KMG and other anti-FGM organizations. This is due to its deep association with conventional

views about how women should find husbands and behave as "honorable" wives. Women who have not been circumcised are stigmatized for a variety of reasons, including the perception that they are more likely to be violent, to struggle with grain, and to refuse to serve alcohol to elderly people. Because FGM-C is frequently required to obtain the legal right to inherit, it is more common for poor women to have it done.

According to the Charities and Societies Proclamation, which was passed in 2009, no Ethiopian NGO working on human rights can receive more than 10% of its funding from outside the country. (2015 NGO Law Monitor) The law makes it difficult for groups, particularly those that rely on funding from outside the country, to work on politically contentious issues. (2014) (World Bank)

Finally, the fact that men and boys are more likely than women to hold positions of power in places such as the law and the home demonstrates the prevalence of patriarchal norms and may help to strengthen them.

According to (*"One hand can't clap by itself": Engagement of boys and men in Kembatti Mentti Gezzimma's intervention to eliminate female genital mutilation and circumcision in Kembatta Zone, Ethiopia*, 2015) The KMG's programs show how important it is for social change to come from the community and involve everyone. KMG valued the work of local groups with a good reputation and skills in getting people together to change social norms. Given how many different things keep female genital mutilation (FGM-C) going and how deeply it is rooted in culture and tradition, it is important that the community lead efforts to end the practice. The EMERGE Evidence Review Summaries show that the CCEs' approach of getting people involved worked well to deal with harmful masculinities and patriarchal ideas. The EMERGE Evidence Review Summary suggests that CCEs also put a lot of emphasis on mobilization and ownership by socially just and democratic actors, like facilitators chosen by the communities themselves.

Community dialogue and community empowerment in Samburu Kenya

To combat FGM in Samburu, World Vision, Amref Health Africa, and the Pastoralist Child Foundation all use community engagement and empowerment.

World Vision's community discussions and sensitization forums in Samburu have helped to the abolition of FGM by changing the views of elders and training them to advocate for children's

rights (Sarah, 2021). Furthermore, the organization uses the Community Change (C-Change) technique, which is carried out via professionally mediated community interactions. They educate their communities about the dangers of FGM and work as advocates to put an end to the practice. We discuss a lot about female genital mutilation (FGM), marriage (in the setting of childhood), and education (both girls and boys).

Amref Health Africa's Koota Injena (Borana for "Come let us talk") campaign encourages clan elders and other community leaders to undertake intergenerational conversations in order to abolish child marriage, female genital mutilation/cutting, and the devaluation of females in Samburu culture. The Moran people are given the skills they need to successfully interact with and convince individuals who are opposed to change. After providing information and training, they want to persuade other morans in their community to reconsider marrying girls who have had FGM/C. (amref, 2021).

The Pastoralist Child Foundation (PCF) is a Kenyan organization that fights female genital mutilation (FGM) and child marriage via Community Action and Education. It is led by a group of young, educated men and women who are also well-known Samburu warriors. Warriors are critical to the program's success because they are respected members of the community; although the elders have the last word, morans are expected to weigh in on significant decisions via debate and argument (amref, 2021). The morans learnt about the hazards of FGM via the PCF program and are spreading the information to their acquaintances, female relatives, and senior citizens. Furthermore, they openly declare their desire to marry uncut women, which goes against mainstream cultural conventions (DFID, 2016).

Male activists in Samburu have also joined the battle against FGM by speaking with the community's elders about it, since their silence has been seen as fertile ground for the practice's perpetuation. Males of the Samburu, like men in other Kenyan groups, are regarded as cultural leaders and heads of their households (Andrew, 2021). Though women do the actual cutting, males usually offer a benediction afterward.

World Vision implements a wide range of neighborhood-wide programs. One such strategy dubbed "channels of hope for child safety" involves training religious leaders to be "change agents"

in their communities by pushing for improved child protection laws and ultimately ending the damaging practice of female genital mutilation (FGM) (Sarah, 2021).

The elders of the Samburu community have allegedly joined the campaign against female genital mutilation (KNA, 2021). NINE Samburu clan heads have openly expressed their support for the event. Because of the psychological and physical damage it does young girls, the elders resolved that FGM should be prohibited and that alternate rites of passage should be utilized in its stead. The elders made this decree after hearing from people having a vested interest in eradicating female genital mutilation. The elderly, revered for their role as cultural keepers, play an important role in the fight. The elders also erased a centuries-old curse that prevented uncircumcised women from marriage, motherhood, and social recognition rituals.

The announcement occurred following a formal, courteous, and fruitful discussion between Amref, the Anti-FGM board, and the elders. Amref works with ex-circumcisers to help them diversify their income by producing animals such as poultry and goats.

We were able to reach a total of 190,076 individuals via these community-wide talks, including 102,641 children (World Vision International, n.d.). World Vision has contributed to a decrease in the prevalence of FGM in the counties of West Pokot (74%), Kajiado Central (51%), Samburu (71%), and Marsabit (78%), through anti-FGM interventions such as community dialogues, alternative rites of passage (ARPs), and rescue of girls at risk of FGM and child marriage in collaboration with relevant government authorities.

According to one study (Andrew, 2021), resistance to female genital mutilation (FGM) is gaining traction among the Samburu people. After hearing from religious leaders and male supporters, more men have stepped out to campaign for girls' rights. In Samburu's metropolitan hubs, four separate CBOs fighting to stop FGM have popped up.

Despite the fact that it is against the law in Samburu, the practice of female genital mutilation (FGM) remains hidden, according to (David, 2015). He believes that members of the community will protect anyone caught carrying out the cut and will not talk publicly about it. Furthermore, research has shown that over 90% of Samburu chiefs support FGM and assist the community in keeping it hidden. Explains that the value of community engagement and speech cannot be emphasized when it comes to the real contextualization of FGM programs in Kenya. The

organizations already present in the country have emphasized the need for a long-term perspective, the development of trustworthy relationships with locals over time, and the utilization of these connections to facilitate and sustain iterative programming. One of the most promising parts of FGM programs in Kenya is the focus put on learning about and debating the practice within the community.

In the Marakwet community, combating female genital mutilation (FGM) is a community-wide goal, and several efforts are underway. Open interactions among communities are one such technique. The government of Elgeyo Marakwet County, in collaboration with the national government, World Vision, the United Nations Population Fund, and the Marakwet Girls Foundation, hosted the first community forum on ending FGM in 2021. Elders, youth, and religious leaders were solicited for their input due to their influential roles in community decision-making. The purpose of the exercise was to raise awareness of the risks associated with Female Genital Mutilation and generate solutions to end the practice.

Given their importance in the community as decision-makers, using guys as anti-FGM activists is another tactic. Tony Mwebia's non-profit group, Men End FGM, has given this cause a boost. According to him, women may do the actual slicing, but men are the ones who make the choices. On the other hand, they do not comprehend what is being cut, how it is being done, or the resulting effects on women. They have the platforms, the audience, and the ability to effect change if they can just understand the message (Esther, 2021).

The fact that the practice is being forced "underground," as stated by, is the greatest barrier to these initiatives. Legislation, awareness raising, and increased dialogue may have helped reduce the incidence of female genital mutilation (FGM), but they may also have unintentionally encouraged some families and communities to continue the practice behind closed doors. Some communities and families, in response to these campaigns, are thought to have resorted to performing FGM covertly at night, across national borders, and at unusual times of year (outside of the "circumcision season"). Community-level surveillance has also been impacted by the COVID-19 epidemic, leading to fewer people being rescued.

2.4 Theoretical Framework

The research was predicated on the Community Participation Theory. Arnstein was the one who first proposed the hypothesis (1969). Different levels of community involvement are affirmed, as is the argument that certain settings are not necessarily conducive to meaningful civic engagement. Citizens who may be impacted by a choice should be able to weigh in on how that decision is made, implemented, and ruled on, according to this principle. Citizens who are potentially impacted by a decision Potentially Affected Citizens] One of the most important aspects of community engagement is giving people a say in issues that might affect their life in the future (Hubley, 1990)

Involvement in one's community may help one develop new talents that can be used to solving problems of all kinds, the argument continues. As a consequence, individuals are better equipped to address a wide range of societal issues, grow in self-assurance, and better themselves. The community participation theory proposes that the majority of the population, including young people and women, may be engaged in a program thanks to the idea that the answer to any social issue may not lie in the bureaucracy but rather in the community itself. And because of the community participation idea, the majority of the public may take part in any given program (Roodt, 2001). The core ideals of the community involvement approach are openness, honesty, fairness, inclusion, empowerment, and accountability. This concept is relevant to the inquiry because it highlights the need of including the right parties in the effort to end the practice of female genital mutilation. Collaboration between communities, governments, and NGOs is crucial in the fight against female genital mutilation (FGM) (NGOs). Female genital mutilation (FGM) is a culturally important practice in certain societies; eliminating the practice from these communities would need widespread education and support.

2.5 Conceptual Framework

Figure 2.1 presents a conceptual framework illustrating the connection between the independent variable of participatory communication techniques and the dependent variable of the elimination of female genital mutilation (FGM). The connection between a free variable and a reliant one is influenced by the community's social, cultural, and political climate. Complete community

involvement in the battle against female genital mutilation (FGM) significantly increases the possibility that the practice will be abolished.

