

**THE ROLE OF THE MEDIA IN ERADICATING
FEMALE GENITAL MUTILATION AMONG
THE KISII COMMUNITY OF KENYA
IN KISII CENTRAL DISTRICT**

A CASE STUDY OF THE ABAGUSII COMMUNITY

BY

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THE AWARD OF BACHELORS DEGREE
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I **Rosemary Nyamisa** do hereby declare to the best of my knowledge that this dissertation is my original work and has never been submitted to any university for any award

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Name *Sybil Byam Williams*
Signature

Date *20/9/2008*

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noted typographical errors*

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DEDICATION

This dissertation is dedicated to my very dear mother, Mrs, Hebisiba Masese Bagwasi. It's through your unceasingly hard work and sacrifice that i have come this far. You have always challenged me with your life and words of wisdom .You have instilled in me confidence in life. Your encouragement and self denial to this cause can probably find no fitting expression. Am truly and will forever remain indebted to you

To my friends Musikoyo, Peter Ondati, Lymo and Silah Ngetich, I thank God for you all. You have been a source of encouragement .To you I say: You made my dream come true My friends –A true friend is a rare treasure. You have added meaning in my life and filled it with happiness, I shall always treasure all the good times we shared, for life is not too long to remain as friends.

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Thank you.

LIST OF ACRONYMS AND ABBREVIATIONS

FGM- Female Genital Mutilation

PRA- Participatory Rapid Appraisal

UNICEF- United Nations International children Education Fund.

UNDP- United Nations Development Program

UN- United Nation

FIDA- Fedaracio International de Abogadas

WHO- World Health Organization

AIDS- Acquired Immune Deficiency Syndrome

HIV- Human Immune Deficiency Virus

UDHR- Universal Declaration of Human rights.

ABSTRACT

This dissertation demonstrates critical analysis of the research findings on Female Genital Mutilation (FGM) in Kisii Central District with special analysis to the media. ^{reference}

Three research areas were accessed: a report on harmful traditional practices that affect the health of the women and their children in Kisii, the large span of the media and its coverage, from this report, the findings were discussed under selection criteria while playing a large concern on economic, health and ignorance angles.

Overall, it was found that there were many gender biases against women in the FGM cultural practice strengthened by the women's attitude towards the practice. Moreover, the ignorance of women among the Kisii community that practice FGM predominant.

In addition, medical reasons against FGM far more outweigh any existing reasons. Based on these findings, it was recommended that the media should be used in mass education and campaigns against FGM.

Based on the report it was also ^{found out} recommended that further research on FGM ^{on} specific aspects such as the sexual behavior among the circumcised and the uncircumcised women tend to differ. ~~Because it depends on the dowry/pride price payment practices which should be conducted.~~ | | ^{not clear}

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LIST OF STATUTES

The constitution of Kenya

The medical practitioners and dentists Act chapter 253 of the laws of Kenya

The nurses, midwives and health visitors Act chapter 257 of the laws of Kenya

The penal code, chapter 63 of the laws of Kenya

“The memory of the screams calling for mercy, gasping for breath, pleading that those parts of their bodies that if it pleases God to give them to be spared. I remember the fearful look in their eyes when I led them to the toilet, ‘I want to, but I can’t. Why mum? Why did you let them do this to me?’ Those words continue to haunt me. My blood runs cold whenever the memory comes back. It is now four years after the operation and my children still suffer from its effects. How long must I leave with the pain that society imposed on me and my children?”

Testimony of Miami, “Female Circumscion in Gambia,” by Saffiatou K.Singhhatel, in Female circumscion: Strategies to bring about change, The Somali women’s Democratic Organization cited in Toubia Nahid, Female Genital Mutilation: call for global Action, 2nd Ed. New York, NY, Rainbo, 1995.