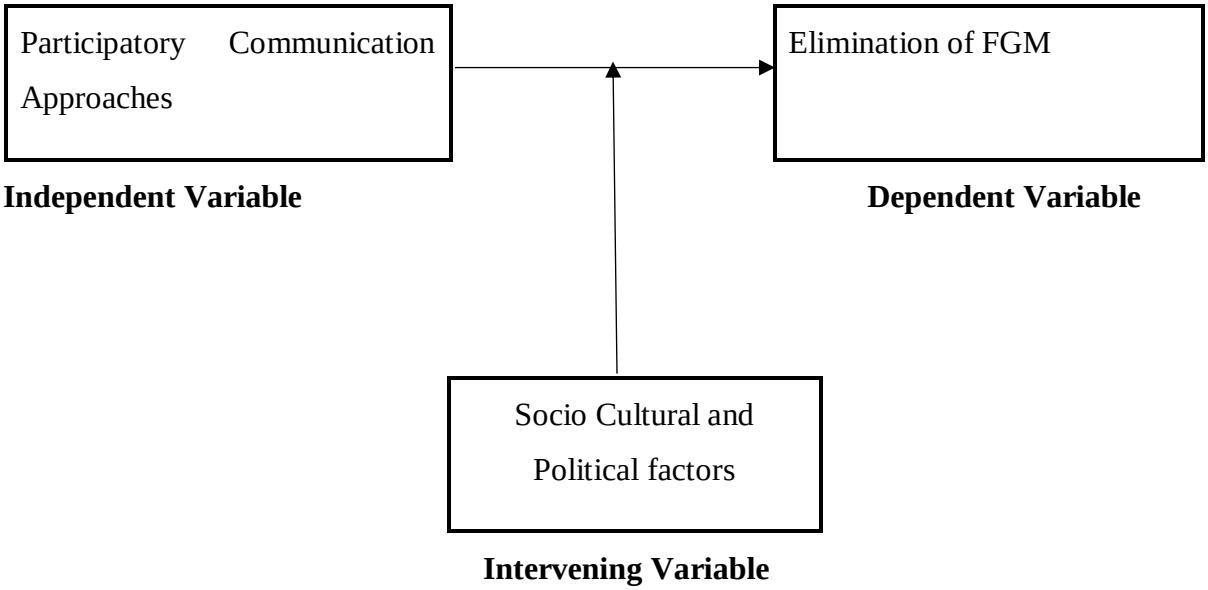

Fig 2. 1: The conceptual framework

CHAPTER 3: RESEARCH METHODOLOGY

3.0 Introduction

Starting with the study's overall research design and moving on to details like the study's intended participant pool and how they were selected for inclusion in the sample, this chapter delves into the study's methodology. Furthermore, it features a number of techniques, strategies, and tools for gathering information. Ethical considerations were also taken into account during data collection, which are discussed in this chapter.

3.1 Study Site

The research was performed in the Marakwet East Sub County of Elgeyo Marakwet County. Since FGM is still a problem in the Marakwet East Sub County, researchers there have chosen to focus on that area. One thousand two hundred girls between the ages of 10 and 16 were reported to have undergone FGM in the Marakwet community in 2016. One young lady lost her life and numerous others had to be hospitalized because of this (Mathews, 2016). This means it's possible to get all the data we need from the region.

Elgeyo Marakwet County is located in northern Kenya, and it has boundaries with the counties of West Pokot to the north, Baringo to the east, south, and south, Uasin Gishu to the south, west, and west, and Trans Nzoia to the north, west. A total of 3032 km^2 is occupied by the county.

3.2 Research design

Thakur (2021) describes research design as "the approach for gathering and evaluating information about your study's participants and methods." This study used a descriptive research methodology. The researcher adopted a descriptive study method to gather data about the present phenomenon, which included interviewing respondents about their prior knowledge, attitudes, and values. This configuration exactly reflects the issue. The researcher was able to describe the current situation of FGM and communication within the Marakwet community as a result of their use of a descriptive research method.

This research used a hybrid methodology. In a single study, researchers gather and assess quantitative and qualitative data using a mixed-methods approach. This data can be collected concurrently or sequentially, both types of data can be prioritized, and data can be merged at

various stages of the research process. Using a combination of quantitative and qualitative methodologies, the researcher was able to gain answers that would have been impossible to achieve using either method alone.

Who, what, when, and how numerous are the essential issues of quantitative research. Due to the fact that a portion of the questionnaire consisted of closed-ended questions, the quantitative survey results can be easily converted into numbers, statistics, graphs, and charts. According to Bloomfield and Fisher (2019), quantitative research permits the investigation and description of a wide range of related topics. Due to this quantitative methodology, the researcher was able to learn about the respondents' experiences with FGM as well as the various participatory communication strategies employed to end the practice in the community. This method is essential for determining how many individuals participated in the survey and how many responses were used to draw conclusions about the posed questions.

The objective of qualitative research methods, on the other hand, is to explain processes rather than merely outcomes. Common components of qualitative studies include in-depth interviews, focus groups, and surveys with questions and responses that defy easy numerical or graphical representation. It is an excellent instrument for delving deeper into the thoughts and actions of individuals. It is a popular tool for generating ideas, identifying trends, and understanding numbers. The researcher was able to better comprehend the role of participatory communication strategies in the fight against FGM due to the use of a qualitative methodology.

3.3 Study population

A population is a group of things from which statistical samples are taken (Kombo, 2005). So, a population is all the things that have something in common that can be seen.

A large number of people in Marakwet East Sub County are Kalenjin, who are a type of Nilote from the mountains. Most Marakwet people live in the counties of Elgeyo-Marakwet, Trans Nzoia, and Uasin Gishu, where they speak Markweta fluently. The 2019 Kenya Population and Housing Census says that there are 97,041 people living in Marakwet East Sub County. There are 47,849 men and 49,190 women. With 114 people per square kilometer, there are 21,362 people living in the sub county. The average family has 4.5 people living in it (KNBS,2019). The sub county is made up of four wards: Kapyego, Sambirir, Endo, and Embobut/Embolot. Burns and Grove (2003)

say that eligibility criteria are a list of rules that must be met to be part of a certain group. Women and girls who had had FGM, religious leaders, circumcisers, medical professionals, elders, and men from the area being studied all took part in this study. As key informants, the Marakwet Girls Foundation, which is one of the groups in the area that works to stop FGM, Child Fund Kenya, a local religious leader, and a local administrator were all talked to.

3.4 Sample Size Determination

A sample is a smaller group of people from the population that were chosen for a study so that conclusions can be made about the whole population. Kothari (2004) says that the results of a sample can be used to make generalizations about the whole population if the sample is a true representation of the population.

The number of people who answered the survey was 398, which included 394 adults from all four wards in the Marakwet East sub county and 4 key informants. The researcher chose respondents who have been affected by FGM and/or know about it, as well as key informants, because these people can help with the study.

The study's sample size was figured out using Yamane's (1967) statistical formula. This formula is used to get a sample that is a good representation of a population of more than 10,000 people.

$$n = \frac{N}{1 + N(e)^2}$$

Where:

n = Sample size to be studied

N= Population size

e = margin of error 5%

$$n = \frac{97041}{1 + 97041(0.05)^2}$$

$$n = 398.36$$

Hence, the sample size was 398

3.5 Sampling Technique

In this investigation, both probability and non-probability sampling techniques were utilized. Using simple random sampling, data on 394 members of the local community were gathered. With the aid of a research assistant, the researcher visited all four wards in the sub-county.

Because of their expert-level knowledge and experience with female genital mutilation, four key informants were chosen for this research. Among the information sources used were the Marakwet Girls Foundation, Child Fund Kenya, a local religious leader, and a city official.

3.6 Data collection instruments

This research relied on firsthand sources for its data. Researchers utilized questionnaires to collect information from community members and an established interview technique to speak with specialists. The researcher used questionnaires for this study because they were the best option to get information from a wide range of individuals in a short period of time and at a cheap cost. To collect quantitative data from 394 respondents, a semi-structured questionnaire containing open-ended and closed-ended questions was employed. This ensured that there were no restrictions on how responders might react. The questionnaire was divided into sections, each with its own set of questions designed to offer light on a particular aspect of the study subject.

Four important informants were interviewed for qualitative data because of their expertise and dedication to the battle against female genital mutilation. This enabled the researcher to get more specific information from the subjects. Participants were questioned about their experiences with the various participatory communication tactics employed in the local movement to end female genital mutilation in the study's interview guide.

3.7 Data collection procedure

The first step in gathering data for this study was for the university to give the researcher permission to collect data in the form of a letter. The researcher and a research assistant worked together to collect data using questionnaires and phone interviews with key informants. Respondents didn't have to give their information; it was all done on their own time. The researcher did the interviews and gave out the surveys at a place, time, and date that worked best for the

people who filled them out. The interviews were recorded on audio cassettes, and their word-for-word content was then typed up.

3.8 Data processing and analysis

When analyzing the data that was collected, methods of description were used. After SPSS was used to edit, process, and analyze the quantitative data, tables were made to show the results. The researcher chose to use SPSS because, compared to other statistical tools, it took much less time to analyze the data with SPSS, and the program was just as good at handling both quantitative and qualitative data. After the qualitative data was collected, compared, and reconciled to make sure there were no duplicates, it was presented in both verbatim and narrative form. With the help of narrative analysis, the researcher was able to describe problems in their "as they were" state.

3.9 Ethical considerations

The researcher wanted to make sure they followed all ethical rules, so they asked the university for permission to collect data. Given how personal and sensitive the topic of female genital mutilation (FGM) is, the researcher collected data in an honest way and also asked for permission before getting started. During the whole process of collecting data, no one was forced to take part, and everyone who did take part did so on their own free will. All of the information that was gathered from respondents was kept strictly secret. The researcher told the people he was interviewing that the information they shared would not be shared with anyone else in the community and that the interviews would take place in a place that was not open to the public. The names of the people who filled out the survey were not linked to the comments and opinions they gave about the subject of the survey. The researcher also told the people who answered the survey that the information they gave would only be used for research.

CHAPTER 4: RESULTS, PRESENTATIONS AND INTERPRETATIONS

4.0 Introduction

In this section, the findings of the study are presented in the form of frequencies on the various topics regarding the contribution of participatory communication in the fight against female genital mutilation within the Marakwet community. These include things like the average age of the people who responded, whether or not they were married, how much education they had, and what jobs they held, among other things.

4.1 Response rate of the study

The number of questionnaires that were filled out correctly and sent back is the response rate. Morton et al. (2012) said that it is good for a research study if more than 70% of the people who were asked to take part in the study did. Table 4.1 shows how many people took part in this study.

Table 4.1: Response rate of the study

Respondents	Sample Size	Returned	Unreturned	Return rate (%)
Adult respondents	394	285	109	72.34
Key informants	4	4	0	100
Total	**398**	**289**	**109**	**72.1**

This survey was filled out by 398 people, and four of them were considered to be "key informants." The answers from the key informants were gathered using an interview guide-style questionnaire. The interview response rate was a perfect 100% because every key informant took part in the research. The remaining 394 adult respondents were given questionnaires to fill out. Of those, 285 were filled out and sent back, giving a questionnaire return rate of 72.34 percent. Morton and his co-authors (2012) say that this meets the criteria for research.

4.2 Demographic Statistics of the Respondents

In this section, we learn about the respondents as individuals, including their ages, genders, educational backgrounds, and marital status. Age, gender, marital status, greatest level of education, and occupation are all factors. Information was consistently presented in the report with frequency and magnitude.

4.2.1 Age of the Respondents

The goal of the study was to find out how old the people who took part were. This was a very helpful way to figure out how much they knew about the problems related to the topic of the research. In the table below, the answers are broken down by how old the people who answered were..

Table 4.2: Age distribution.

Category	Frequency	Percent
Below 20 years	15	5.3
21- 30 years	33	11.6
31- 40 years	127	44.6
41- 50 years	58	20.4
50 years and above	52	18.2
Total	**285**	**100**

According to the results that were tabulated, 44.6% of those who were contacted were between the ages of 31 and 40, 20.4% were between the ages of 41 and 50, and 18.2% were 50 or older. In addition, 11.6% of the people who took part in the research were between the ages of 21 and 30 years old, while only 5.3% were younger than 20 years old. According to these findings, more than ninety percent of the respondents were aged twenty or older. This constitutes a sizeable percentage. This indicates that these were the respondents who were of an appropriate age and level of maturity to offer their opinions on matters pertaining to the practice of female genital mutilation.

4.2.2 Gender of the Respondents

The study further sought to determine the gender composition of the respondents. The results are shown in Table 4.3

Table 4.3: Gender composition of the Respondents.

Category	Frequency	Percent
Male	109	38.2
Female	176	61.8
Total	**285**	**100**

According to the findings presented in Table 4.3, only 38.2% of the participants in the study were male while 61.8% of them were female. This disparity can be seen when comparing the two groups. These findings suggest that there was a purpose to having participants of both sexes participate in this study. Since female genital mutilation primarily affects women, the selection of women as the majority of study participants was a fitting and appropriate choice.

4.2.3 Marital Status of the Respondents

Marital status of the respondents was also analyzed in the study. The results of this analysis are presented in Table 4.4

Table 4.4: Marital Status of the Respondents

Category	Frequency	Percent
Married	169	59.3
Single	42	14.7
Divorced	22	7.7
Widowed	52	18.2
Total	**285**	**100**

59.3% of respondents were in happy marriages, 18.2% were widowed, 14.7% had never been married, and 7.7% were divorced, according to the analysis of their marital status. Given that FGM is linked to young marriages, it was very important to look at whether or not respondents were married. Women who have female genital mutilation are often forced to get married when they are still very young.

4.2.4 Highest Level of Education

In this study, the level of education of the respondents was also sought. The results are shown in Table 4.5

Table 4.5: Highest Level of Education

Category	Frequency	Percent
None	46	16.1
Primary school	61	21.4
Secondary school	129	45.3
Tertiary	34	11.9

Others	15	5.3
Total	**285**	**100**

According to the results of the research, 45.6% of the respondents in the survey had completed at least their secondary school, while 21.4% of the respondents had only completed their elementary education. In addition, 11.9% of individuals who were contacted had completed their university degree, 16.1% had not received any education, and 5.3% had completed schooling above the secondary level. The research on respondents' levels of education was important to the whole study since it gives an indication of respondents' levels of knowledge and comprehension of problems connected to female genital mutilation (FGM).

4.2.5 Occupation

This research went an extra mile and determined the occupation of the respondents. The results are tabulated in Table 4.6

Table 4.6: Occupation of the respondents.

Category	Frequency	Percent
Public Servant	32	11.2
Self employed	37	13
Private business	18	6.3
Farmer	86	30.2
Student	31	10.9
Unemployed	47	16.5
Civil society	18	6.3
Retired	16	5.6
Total	**285**	**100**

The biggest proportion of respondents, 30.2%, came from the farming industry, while 16.5% of those who were contacted were jobless at the time that the survey was conducted. In addition, 13% of these respondents were self-employed, 11.2% worked for the public sector, 10.9% were students, and 6.3% worked in both the civil society and private business sectors. Last but not least, retirees accounted for 5.6% of the total. The line of work is a crucial factor in determining the amount of knowledge about female genital mutilation (FGM). In the effort to educate people about

the risks of female genital mutilation (FGM), many occupational groups, including the civil society, play an important role.

4.3 Participatory communication approaches used in the fight against FGM

4.3.1 Approaches being used to fight FGM

The purpose of the study was to investigate and assess the numerous participatory strategies that have been developed to combat FGM. These include a community-wide education and training campaign, dialogue within the community, community empowerment, community mobilization, and advocacy on behalf of the community. The findings of this investigation are presented in Table 4.7 below.

Table 4.7: Approaches in Fighting FGM

Category	Frequency	Percent
Education and training campaign	69	24.2
Community dialogue	93	32.6
Community empowerment	49	17.2
Community Mobilization	48	16.8
Advocacy	26	9.1
Total	**285**	**100**

According to the findings, community engagement was the most often used technique in the battle against FGM, accounting for 32.6% of the total. At 24.2%, education and training also had an important role in combating FGM. Furthermore, community empowerment had a 17.2% rate of adoption in the battle against FGM, while community mobilization had a 16.8% rate of adoption. Finally, with 9.1% utilization, advocacy seems to be the least utilized technique in combating FGM.

In the struggle against the practice, it can be stated that community discussion was the most favored communication method inside the Marakwet community. It was chosen because it brings together community members and stakeholders to work together to solve this issue and propose the best

ideas for putting a stop to the practice. Furthermore, discussion provides the community with immediate feedback and direction, information, skills, and attitudes that promote community growth and change, as well as confidence when confronting concerns linked to FGM. This strategy is beneficial because it has a larger reach, provides a feeling of belonging to the community, and is cost effective. Furthermore, by taking up and owning the job of eradicating FGM, the community accepts responsibility.

Advocacy, on the other hand, was the least used method of combating FGM in the Marakwet community. This is due to the fact that advocacy does not involve every member of the community, thereby empowering only some sections of the community while leaving or ignoring others, such as women and girls while ignoring boys. Furthermore, it has no broader reach, communication does not reach everyone in the community, and it does not accept feedback from community members who may have wanted to ask questions. Furthermore, there is a lack of good coordination among stakeholders in advocacy, and it is not cost efficient.

In addition to the approaches identified in the study, the Marakwet community has used several other approaches in the fight against FGM. Capacity building, which leads to social cohesion, entertainment education through school clubs, music and drama festivals, theater performances, alternative rites of passage, door-to-door campaigns, outreach activities through roadshows, youth and women empowerment through workshops, and social mobilization with the goal of attracting public attention are some of these approaches. Furthermore, other approaches used by the community included community engagement, holding seminars, activism, encouraging people to get involved in the fight against FGM, public education, non-formal education, sensitization forums, networking, personal empowerment, and mass community meetings/barazas.

These findings are consistent with Coldevin's (2003) findings that participatory communication in rural development is "a shift from the dominant paradigm of top-down to self-development in which the villagers and urban poor are the priority audience, and self-reliance and building on local resources are emphasized." Thus, participation is defined as the exchange of information between two parties—the people and the organization. People at the grassroots identify problems and solutions in this process, and they are given the opportunity to participate in decision-making. During an interview with one of the key informants, the study recorded this response:

'As part of a larger effort to stop FGM in the Kerio Valley, where it is still done, Child Fund Kenya has been working with the Department of Children's Services, the Ministry of Interior, the county government, and the national government to set up alternative rites of passage for girls.'

4.3.2 Community involved in the approaches of fighting FGM

The study also looked for the type of community that is actively involved in anti-FGM efforts. Members of the community's elders, men, women, religious leaders, and administrators were all surveyed. Tabular 4.8 displays the findings of this study.