CHAPTER ONE

INTRODUCTION

Female Genital Mutilation (FGM) has been an indigenous tool for the control of generation among Kisii community and its time span several thousands of years. At an inception stage, the cultural understanding of gender and its impact in the society has from this time developed in a correlational criteria. (WHO, 1998)

The impact of the same therefore has been repeatedly created and allowed to torment the real effect of preference balance within the construct of the society. In this view, time and again the cultural component has been developed and allowed to immensely control the virtual impact of society which considers this one and the only right of passage towards maturity.

Traditionally, the modal undertakings in love, marriage and death have been clear life patterns through which one has to undergo. In view of this, the vital composition of the genital mutilation allows young girls to graduate from their simple childhood stage into adulthood, a process which is importantly classified as a true step towards marriage. While the cultural understanding is rocky and creates honour at this stage in life.

At a tender age of 5-12 girls are fattened and allowed to grow to enable them gain strength ahead of their activity

In the Kisii community, over seven hundred girls and women are subjected to genital mutilation, a dangerous and potentially life-threatening procedure that causes unspeakable pain and suffering. This practice violates girls' and women's basic human rights, denying them of their physical and mental integrity, their right to freedom from violence and discrimination, and in the most extreme case, of their life. Female genital mutilation/cutting (FGM/C) is a global concern. Not only is it practiced among communities in Africa and the Middle East, but also in immigrant communities throughout the world. (WHO, 1998)

Moreover, recent data reveal that it occurs on a much larger scale than previously thought. It continues to be one of the most persistent, pervasive and silently endured human rights violations.

In the Kisii Community where it is practiced, FGM is an important part of girls' and women's cultural gender identity. The procedure imparts a sense of pride, of coming of age and a feeling of community membership.

Moreover, not conforming to the practice, it stigmatizes and isolates girls and their families, resulting in the loss of their social status. This deeply entrenched social convention is so powerful in this part of the world that parents are willing to have their daughters cut because they want the best for their children and because of social pressure within their community. The social expectations surrounding FGM represent a major obstacle to families who might otherwise wish to abandon the practice.

Taking this as its point of departure, analyzing some of the most promising strategies to support communities to abandon FGM has been about change through conventional approaches in a classic media coverage which is imposed in some of the most exhilarating components which feature in FGM eradication procedure.

These approaches recognize that the decision to abandon the practice must come from communities themselves, and must reflect a collective choice, reinforced publicly and grounded on a firm human rights foundation. Greater understanding of human rights provides communities with the tools to direct their own social transformation. The explicitly collective dimension empowers individual families, while liberating them from having to make the difficult choice of breaking with tradition. .

In line with an international accord to stamp out violations against women and girls, something which undermines their identity, communication channel and media integration requires total application to see this process being successful.

The standards conceived through media in this regard are seen to be achievable and the attainability concept is expected to have a ceded ground of items which will be universally integrated into the social and cultural issues without having the same degenerating into something else.

From the media point of view, the issue has received consistent attention and thereby enabling the Kisii people accept the impending changes in view of their cultural preferences. (Zeb press 1982)

In view of these facts, the term female mutilation is not only misleading but also inappropriate to explain the real state of affairs. The term FGM is what best refers to the exercise. This term is most suited given severity and irreversibility of the damage inflicted on the girl's body. Female Genital Mutilation is deeply rooted in culture and the reasons advanced in its favour mostly revolve around social definitions of femininity and attitude towards women sexuality. Tradition is readily sighted by almost all as the most important reason why FGM is practiced today and a common feature is the social definitions of womanhood and identity. (WHO, 1997)

FGM has implications on many levels including sexuality, status, power and identity. It is a practice that dates back antiquity where some of these cultural practices were adopted by the respective communities so as to subjugate women and more importantly to control their sexuality and to maintain male chauvinistic attitudes in respect to marital and sexual relations. FGM is an extreme example of efforts common to societies around the world to suppress women's sexuality, ensure their subjugation and control their reproductive functions.