Table 4.8: Community involved in the approaches of Fighting FGM

Category	Frequency	Percent
Elders	37	13
Young men	42	14.7
Older women	20	7.0
Young women	55	19.3
Religious leaders	73	25.6
Local administrators	58	20.4
Total	**285**	**100**

The results suggest that religious leaders constituted 25.6% of all community members working to end female genital mutilation. Twenty-four percent of local officials said they were involved in local efforts to eradicate FGM. The percentage of young men and women working to end female genital mutilation in their communities was equal at 20.3 percent. The most active group was comprised of young women, who are the primary victims and targets of this behavior. In conclusion, the study found that while senior citizens and older women were involved in the movement to end FGM, they were not as engaged as the other demographics studied. They contributed 13 percent and 10 percent, respectively, to the total revenue. The oldest women in the community, in particular, were the least involved in the fight to abolish FGM. The Center for Reproductive Law & Policy (2000) notes that in many cultures, circumcision serves as a rite of passage from childhood to adulthood, during which girls learn to take care of their husbands and children. The passage from girlhood to womanhood is important for maintaining cultural norms because it binds the girl to the way of life and the roles performed by other women. FGM is an act of indoctrination into cultural values and a connection to family, community, and previous

generations, all of which are essential to the preservation of community traditions and cultural identity.

4.3.3 Involvement in participatory communication strategy in fighting FGM

The study also sought to know whether the respondents had been involved in any participatory communication strategy adopted in the fight against FGM. The results are tabulated in Table 4.9

Table 4.9: Involvement in participatory communication strategy in fighting FGM

Category	Frequency	Percent
Yes	161	56.5
No	124	43.5
Total	**285**	**100**

It can be noted from these results that 56.5% of those contacted in the study had participated in participatory communication strategy adopted in the fight against FGM at some point in time. However, 43.5% of the respondents had a contrary opinion and hence had not participated in any participatory communication strategy adopted in the fight against FGM. A session with one of the key informants, the study recorded this response:

> *'Yes. Since 2010, when I became the Programs Officer for Child Fund Kenya-CPF Lagam, I have done a lot to fight against FGM. Child Fund Kenya has been at the front of projects to stop harmful cultural and traditional practices like Female Genital Mutilation (FGM) and early marriages from happening to girls.'*

The sentiments are also supported by a religious leader whose interview was recorded as follows:

> *'Religious leaders, elders, and local leaders make public statements that say female genital mutilation has nothing to do with the religion and culture of the affected communities. Elders in the Marakwet community have made the practice illegal, which has opened the door for other rites of passage that respect women's and girls' rights and well-being. During a meeting at State House in Nairobi, religious and cultural leaders from all over the country signed a pledge to help the government end the practice of female genital mutilation.'*

One of the key informants in an interview session also indicated that:

> *'Many different programs are available to help girls and women, including those that instruct them on how to put an end to FGM. These courses also include alternative rites of passage to signify adulthood. The program culminates with a graduation ceremony for the young ladies to which the whole community is invited. The training may include the parents in certain circumstances. Numerous ladies and girls their age have gone through this ritual. In a variety of ways, both older people and men have publicly endorsed this alternative coming-of-age ceremony. To begin with, kids are participating actively, contributing to decision-making, and providing their approval. Instead of cutting their throats, this ceremony educates young women on topics such as sexual and reproductive health, substance addiction, self-esteem, general wellness, and cultural norms and practices. The girls are spared the trauma of having their throats slashed in the process of all this.'*

It can be concluded that the various stakeholders right from the government, the civil society groups, the community and other stakeholders have been in active engagement in participatory communication approaches aimed at fighting FGM within the Marakwet community. Their resolve has been immense and the approaches they adopted include community dialogue, seminars, trainings, public declarations against the practice among others. This has seen a significant improvement in girl child education and reduction of early marriages among other benefits.

4.3.4 In terms of community involvement, how would you rate the approaches?

The approaches that had been adopted by the Marakwet community in the fight against FGM included, education and training campaign, community dialogue, community empowerment, community mobilization and advocacy. Various community groups were involved in one or more of these approaches. The aim of the study was to rate the approaches that had been adopted by the community. The results are presented in Table 4.10

Table 4.10: Rating of the approaches adopted by the community in fight against FGM

Calculate	Frequency	Percent
Excellent	21	7.4
Very good	90	31.6
Good	122	42.8
Poor	52	18.2
Total	**285**	**100**

The results indicate that, 42.8% of the respondents noted that the approaches that had been adopted by the community in the fight against FGM were good whereas 31.6% argued that the approaches were very good. It was also noted that 7.4% of those contacted noted that the approaches were excellent while 18.2% of the respondents indicated that the approaches were poor. From these results, it can be concluded that the approaches that had been used by the Marakwet community in the fight against FGM were generally acceptable.

The participatory communication approaches were rated to be good because the approaches unite the community and other stakeholders, which increases the cooperation between them. Furthermore, the approaches encourage dialogue where instant feedback is obtained further enhancing the fight against the practice. The approaches also is inclusive as it gives a chance to every stakeholder to participate to providing solutions against the practice. In addition, the approaches have also empowered the community socially and economically as well as enhancing the conservation of the environment.

4.4 Application of Participatory communication approaches in the fight against FGM

4.4.1 Does the government and other stakeholders involve the community in ending the practice

The research further sought to establish whether the government and other stakeholders do involve the community in the against FGM. A summary of the responses regarding this question are presented in Table 4.11

Table 4.11: Government and community partnership in the fight against FGM

Calculate	Frequency	Percent
Yes	186	65.3
No	99	34.7
Total	**285**	**100**

The responses indicated that 65.3% of those contacted in the study acknowledged that the government and other relevant stakeholders have been involving the community in an attempt to end FGM within the Marakwet community. 34.7% of these respondents however indicated that the government has not been requlary involving the community in the fight against the practice.

In an interview with the Programs Officer Child Fund Kenya-CPF Lagam, the study recorded this response:

> '*Financial Support for Children Kenya has been a leader in the fight against harmful cultural practices like female genital mutilation (FGM) and early marriage for girls. Child Fund has built the capacity of Community-Based Child Protection champions through close collaboration with local administrations, religious leaders, and community members to improve protective environments in schools, increase access to quality education, and promote children's participation. Facilitated reporting and improved community-based child protection mechanisms were the results.*'

One of the area chiefs had an input to the study. In a session with the chief, the study recorded the information as follows:

> *'Through the national government administrators, the government has been working with the people. These administrators are very important in the fight against FGM at the local level. They have barazas all the time and arrest people who take part in the practice. Aside from chiefs, the government is also very involved in the fight. The Ministry of Gender, the FGM Board, the county government of Elgeiyo Marakwet, and many other government agencies work closely with the community to do this. For example, they help with alternative rites of passage, give scholarships to children in the area, which gives them more power, and build people's skills, among many other things.'*

It is worth noting that the government and the community have been in partnership in the fight against FGM. The government has been involving the community through the chiefs, the ministry of Gender, FGM board, the county government among others. This collaboration helps in a number of ways such offering scholarships to the children, trainings, empowerment, capacity building as well as providing alternative rites of passage to the community.

4.4.2 How often does the government and other stakeholders interact with community members to dialogue about FGM

Fighting FGM requires a joint effort of the government, the relevant stakeholders and the community. The study sought to determine the frequency of interaction of the government and other stakeholders with the community. The results of this research are shown in Table 4.12.

Table 4.12: Frequency of Interaction of the Government and Other Stakeholders with the Community

Category	Frequency	Percent
Often	44	15.4
Sometimes	158	55.4
Rarely	71	24.9
Never	23	4.3
Total	**285**	**100**

The findings of this analysis indicated that 55.4% of the study participants postulated that the government and other relevant stakeholders sometimes interact with the community in the fight against FGM. In addition, 24.9% of the respondents indicated that the interaction between the government and the community is rare, while 15.4% acknowledged that the community and the government interact often and finally 4.3% indicated that the government and other relevant stakeholders never interact with the community.

The practice of female genital mutilation is seasonal and is done after every 2 to 3 years within the Marakwet community. Therefore, most of the sensitization campaigns are done when these seasons are approaching. In an interview with a religious leader, the study recorded that:

> 'The government involve the people less often especially when there are reported cases of reemergence of FGM'

4.4.3 Which communications platforms are used in communicating issues about FGM in the community

The efficiency in the fight against female genital mutilation requires effective communication to eliminate the community on the dangers and the negative effects of the practice. The study aimed at determining the communication platforms that are used within the Marakwet community in communicating issues about FGM. The results are presented in Table 4.13.

Table 4.13: communication platforms used in communicating issues about FGM.

Category	Frequency	Percent
Radio	77	27
Television	13	4.6
Social Media	35	12.3
Public Barazas	111	38.9
Community Theatres	37	13
Newspapers	6	2.1
Others	6	2.1
Total	**285**	**100**

There are a number of communication channels identified in the study including radio, television, social media, public barazas, community theatres, newspapers among others. It can be observed that 38.9% of the respondents acknowledged that public Barazas were the most widely used means of communication in communicating issues relating fight against FGM. In addition, 27% of the participants argued that radios were also effective in passing issues relating the fight against the practice while 12.3% of the respondents indicated that social media was used as a means communication in the community. 13% of the responses also noted that communication theatres were also used by the community in communication. In addition, 4.6% noted that television was used as e means of communicating issues about FGM, 2.1% acknowledge the newspapers and other communication platforms including theatres, clubs and posters. It can therefore be concluded that public Barazas were the most effective way of communicating issues relating to the fight against FGM. In an interview with a religious leader who was one of the key informant, the research recorded this response:

> *'The most efficient and widely used communication channels include, public barazas, posters, local radios and Televisions'*

One of the area chiefs in an interview session made an input and indicated that:

> *'The most effective one is the public barazas because it reaches many people the in grassroots, unlike radios where many people, especially the poor cannot access.'*

Public barazas is the most convenient communication method that can be used to reach many people. The method is convenient because it encourages dialogue between the stakeholders and the community. The method is also convenient in solving area specific challenges. Unlike the other communication platforms such as the television where most cannot afford, public barazas are assessable to all.

4.4.4 Community members know the negative effects of FGM

The study further sought to determine the awareness of the community regarding the negative effects of FGM. The results are shown in Table 4.14.

Table 4.14: Community Awareness of the Negative Effects of FGM.

Category	Frequency	Percent
Yes	208	73
No	29	10.2
Not sure	73	16.8
Total	**285**	**100**

The results tabulated imply that 73% of the respondents acknowledged that the community was aware of the negative effects of female genital mutilation. However, 10.2% of these respondents indicated that the community was not aware of the negative effect of FGM whereas 16.8% postulated that they were not sure of the community awareness of the negative effects of FGM. It can be noted that the community are aware of the negative effects of the FGM. However, other groups of the community especially the elderly are still holding on to it because it is a tradition to practice. Other girls are also engaged in the practice to avoid being sidelined by the other community members. The arguments of Magadalene, (2015) are which indicate that among the Marakwet community, Female Genital Mutilation is perceived to serve a number of purposes. First, it is perceived to protect the community from a curse are contrary to these findings.

4.4.5 Community members have stopped cutting girls

This study further opted to find out whether the Marakwet community had stopped cutting girls as at the time of study. The results are tabulated in Table 4.15

Table 4.15: Community members have stopped cutting girls

Category	Frequency	Percent
Yes	74	26
No	44	15.4
Some	167	58.6
Total	**285**	**100**

The findings of the survey indicated that the majority of respondents held the belief that female genital mutilation (FGM) was still carried out by some members of the Marakwet community. According to the results of the survey, 58.6% of respondents stated that some members of the community had stopped cutting girls, 26.4% of respondents stated the same thing about the Marakwet community, and 15.5% of respondents stated that FGM was still prevalent there. Because of the cultural value it has, there are still some individuals who stick to it, notably the elderly. According to Eleanor et al. (2016), women who have had FGM are more capable of taking on leadership roles in the home and at village ceremonies as a result of their increased independence and maturity. This is because FGM causes women to become more independent and mature. It was repeatedly argued in favor of the practice that women who had undergone FGM were "more trustworthy" and had a lower risk of being unfaithful to their partners than other women. According to a number of studies, women who did not have their female genital mutilation (FGM) performed and their spouses were subject to societal humiliation and rejection. These practices originated out of a need to uphold a gendered social order that had already been established in the past.

4.4.6 Girls can reject FGM

Informed girls who understand the negative effects and the dangers of FGM may reject the practice whereas others may not be depending on the kind of influence they receive. The study aimed at establishing whether girls can really reject FGM. The findings are shown in Table 4.16

Table 4.16: Girls can reject FGM

Category	Frequency	Percent
Yes	180	63.2
No	42	14.7
Some	63	22.1
Total	**285**	**100**

The findings show that 63.2% of the responses pointed out that girls can actually reject FGM, 22.1% argued that some girls can reject FGM while 14.7% of the respondents indicated that girls cannot reject FGM. Girls bear most of the consequences of female genital mutilation. They are the ones who suffer most out of the practice. Most of them are able to resist while some engage in the practice to avoid being sidelined by the other community members. However, Eleanor et al., (2016) indicated that government-appointed local chiefs were suspected of instigating mass demonstrations against the FGM Law, in other areas, politicians will condone the practice or be unwilling around elections to support efforts to end.

4.4.7 Public declarations that denounce cutting girls

Public declarations against female genital mutilation may be instrumental in fighting the vice. The study sought to determine whether there are public declarations that discourage FGM. The results are shown in Table 4.17

Table 4.17: There are public declarations that denounce FGM

Category	Frequency	Percent
Yes	233	81.8
No	52	18.2
Total	**285**	**100**

It can be observed from the summary of the responses that 81.8% of the respondents indicated acknowledged the presence of public declarations that denounce FGM whereas 18.2% indicated that there are no public declarations denouncing FGM. The public declarations are mainly done by the local administrators and the religious leaders.

4.4.8 Religious leaders support the end of FGM

This research sought to find out the role of religious leaders in fighting FGM. The results of the study analysis are presented in Table 4.18

Table 4.18: Religious leaders and the fight against FGM

Category	Frequency	Percent
Yes	251	88.1
No	4	1.4

Some	30	10.5
Total	**285**	**100**

The results of the study indicate that 88.1% of the responses were in agreement that the religious leaders have an active role to play in the fight against the practice while 10.8% argued that some religious leaders are involved in fighting FGM. However, 1.4% of the responses argued that the religious leaders are not involved in the fight against the practice at all. Religious leaders play a critical role in fighting FGM. In a session with a religious leader, the study recorded that:

> *'Together with other religious leaders, mostly from along the Kerio Valley area of Marakwet, we got involved in the fight against because the practice of FGM was still rampant in the area. We joined hands with the teams from Endo, Tot and Kamogo, Chesongoch, Chesetan and Mogil, among other areas along the valley. I have been involved in the fight against FGM since 1997. We mobilize for seminars where we engage in dialogue with elders, parent, the youth, children and local leaders such as chiefs and assistant chiefs, through the support of NGOs like World Vision and Child Fund Kenya, among other stakeholders. We hold discussions on the genesis of the FGM, its harmful effects of, alternative rites of passage and how to eliminate the practice.'*

4.4.9 Elders support the end of FGM

The role of the elders specifically men in the fight against FGM was also determined by the study. The results are show in Table 4.19

Table 4.19: Elders and the fight against FGM

Category	Frequency	Percent
Yes	117	41.1
No	35	12.3
Some	133	46.7
Total	**285**	**100**

It can be observed from the responses that 46.7% of the responses argued that some of the elderly men are involved in fighting FGM whereas 41.1% agreed that elders participate actively in the fight against the menace. However, 12.3% of these responses argued that the elderly men are not

involved in any way in the fight against FGM. Some of the elders are not willing to let go the practice because they believe that it is a tradition that should be kept by the Marakwet community.

4.4.10 Young men are willing to marry uncut girls

The role of young men in fighting the practice was also analyzed by the study. The study aimed at establishing whether the young men who are yet to marry are willing to marry girls who have not undergone FGM. The results are tabulated in the next section.

Table 4.20: Willingness of young men to marry uncut girls.

Category	Frequency	Percent
Yes	201	70.5
No	23	8.1
Some	61	21.4
Total	**285**	**100**

It can be observed that 70.5% of those contacted pointed out that young men are actually willing to marry girls who have not undergone female genital mutilation. 21.4% of these responses were of the opinion that some men could be willing to marry uncut girls. However, 8.1% were categorical that the young men who are yet to marry are not willing to marry uncut girls. Eleanor et al., (2016) argued that for men, marriage to a woman with FGM was viewed as necessary to ensuring wealth accumulation, both in the everyday world and as part of being provided with "blessings" from ancestors.

4.4.11 participatory approaches have inspired me to support the fight against FGM

The study further sought to determine the impact of the participatory approaches in the fight against FGM to the Marakwet community. The summary of the responses are shown in Table 4.21

Table 4.21: Impact of Participatory approaches to the community

Category	Frequency	Percent
Yes	259	90.9
No	26	9.1
Total	**285**	**100**

It can be deduced from the results that 90.9% of the respondents pointed out that the participatory approaches that had been applied by the Marakwet community in the fight against FGM were inspirational to them. However, 9.1% argued that the participatory approaches adopted by the community in the fight against FGM did not inspire them at all.

4.4.12 Do you think the participatory approaches have had any other influence not related to FGM

The study determined whether the participatory approaches adopted by the Marakwet community had any other influence other than the fight against FGM. The results are presented in the next section.

Table 4.22: Do the participatory approaches have any other influence not related to FGM

Category	Frequency	Percent
Yes	221	77.5
No	64	22.5
Total	**285**	**100**

The summary of the responses indicates that 77.5% of those who participate in the study acknowledged the role the participatory approaches play other than the fight against FGM within the Marakwet community. I was also noted that 22.5% of these respondents indicated that the role of the participatory approaches adopted by the community was limited to the fight against FGM. It can therefore be concluded that the participatory approaches adopted by the community in fighting female genital mutilation have also played other key roles in the community. The identified roles included environmental conservation 'tulinde misitu' where the community is also sensitized on the role to conserve forests and the water catchment areas. In addition, the approaches have also been instrumental in HIV/AIDS eradication 'tuangamize Ukimwi' in that in such forums the government through the health workers, the NGOs and other civil society educate the community on issues HIV/AIDS and other diseases such as Malaria. It can also be noted that the approaches are effective in spearheading the poverty alleviation campaigns.

4.4.13 Rate the extent to which Participatory communication approaches have influenced members of the community to abandon FGM.

This research also set to determine the influence of the participatory communication approaches to the Marakwet community members including the young girls, young men, mothers, fathers, elders, religious leaders and the local administrators. The extent of influence was rated on a scale of 1 to 5; where 1 represents no extend, 2 represents little extend, 3 represents moderate extend, 4 represents great extent, 5 represents very great extent. The extent of their influence to the young girls is tabulated in Table 4.23

Table 4.23: Extend of Influence of participatory communication approaches to Young Girls

Category	Frequency	Percent
No Extent	7	2.5
Little Extent	45	15.8
Moderate extent	48	16.8
Great Extent	69	24.2
Very great extent	116	40.7
Total	**285**	**100**

It can be noted that 40.7% of the respondents pointed out that the participatory communication approaches influence the girls within the Marakwet community to a very great extent. Additionally, 24.2% indicated that its effect was to a great extent, 16.8% moderate extent, 15.8% little extent and 2.5% no extent at all. It can be concluded girls have been greatly influenced by the participatory approaches. In a session with an area chief, the study recorded the response as follows:

> *'The group that has been mostly influence by the participatory communication approaches are women. This is because they are the ones who suffer the most.'*

The CEO for Marakwet Girls Foundation had this to say in an interview session with the researcher:

'Women and girls have been influenced greatly. Through trainings, girls have gone to school, and women have been empowered economically and are now able to support their families.'