There is need to do away with it so as to bring to a halt the crying and suffering of millions of women and little girls who are still subject to this radical and degrading

practice which is seen in the light of orbiter of culture, a traditional female school. (UNICEF, 1998)

1.2 Research Problem

In the Kisii society in which this act is being practiced, FGM is a manifestation of gender inequality that is deeply entrenched in social, economic and political structures. In the compounded item of broadcasting the elimination of this process, this dimension is not explicitly addressed and may not even be recognized by those who support and perpetuate FGM. While the process of advocating for this is being practiced, the FGM is persistent, and the innermost concern lies within the environment in which this is being practiced.

Confronting the same has been extremely inaccessible due to traditional hardliners who see more than nothing in promoting the process. While the people are seeking to understand how and why the practice of FGM has not been eliminated completely and it continues to persist in the larger part of Kisii community. Confronting the same is an immeasurable concept addressed both literarily and conventionally to eliminate this mutilation by having launched training programs at hand.

This process appears to be a paradox of an existing thing which continues to create more problems in a more illiterate society and in many cases the traditions are perpetuated by bringing in more classic methodologies of allowing girls and women to have basic education on the same. It is in fact a phenomenon which relieves ones mind in factors which paint conceptual consequences in relative episodes, both physical and psychological.

This hence lies in the social dynamics among the Kisii Community itself, and an integrated understanding of those who practice FGM. In this regard, the entire block is an impact of those parents who organize the practice by creating harmful

approaches to qualify their desired objectives. In view of this, parents have found this taunting task a factual process which is believed to be the only route towards maturity. They therefore fail to understand the resultant implications of the same act.

In view of the same, a process aimed at eliminating over 30% of the process is viewed radically and expected to be fully classified at the onset of the season.

Understanding FGM as a social convention provides insight as to why women who have themselves been cut suffer the health consequences.

The study aimed at creating several aspects of allowing women and girls to develop processes aimed at ending FGM.

1.3 OBJECTIVES

1.3.1 General Objectives

- i) To develop a more dynamic protocol which enhances the communication characteristics especially in communications aimed at controlling and completely eradicating the effects of female genital mutilation in the Kisii Community
- ii) Creating a compromise aspect which aims at addressing the economic aspect related to FGM and to act on related matters attempted at advocating possible change of mind by introducing more relevant topics to help create diversity and management synthesis.
- iii) To enrich cultural diversity through means other than the basic understanding of the mechanism used to create pain and suffering amongst young girls and women who continue to remain vulnerable to torture and freedom violations.
- iv) To create an insightful process which aims at moderating their principal understanding of alternative approach to adulthood, and to intensify

advocating possible change of mind by introducing more relevant topics to help create diversity and management synthesis.

- iii) To enrich cultural diversity through means other than the basic understanding of the mechanism used to create pain and suffering amongst young girls and women who continue to remain vulnerable to torture and freedom violations.
- iv) To create an insightful process which aims at moderating their principal understanding of alternative approach to adulthood, and to intensify training along the same lines to effect love and change, through moderated means of media and communications.

1.3.2 Specific Objectives

1. Create a cost free method: -The information required for training and in particular accessing the problem before hand aims at restoring basic principle coverage and increasing awareness.
2. Empowering women: women are empowered by having them be part of the campaign strategy, but also by offering incentives and tools which will be importantly used in the fight against the FGM practice.
3. Involving the political will: - The campaign will only come to be successful by taking an early lead in providing enough information, and this happens when enough support is received from the political field.

1.4 Research Hypothesis

The hypothetical concept studied suggests that the graphical decline of FGM is practically equated with better media involvement and this has been reflected in the study.

1.5 Scope of the Study

The study comprises rising cultural integration which has been greatly advocated at a time when women and girls are being made to undergo a transitional period from childhood to adulthood.

The study therefore captured the trends associated with media and the role that it plays in allowing for training and subsequent realization of the end results which will yield a further reduction in FGM activities.

The subjection to this type of activity has proven more costly and therefore research into this area reflects a more advocated program which enlists program interchange and it periodically rekindles possible media coverage in this area of study. Research sought to understand how and why the practice of FGM/C persists and how the same could be confronted.

In most of these, parents and other family members are perpetuating a tradition that they know can bring harm, both physical and psychological, to their daughters. The explanation lies in the social dynamics among individuals in the Kisii Community.

In principle discussions about FGM, the area of coverage is explained to gear an exponential procedure which correlated with the existence of this and other related approaches towards developing a solid foundation in areas associated with this factor.

The obligation to reach out to the Kisii people indicated to mean that interesting criteria for a reproach and this can be understood as a social convention to which parents conform, even if the practice inflicts harm. Therefore the nature of study reflected the fundamental cultural values as well as the impending changes enshrined in the consultative processes.

1.6 JUSTIFICATION

The study aimed at protecting girls from a number of challenges, notably taking into consideration the FGM. The component of study will be a success and participatory areas a guiding principle in a community based research.

The study will depict a great understanding of the role of women, and how the media has employed desired results in teaching the community against FGM. The concept of maturity and a way of seeking alternative approaches towards women and girls who wishes to seek recognition in the Kisii Community. The entire principles aim at obtaining a guide which will be greatly advocated to help define the problems and offer a soft solution to the same.

Through media, therefore, the village traditions will be harnessed and this will encourage people to speak out and engage in discussion. The media will equip families with knowledge on human rights and responsibilities.

It will equally encourage communities who have made the decision to abandon the practice to spread their message to their neighbors. All these elements will help to bring about the social change needed to protect girls and women from FGM.

The media therefore plays a guiding role and it embodies key elements necessary to change a social convention at the community level, including collective action and public declaration.

In education, the media will be an important asset in assessing the most pressing needs of the community especially in providing training and awareness for women and girls and hence enabling them to access basic education, and further enhancing core health issues such as systematic birth registration, and a

significant increase in vaccination rates. One of the most significant outcomes will be the grassroots training for the abandonment of FGM, which is spreading across Kisii Community.

The opportunity to understand human rights and explore their direct relevance in the village setting will create confidence, especially among girls and women. It will also increase the capacity of the group to tackle more challenging issues and prepare the ground for community members to take the decision to abandon FGM. In turn, communities will share this information and experience with other communities.

Extensive media coverage of these public declarations will help to introduce the alternative of abandonment to communities that continue the practice. It will also contribute to creating a supportive environment for change at the national level.

1.7 Definition of key concepts

1.7.1 Media

Refers to the main ways that large number of people receives information and entertainment that is TV, Radio and news papers.

1.7.2 Human rights

One of the basic rights that one has to be treated fairly and not in a cruel way especially by their government.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The study carried out a background study to specific reflections with bases on ideas affecting the general effects of the act. The evaluation techniques look deeply into the same with specific analysis of the problem with a detailed understanding of its inroad effects in Kisii

2.2 FGM and the Media

The process, mutilation is defined as being "Disfigurement or injury by removal or destruction of any conspicuous or essential part of the body" (Stedman's Medical Dictionary, 26th Edition, 1995). This definition includes male circumcision.

Medical science has recently rediscovered that the female sensor is the principal location of erogenous sensation in the human female and the removal of this part substantially reduces the sensitivity of the area.

In several cases of female genital mutilation, there is no evidence to suggest it might be medically beneficial in any way, and can cause serious medical problems and even death due to complications directly resulting from the procedure (Abdallah, 1982; Dareer, 1982).

The possible side effects of female genital mutilation are numerous. They include urine retention, hemorrhaging, infection, pain, menstrual complications, infertility, and loss of sexual pleasure or inability to perform sexual intercourse, death and psychological disturbances. In some cases, babies have been seriously harmed during prolonged labour, due to circumcision, resulting in brain damage or death of the child (Abdallah, 1982).