The extent of their influence to the young men is presented in Table 4.24

Table 4.24: Extend of Influence of participatory communication approaches to Young Men

	Frequency	**Percent**
No Extent	9	3.2
Little Extent	43	15.1
Moderate extent	31	10.9
Great Extent	96	33.7
Very great extent	106	37.2
Total	**285**	**100**

The results of this analysis argue that 3.2% of those contacted indicated that the participatory communication approaches had no effect at all on the young men within the Marakwet community. Furthermore, 15.1% indicated that the approaches influenced the young men to a little extent, 10.9% moderate extent, 33.7% great extent and finally 37.2% to a very great extent. In a session with the CEO Marakwet Girls Foundation, the study recorded this response:

'Men believe they are not being adequately involved, all efforts are only geared towards girls and women and have been sidelined in the process. Also, inadequate involvement and inclusion of men in the trainings and sensitization campaigns brings distrust and gives the impression of something imposed by the outsiders interfering in the community's affairs and culture.'

The extent of the influence of participatory communication approaches to mothers is shown in Table 4.25

Table 4.25: Extend of Influence of participatory communication approaches to the Mothers

	Frequency	**Percent**
No Extent	54	18.9
Little Extent	74	26
Moderate extent	118	41.4
Great Extent	39	13.7
Total	**285**	**100**

It can be observed from the results in Table 4.25 that 41.4% of the responses argued that the participatory approaches adopted by the Marakwet community influenced the mothers to a moderate extent. In addition, 26% pointed out that the influence was to a little extent, 18.9% no extent and 13.7% very great extent. The extent of the influence of participatory communication approaches to fathers is shown in Table 4.26

Table 4.26: Extend of Influence of participatory communication approaches to the Fathers

	Frequency	**Percent**
No Extent	47	16.5
Little Extent	12	4.2
Moderate extent	167	58.6
Great Extent	59	20.7
Total	**285**	**100**

The findings in Table 4.6 indicate that 58.6% of those contacted argued that the fathers within the Marakwet community are influence by the participatory communication approaches to a moderate extent. The approaches further have an influence on the fathers to a great extent (20.7%), no extent (16.5%) and finally little extent (4.2%). The extent of their influence to the elders is presented in Table 4.27

Table 4.27: Extend of Influence of participatory communication approaches to the Elders

	Frequency	**Percent**
No Extent	28	9.8
Little Extent	31	10.9
Moderate extent	137	48.1
Great Extent	65	22.8
Very great extent	24	8.4
Total	**285**	**100**

It can be concluded from the results presented that 48.1% of the responses indicated that the approaches influence the elders within the Marakwet community to a moderate extent, while 22.8% pointed out that the influence was to a great extent. Furthermore, 10.9% of those contacted

indicated that the influence of the approaches to the elders was to a little extent, 9.8% no extent and finally 8.4% to a very great extent. The study concludes that the influence of the participatory communication strategies to the elders in Marakwet community is moderate. In a session with the program officer ChildFund Kenya-CPF Lagam, the study recorded the following response:

> *'Elders have been influenced the least. Some elders are still adamant and believe they will lose their culture and traditions since female circumcision has been part of their culture and it is the only way where girls can be initiated to adulthood.'*

The extent of their influence to the Religious leaders is presented in Table 4.28

Table 4.28: Extend of Influence of participatory communication approaches to the Religious Leaders

	Frequency	**Percent**
No Extent	17	6
Little Extent	23	8.1
Moderate extent	16	5.6
Great Extent	90	31.6
Very great extent	139	48.8
Total	**285**	**100**

The findings show in Table 4.28 argue that 48.8% of the responses pointed out that the participatory communication approaches influenced the religious leaders to a very great extent whereas 31.6% of the responses argued that the influence of the approaches to the religious leaders was to a great extent. In addition, 8.1% of the participants of the study indicated that the influence of the approaches was to a little extent and finally 6% argued that the approaches had no influence on the religious leaders. The extent of their influence to the local administrators is presented in Table 4.29

Table 4.29: Extend of Influence of participatory communication approaches to the Local Administrators

	Frequency	**Percent**
No Extent	13	4.6
Little Extent	21	7.4

Moderate extent	30	10.5
Great Extent	83	29.1
Very great extent	138	48.4
Total	**285**	**100**

It can be concluded from the results presented that 4.6% of the respondents indicated that the participatory communication approaches did not influence the local administrators whereas 7.4% indicated that the influence of the approaches to the local administrators was to a little extent. In addition, 10.5% of the response argued that the approaches influenced the local administrators to a moderate extent, 29.1% to a great extent and finally 48.4% to a very great extent.

It can be summarized that the participatory communication approaches adopted by the community, the government and other stakeholders in the fight against FGM have different extents of influences across the society groups. From the study results, girls are mostly influenced by the approaches because they are the ones who suffer the most from the effects of FGM. On the other hand, the men feel they have been sidelined in the fight against the practice and the those behind the drive are from outside the community whose aim is to disrupt the traditions of the community. The elders have been least affected by the approaches because they still believe in the Marakwet community traditions and that they feel that the traditions should be upheld.

The fight against FGM has come with enormous benefits to the community and the government. FGM practices have significantly reduced in the Marakwet community. The other community members no longer stigmatize girls who have not undergone FGM and this this has led to reduced early marriages. Young men have also been willing to marry the uncut girls which is a significant milestone. In addition, the enrollment of girls in schools has significantly improved and the school dropouts have reduced drastically. The women have been engaged in meaningful economic activities and hence improving their living standards like farming, making jikos for sale and weaving of bags and clothes hence reducing the levels of poverty.

Furthermore, the participative communication approaches have resulted in other benefits. There has been increased environmental conservation and reduction of water pollution within the Marakwet community. The forests like like Embobut, which had been depleted have now been

restored. As a result of the communication approaches, peace has improved in the area. Previously, there had been rampant cases cattle rustling and loss of lives in the area between Marakwet, Pokot and Tugen. Through efforts from the government and other stakeholders like NGOs, gross border peace talks and peace campaigns led by the elders of all the communities involved the level of peace has improved. The approaches have also been instrumental in the fight against HIV and other diseases common in the area like malaria

The fight against female genital mutilation has however been faced with a number of challenges. The practice is deeply entrenched in tradition and social norms within the Marakwet community. This makes it difficult for the stakeholders to discourage the community from practicing it. Additionally, the emerging trends such as the medicalization of FGM where the medical practitioners carry out the practice secretly have complicated the fight. Further to this, there are incidences where, due to peer pressure, the girls cut themselves while others are cut unaware. There are other situations of cross border FGM where women and girls cross to West Pokot and Baringo Counties and others as far as Uganda to undergo FGM. Finally, the lack of enough support from the government and other relevant stakeholders has also been a challenge.

However, these challenges can be handled through a number of ways. Establishing a strong community surveillance mechanism that is critical in ensuring the protection of at-risk girls and women, while collaboration between community leaders and law enforcement officers can help curb these emerging trends and prevent cross-border FGM. In addition, the provision of financial and technical support to the community by the Ministry of Public Service and Gender to help implement the Presidential Action Plan to End FGM in Kenya by 2022. Providing girls and women with access to suitable care and mobilizing communities to transform the social norms that uphold the practice will also help alleviate the challenges.

4.5 Challenges facing the use of participatory development communication

There have been challenges in the use of participatory development communication in the fight against FGM among the Marakwet community. Some community members, especially the men believe they are not adequately involved and all efforts are geared towards girls and women empowerment while they have been sidelined bringing distrust among the community members. In addition, there are no regular community participatory as carried out. Members of the

community are only engaged when there are reported cases of FGM, making the efforts to end the practice not so effective. Some participatory communication approaches, for example, information dissemination campaigns are carried out through mass media hence not reaching all community sections. Furthermore, there has been the withdrawal of NGOs and other stakeholders who support participatory communication approaches in the fight against FGM. This has cut the funding, hampering the efforts made in the fight against FGM. Participatory communication strategies have encountered a number of challenges in the fight against FGM.

The practice is deeply rooted in tradition and social norms within the Marakwet community making it difficult for the stakeholders to discourage the community from practicing it. The elderly are reluctant in letting the practice go because they believe it is a tradition of the community that should be kept. Additionally, the emerging trends such as the medicalization of FGM where the medical practitioners carry out the practice secretly have complicated the fight. The has given the feeling that involving the doctors in carrying out the practice is safe and others have used it as option. Further to this, there are incidences where, due to peer pressure, the girls cut themselves while others are cut unaware. Some of the elderly carry FGM to the young girls before the girls are able to understand the effects of the practice. There are other situations of cross border FGM where women and girls cross to West Pokot and Baringo Counties and others as far as Uganda to undergo FGM. The women or girls identify the regions where there is less sensitization against the practice and cross over to those place and return after completing the exercise. Finally, the lack of enough support from the government and other relevant stakeholders has also been a challenge.

CHAPTER 5: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction.

This chapter presents the summary of the findings of the study, the conclusions and the recommendations of the study. The Summary and the conclusion of the study is presented according to the objectives of the study.

5.2 Summary of Findings

This section presents the summary of the participatory communication strategies that are adopted by the Marakwet community in the fight against FGM, the applications of the participatory communication strategies and finally the challenges facing the strategies.