Genital mutilation is usually performed as either a religious ritual or to gain acceptance within the society. While in the Kisii community, the act has been gravely practiced with total disregard to the principle coverage of such items as pain being seen as absolutely necessary and being part and parcel of life. The protocol is an inversion of the absolute direction of the society. In principle, the community believes that everyone has the freedom to practice their culture. It has therefore meant that many people object when the rituals involved in practicing a culture involve hurting another human being, especially young innocent girls.

Mere assertion that ritual circumcision is seen as a religious duty is equally valueless in discharging the burden of proof: it may provide a reason but it does not provide a justification, or in other words it may explain but does not excuse. (Price, 1996).

2.3 Women and Freedom against FGM

While everyone has the freedom to practice their religion, in the case of the Kisii community and their members of society (i.e. midwives etc) performing genital mutilation on children does this without any particular justification hence violating their human rights. In this regard, it is a subject to note that no one shall be subject to torture or to cruel, inhuman or degrading treatment or punishment.” (United Nations, 1998). These are also rights, which are broken according to the 1989 United Nations Convention on the Rights of the Child. Modern studies and those of the United Nations therefore regard this as a distortion of factual analysis of information and in view of the same, a total dysfunctional model. The Kisii community therefore is apparently unaware of this and has in the recent past violently practiced this act and hence deviating from the norms of the society. (INICEF/UNDP, March, 12 1997)

In principle, the component of study aims at creating an environment which envisages advocacies following the same angle and inclinations by incorporating

appropriate measures to ensure that the girl child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, or family members.

Bearing in mind that the practice of genital mutilation breaks the rights of every person and of every human being, one is forced to ask why traditionalists in the Kisii community still perform female circumcisions. By doing so, they risk labeling themselves as hypocrites for going against one of the fundamental elements of their obligation, and their roles as parents and guardians.

2.4 The awareness principle & the Media

It is an object which carries no credit in itself and forces one to wonder why so little action is being taken on this matter at the community level in Kisii community. It is expressively regrettable that the same practice is widespread. Outside survey, for instance points ugly heights. In America 60% of newborn females in 1996 were circumcised and 10% in Australia (History of Circumcision) Female circumcision rates are well above 70% in some African countries, including Sudan (Dareer, 1982).

While laws may have been passed preventing circumcision and female genital mutilation in some areas, inadequate law enforcement has rendered the legislation irrelevant and useless (Dareer, 1982). Clearly this is an issue which needs to be globally addressed and enforced in order to protect our children.

With the facts stated here, it is my belief that genital mutilation is very much and issue which again needs to be addressed extensively, as it was in 1989 with the United Nations Convention on the Rights of girl child. Hence the Kisii community and a perspective of study reveal this factor, and in study process, the entire progress is brought under scrutiny to create a perfect study option to act on possible modalies aimed at creating a lasting awareness towards the same.

The awareness standard is reflected largely through this methodology, and in a coordinated principle, hence demarcating the aspects of basic dissipation of information with regards to problem evolution

2.5 WHY FGM IS PRACTICED

2.5.1 Right of Passage

FGM is seen as a process by which a girl passes from childhood to adulthood. It is seen as conferring girls with status of womanhood in the Kisii community and also as a mechanism by which rights and obligations of women in the community are defined. It's a sign that an individual has been taught the essentials of adulthood. (FAWE, 23rd July, 2000)

On this issue various questions arise which need to be addressed, for example, that the practice still serves the same purpose when performed at the early ages and what is the definition of their new roles, for example is an eleven year old an adult? We also need to ask ourselves what an artificial sense of adulthood does to children, to their education and their social relationships.

2.5.2 FGM and Religion

In some communities where FGM is practiced, it is viewed as a religious practice. This is especially so where Islam is predominant. It is however to be noted that this practice (FGM) preceded Islam in Africa. No Islamic book makes it a religious requirement, neither the Koran which is the primary source of Islamic law nor the **Hadith** mentions it. The story of Sarah (Abraham's wife) and Hagar, the slave girl, has proven beyond reasonable doubt that Sarah did it to Hagar as a result of jealousy but not for religious purposes.