5.2.1 Participatory Communication Strategies Adopted by the Marakwet Community

The communication participatory strategies that were adopted by the Marakwet community in the fight against FGM included community dialogue, Education and Training, community empowerment, community mobilization and advocacy. Furthermore, capacity building, resulting to social cohesion, entertainment education through school clubs, music and drama festivals, theater performances, alternative rites of passage, door-to-door campaigns, outreach activities through roadshows, youth and women empowerment through workshops, social mobilization, with aim of attracting public attention. In addition, community engagement, holding seminars, activism, encouraging people to be involved in the fight against FGM, public education, non-formal education, sensitization forums, networking, personal empowerment and mass community meetings/barazas entailed other approaches used by the community.

Community dialogue was the most preferred method because it brings the community members and the stakeholders to cooperate towards addressing this problem and offer best solutions in ending the practice. In addition, it offers the community instant feedback and guidance, knowledge, skills and attitudes that bring development and transformation in the community and confidence when addressing issues related FGM. The method also has a wider reach, offers the community a sense of belonging and is cost effective. Additionally, with this method, the community assumes ownership by taking up and owning the work of ending FGM.

Advocacy on the other hand was the least adopted approach of fighting FGM within the Marakwet community. This is because, advocacy does not involve every member of the community and hence empowers only some sections of the community while leaving or ignoring others for example women, girls while ignoring boys. Furthermore, it has no wider reach, communication does not reach everybody in the community and do not entertain feedback from the questions the community members might have wanted to ask. In addition, with advocacy, there is lack of proper coordination between the stakeholders and it is not cost effective.

5.2.2 Applications of the Participatory Communication Strategies

There have been joint efforts towards ending FGM within the Marakwet community. The stakeholders including the government, the civil society groups and other non-governmental organizations and the community have put together concerted efforts towards eradicating FGM. The government through the local administration including the chiefs have been organizing for public meetings 'Barazas' where the community is sensitized and educated on the negative effects of FGM. The local administrators also arrest the perpetrators involved in the practice. Other government organizations such as Ministry of Gender, FGM Board, county government of Elgeiyo Marakwet, among many other government sectors are greatly involved in the fight by collaborating with the community often. For example, they support alternative rites of passage, offer scholarships to children in the area, thus empowering them, offer capacity building among many other initiatives.

The non-governmental organizations on the other hand have been championing for the eradication of the practice. Organizations such as Child Fund Kenya have been at the forefront in implementing projects to prevent girls from harmful traditional and cultural practices such as Female Genital Mutilation (FGM) and early marriages. Religious leaders are make public statements delinking female genital mutilation from religious teachings and ethnic culture. The decrees from the Marakwet elders, have outlawed the practice in the community, paving way for alternative rites of passage that honor the rights and well-being of women and girls.

5.2.3 Challenges of the Participatory Communication Strategies

Participatory communication strategies have encountered a number of challenges in the fight against FGM. Some community members, especially the men believe they are not adequately involved and all efforts are geared towards girls and women empowerment while they have been sidelined bringing distrust among the community members. In addition, there are no regular community participatory as carried out. Members of the community are only engaged when there are reported cases of FGM, making the efforts to end the practice not so effective. Some participatory communication approaches, for example, information dissemination campaigns are carried out through mass media hence not reaching all community sections. Furthermore, there has been the withdrawal of NGOs and other stakeholders who support participatory communication approaches in the fight against FGM. This has cut the funding, hampering the efforts made in the fight against FGM.

The practice is deeply rooted in tradition and social norms within the Marakwet community making it difficult for the stakeholders to discourage the community from practicing it. The elderly is reluctant in letting the practice go because they believe it is a tradition of the community that should be kept. Additionally, the emerging trends such as the medicalization of FGM where the medical practitioners carry out the practice secretly have complicated the fight. The has given the feeling that involving the doctors in carrying out the practice is safe and others have used it as option. Further to this, there are incidences where, due to peer pressure, the girls cut themselves while others are cut unaware. Some of the elderly carry FGM to the young girls before the girls are able to understand the effects of the practice. There are other situations of cross border FGM where women and girls cross to West Pokot and Baringo Counties and others as far as Uganda to undergo FGM. The women or girls identify the regions where there is less sensitization against the practice and cross over to those place and return after completing the exercise. Finally, the lack of enough support from the government and other relevant stakeholders has also been a challenge.

5.3 Conclusion

The conclusions of the study are drawn from the summary of findings. The conclusions are presented according the objectives of the study. The study concludes that the participatory approaches that were applied by the Marakwet community in the fight against female genital mutilation included community dialogue, Education and Training, community empowerment, community mobilization and advocacy. Furthermore, capacity building, resulting to social cohesion, entertainment education through school clubs, music and drama festivals, theater performances, alternative rites of passage, door-to-door campaigns, outreach activities through roadshows, youth and women empowerment through workshops, social mobilization, with aim of attracting public attention. In addition, community engagement, holding seminars, activism, encouraging people to be involved in the fight against FGM, public education, non-formal education, sensitization forums, networking, personal empowerment and mass community meetings/barazas entailed other approaches used by the community.

The research further concludes that the government, the non-governmental organizations and the community have been instrumental in the fight against eradicating FGM. There has been joint and concerted effort by all the stakeholders. The government through the local administrators has been holding public Barazas to sensitize the community on the negative effects of FGM as well as arresting the perpetrators of the vice. Efforts have also been put in place to offer girls alternative rites of passages as well as protecting them from the practice and early marriages. The religious organizations as well as the local community leaders have also been making public declarations against the practice, which has greatly impacted on the efforts geared towards eradicating FGM

The study finally concludes that there were challenges that were faced by the participatory communication approaches in the fight against female genital mutilation. Part of the challenges were that participatory communication strategies have encountered a number of challenges in the fight against FGM. Some community members, especially the men believe they are not adequately involved and all efforts are geared towards girls and women empowerment while they have been sidelined bringing distrust among the community members. In addition, there are no regular community participatory as carried out. Members of the community are only engaged when there are reported cases of FGM, making the efforts to end the practice not so effective. Some

participatory communication approaches, for example, information dissemination campaigns are carried out through mass media hence not reaching all community sections. Furthermore, there has been the withdrawal of NGOs and other stakeholders who support participatory communication approaches in the fight against FGM. This has cut the funding, hampering the efforts made in the fight against FGM.

5.4 Recommendations

The recommendations of the study are drawn from the conclusions of the study. The study recommends that the national government through the chiefs and the village managers should adopt the participatory communication strategies. They should organize regular meetings such as public barazas within their respective jurisdictions to address issues such as the fight against FGM as well as the other area specific issues of concern to the community and the country at large. Rescue points should also be established within the most affected areas.

The study further recommends that the government should adopt the participatory communication strategies in solving the emerging pertinent issues such as climate change. The intention of the government to increase the forest cover should be spearheaded using these approaches. This is because the approaches have a wide reach and the supervision of the same will be local and efficient.

The study finally recommends that the government should conduct trainings and sensitizations to the elderly both men and women on the need to abandon the practice and focus on significant economic activities. The government should outlaw the practice both in hospital and at home. The government should also increase funding for the sensitization activities to increase its coverage and hence curb the practice.

BIBLIOGRAPHY

Amref. (2021). *Male Champions Against FGM*. Amref Health Africa. https://amref.org/kenya/male-champions-against-fgm/

Andrew, K. (2021, May 26). They get cut for you and it ruins their lives: FGM wake-up call for men. *The Star*. https://www.the-star.co.ke/news/big-read/2021-05-26-they-get-cut-for-you-and-it-ruins-their-lives-fgm-wake-up-call-to-men/

Aycrigg, M. (1998). *Participation and the World Bank: Success, Constraints, and Responses.* Washington, DC.:World Bank.

Bessette, G. (2004). *Involving the community: A guide to Participatory Development Communication*. IDRC.*Communication , Participation , & Social Change :* (n.d.).

Bessette, G. (2006). *People, Land and Water: Participatory Development Communication for Natural Resource Management.* Ottawa: International Development Research Center.

Cadiz, M. C. (1994). *Communication and Participatory Development.* Laguna: UPLBCA.

Coldevin, G. (2003). Participatory Communication: A Key to Rural Learning Systems. Rome: Food and Agriculture Organization of the United Nations.

David, N. (2015, December 7). How emerging tricks are derailing fight against FGM in Samburu. *The Sunday Standard*.

DFID. (2016, March 7). *Warriors against FGM*. https://medium.com/putting-girls-and-women-at-the-heart-of-uk-aid/warriors-against-fgm-a965588d00bf#.v2pr64bhf

Esther, O. (2021, September 5). *Kenyan men join battle to end FGM*. https://www.bbc.com/news/world-africa-58200718

Farman, A. Z. (2021). The effect of female genital mutilation/cutting (FGM/C) on girls/women's mental health: a case–control study in Kurdistan Region of Iraq. *Archives of Women's Mental Health*.

Kheerajit, C & Flor, A (2014). Participatory Development Communication for Natural Resources Management in Ratchaburi Province, Thailand. *13th International Educational Technology Conference*. www.sciencedirect.com

Godin, G. (1993). The theories of reasoned action and planned behavior: Overview of findings, emerging research problems and usefulness for exercise promotion. *Journal of Applied Sport Psychology*, *5*(2), 141–157. https://doi.org/10.1080/10413209308411311

Haider, McLoughlin & Scott (2011) *Communication and Governance, 2nd Edition.* Governance and Social Development Resource Centre (GSDRC) International Development Department, College of Social Sciences University of Birmingham, UK

Hill, A. (2010). Story of change. *Reality TV*, 170–193. https://doi.org/10.4324/9780203337158_chapter_8

Hubley J, (1990). Community Participation Theory and Practice in Health. *International Reference Centre for Community Water and Sanitation.*

Jenatsch, T., & Bauer, R. (2016). *Communication for development: A practical guide*. 77.

Kendi, D. (2018, July). Elgeyo Marakwet babies undergoing FGM in the name of culture. *The STAR*. https://www.the-star.co.ke/news/2018-07-19-elgeyo-marakwet-babies-undergoing-fgm-in-the-name-of-culture/

Kieran, H. (2021). *Female Genital Mutilation in Ethiopia*. https://borgenproject.org/tag/kembatti-mentti-gezimma-tope/

Kothari, C. (2004). *Research Methodology: Methods & Techniques*, 2nd edition.New age International Publishers, New Delhi, India.

KMGEthiopia. (n.d.). Retrieved July 22, 2021, from https://kmgethiopia.org/our-impact/

KNA. (2021, March 6). Samburu Elders Declare The End of FGM and Early Marriages in the County. *Kenya News Agency*. https://www.kenyanews.go.ke/samburu-elders-declare-the-end-of-fgm-and-early-marriages-in-the-county/

Lambert, V. a., & Lambert, C. E. (2013). Qualitative Descriptive Research: An Acceptable Design. *Pacific Rim International Journal of Nursing Research*, *16*(4), 255–256. http://antispam.kmutt.ac.th/index.php/PRIJNR/article/download/5805/5064

Case Study on the End Female Genital Mutilation (FGM) programme in the Republic of Kenya.

Magadalene, M. (2015, December 20). *Female Genital Mutilation Season Begins in Kenya*.

https://www.aa.com.tr/en/culture-and-art/female-genital-mutilation-season-begins-in-kenya/493677

Mathews, N. (2016, January 13). Why FGM has returned with a vengeance in Marakwet. *The STAR*. https://www.the-star.co.ke/sasa/2016-01-13-why-fgm-has-returned-with-a-vengeance-in-marakwet/

Morton, S. M., Bandara, D. K., Robinson, E. M., & Carr, P. E. A. (2012). In the 21st Century, what is an acceptable response rate?. *Australian and New Zealand journal of public health*, *36*(2), 106-108.

Sarah, O. (2021). *Elders make historic declaration to end FGM and child marriage in Kenya*. https://www.wvi.org/stories/kenya/elders-make-historic-declaration-end-fgm-and-child-marriage-kenya

"One hand can't clap by itself": Engagement of boys and men in Kembatti Mentti Gezzimma's intervention to eliminate female genital mutilation and circumcision in Kembatta Zone, Ethiopia, (2015). https://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/7067/EMERGECaseStudy_Ethiopia.pdf?sequence=8

The Tostan Community Empowerment Program, Senegal, (2016).

Roodt, M. (2001). Participation, civil society and development. *Development: Theory, policy and practice*, 469-482.

UNFPA/UNICEF (2020). Policy Brief: Enabling Environment for Eliminating Female Genital Mutilation.

WHO (2008): Eliminating Female Genital Mutilation: Inter-Agency Statement

World Vision International. (n.d.). *Accelerating Abandonment of Female Genital Mutilation and Child Marriage Project*. Retrieved July 19, 2021, from https://www.wvi.org/kenya/accelerating-abandonment-female-genital-mutilation-and-child-marriage-project

Yamane, T (1967). Elementary Sampling Theory. Englewood Cliffs, NJ: Pentice Hall

APPENDICES

Appendix I: Questionnaire

Dear participant,

My name is Timothy Cheruiyot, and I am a student at the University of Nairobi seeking a Masters of Arts degree in Communication studies. I'm working on a study called "Assessing the Contribution of Participatory Communication in the Fight Against Female Genital Mutilation in the Marakwet Community." The study is completely academic in nature. Please do not provide your name or contact information on the questionnaire. If you have any concerns about the questionnaire, please call me at 0723864226.

Section A: Background information

1. Age (tick (✓) where appropriate)

a) Below 20 years	
b) 21- 30 years	
c) 31- 40 years	
d) 41- 50 years	
e) 50 years and above	

2. Sex (tick (✓) where appropriate)

a) Male	
b) Female	

3. Marital status (tick (✓) where appropriate)

a) Married	
b) Single	
c) Divorced	

d) Widowed	

4. What is your highest education qualification? (tick (✓) where appropriate)

a) None	
b) Primary school	
c) Secondary school	
d) Tertiary (University/ College	
e) Others (please specify)	

5. What is your current occupation? (tick (✓) where appropriate)

a) Public servant	
b) Self-employed	
c) Private business	
d) Farmer	
e) Student	
f) Unemployed	
g) Civil Society	
h) Retired	

Other, Specify ----------

Section B: Participatory communication approaches used in the fight against FGM

6. Among the approaches listed below, please tick the ones that you are aware that are being used in the fight against FGM in your community (tick (✓) where appropriate)

a) Education and training campaign	

b) Community dialogue	
c) Community empowerment	
d) Community mobilization	
e) Advocacy	

7. Among the community members, who are involved in the above approaches? (tick (✓) where appropriate)

a) Elders	
b) Young men	
c) Older women	
d) Young women	
e) Religious leaders	
f) Local administrators	

8. Have you been involved in any participatory communication strategy adopted in the fight against FGM in the community? (tick (✓) where appropriate)

a) Yes	
b) No	

9. Out of the approaches identified under question 1, please rank them from your favorite to your least favorite (Indicate below)

a)
b)
c)
d)
e)

10. What do you like about your favorite approach? (Indicate below)

a)
b)
c)
d)

11. What do you dislike about your least favorite approach? (Indicate below)

a)
b)
c)
d)

12. In terms of community involvement, how would you rate the approaches?

a) Excellent	
b) Very good	
c) Good	
d) Poor	

13. Apart from the approaches mentioned above, do you know of any other participatory approaches applied in the fight against FGM? If yes, mention the approach(es).

Section C: Application of Participatory communication approaches in the fight against FGM.

14. Does the government and other stakeholders involve the community in ending the practice?

a) Yes	
b) No	

If yes, what are the approaches used?

---

15. How often does the government and other stakeholders interact with community members to dialogue about FGM?

a) Often	
b) Sometimes	
c) Rarely	
d) Never	

16. Which communications platforms are used in communicating issues about FGM in the community? (tick (✓) as appropriate)

Mass Media platform	
a) Radio	
b) Television	
c) Social Media	
d) Public barazas	
e) Community theatres	
f) Newspapers	
g) Others (Specify)	

Which is the most favorite and why?

---

17. Among the achievements listed below, which ones have the approaches achieved in your community (in the fight against Female Genital Mutilation) (Tick (✓) where appropriate)

Community members know the negative effects of FGM

a. Yes b. No c. Not sure
Community members have stopped cutting girls a. Yes b. No c. Some
Girls can reject FGM a. Yes b. No c. Some
Public declarations that denounce cutting girls a. Yes b. No
Religious leaders support the end of FGM a. Yes b. No c. Some
Elders support the end of FGM a. Yes b. No c. Some
Young men are willing to marry uncut girls a. Yes b. No c. Some

18. The participatory approaches have inspired me to support the fight against FGM (Tick (✓) where appropriate)

c) Yes	
d) No	

19. Do you think the participatory approaches have had any other influence not related to FGM?

(Tick (✓) where appropriate)

e) Yes	
f) No	

20. If yes, give me some examples of participatory projects implemented so far in your community not related to FGM, and examples of groups that have been involved or participated in the process?

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21. Rate the extent to which participatory communication approaches have influenced members of the community to abandon FGM. Rate on a scale of 1 to 5; where 1= No extend, 2= Little extend, 3= Moderate extend, 4= Great extent, 5= Very great extent.

Community Members	1	2	3	4	5
a) Young girls					
b) Young men					
c) Mothers					
d) Fathers					
e) Elders					
f) Religious leaders					
g) Local administrators					

Section D: Challenges facing the use of participatory development communication

22. In your opinion, what are some of the challenges facing the approaches (List below)

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23. In your opinion, how do those challenges affect the fight against FGM in your community? (List below)

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24. How do you think the challenges can be handled?

Do you have any other comment?

Thank you for your time.

Appendix II: Key Informant Interview Guide

Section A. Background Information

1. Sex
2. Age
3. Educational Background

Section B. Participatory communication strategies adopted in the fight against FGM

4. Do you play an active role in the fight against FGM?
5. If yes, briefly tell me how and when you got involved and your experience so far?
6. Do you know about the participatory communication approaches used to address FGM in the community and what is your opinion about each of the approaches?

Section C: Participatory communication approaches applied in the fight against FGM

7. Does the government and other stakeholders involved in the fight against FGM involve the community in ending the practice? If yes, how do they involve and how often?
8. What do you think should be done to increase participation of the people in the fight against FGM?
9. Which communications platforms are used in communicating issues about FGM in the community? Which is the most effective, and why?
10. In your opinion, what are some of the achievements of the approaches to the community specifically in the fight against FGM?
11. Apart from FGM related issues, have the approaches benefited the community in any other way?
12. In your opinion, among the community members, who has been influenced by the approaches more? Please explain your answer
13. In your opinion, who has been influenced the least? Why do you think this is the case?
14. What do you think can be done to improve impact across all community members?

Section D. Challenges facing participatory communication approaches used to in the fight against FGM?

15. What are some the challenges you face in the fight against FGM?
16. In your opinion, how do those challenges affect the fight against FGM in the community and how best can those challenges be handled?

Do you have any other comment?

Thank you for your time.