When Islam came to Africa, the newly converted leaders continued to practice FGM and they linked it with Islam. Over time a belief was created in the minds of Muslims that FGM was required by Islam. When the holy prophet Mohammed was asked what he thought about FGM, his answer was essence an attempt to deter the practice. He is said to have told them,

“If you cannot stop, cut a little but do not destroy the clitoris as it would be better for the man and would make the woman's face glow.” If authenticity of the speech is accepted, this is how the “sunna” interpretation came about.

The Christian Bible, just like the Koran does not mention FGM. Indeed when Christian missionaries came to Africa they denounced it as dreadful practice. As such there is nothing in scripture to support the practice as being a religious tenet. (Van Der Kwark 1992, 35: 777)

2.5.3 FGM and Social Acceptance

FGM is seen a necessary requirement for acceptance and promotion of personal recognition among peers and within the Abagusii community.

As regards conferring of status, this is not advantageous in any way except that it leads to discrimination in high prevalence areas. It is also to be noted that where girls and women have education and other status conferring opportunities, FGM tends to be reduced. (FAWE, 1995)

2.6 FGM and Marriage

FGM is seen as necessary preparation for marriage and it is perceived to increase girls and women's chances of marriagability. This is because in Kisii communities girls who have not undergone this rite are considered unmarriageable and unprepared for wifely duties. (FAWE, 23rd July 2000)

It is to be noted that traditionally, this was understandable but in our society today there is a diversity of roles. We need to ask ourselves weather FGM is still to be seen as a major instrument of socialization for marriage. Further, what kind of socialization just by a mere cut and what is to be construed of the uncircumcised women who are in no way disadvantaged in marriage and fertility?

2.6.1 FGM and social cohesion

FGM is seen as promoting tribal and social cohesion and this is by virtue of being circumcised together. These are girls belonging to the same age group and they develop and continue to have tight social relationship throughout their lives.

2.6.2 FGM and sexuality

This is considered to be an external sign of sexual maturity and this is why during this occasion girls are prepared for sexual activities.

Ironically, however, the practice is also perceived to control female sexuality among the abagusii women, to promote sexual purity and to ensure virginity. In this regard therefore, girls are subjected to extreme pain to serve male purposes so that at marriage they maybe virgins and untouched except by their husbands. The question that arises here is which woman has a problem wit her sexuality and who determines this. It has further not been proved that uncircumcised girls are more promiscuous than circumcised girls and on this note it will be important to state that there been cases of loss of virginity even in infibulations cases. FGM only reduces the sensitivity to, but not the desire for sex.

2.6.3 FGM and aesthetic

FGM has been associated with cleanliness in a woman since the female genitalia is considered to be unclean.

ā

This is the most common immediate complication. Amputation of the clitoris cuts across the clitoral artery in which blood flows at high pressure. To stop the bleeding, the artery must be packed tightly or tied with a running stitch either of which either of which may slip and lead to haemorrhage. Secondary hemorrhage can occur after the first week as a result of sloughing of the clot over the artery owing to infection. An acute episode of hemorrhage or protracted bleeding can lead to anaemia, or, if very severe to death.

2.7.3 Shock

Immediately after the procedure, the child may enter a state of shock from the pain, psychotically trauma and exhaustion from screaming. The short-term and long term effects of the state of physical and physiological shock may however not be reported.

2.7.4 Urine retention

Pain, swelling and inflammation around the wound and subsequent infection can lead to urine retention, which may last four hours or days, but is usually reversible. Intervention with a catheter may be necessary before urine can be passed normally

2.7.5 Infection

This is very common and can be caused by unsterile instruments. It can also occur within a few days of the operation as the area becomes soaked with in urine and contaminated by faeces. The degree of infection varies widely from a superficial wound infection to a generalized blood infection or septicaemia. Unsterilised tools and faecal matter can cause infection with tetanus spores or bacteria that will cause gangrene (Derive MA landmark 1992)

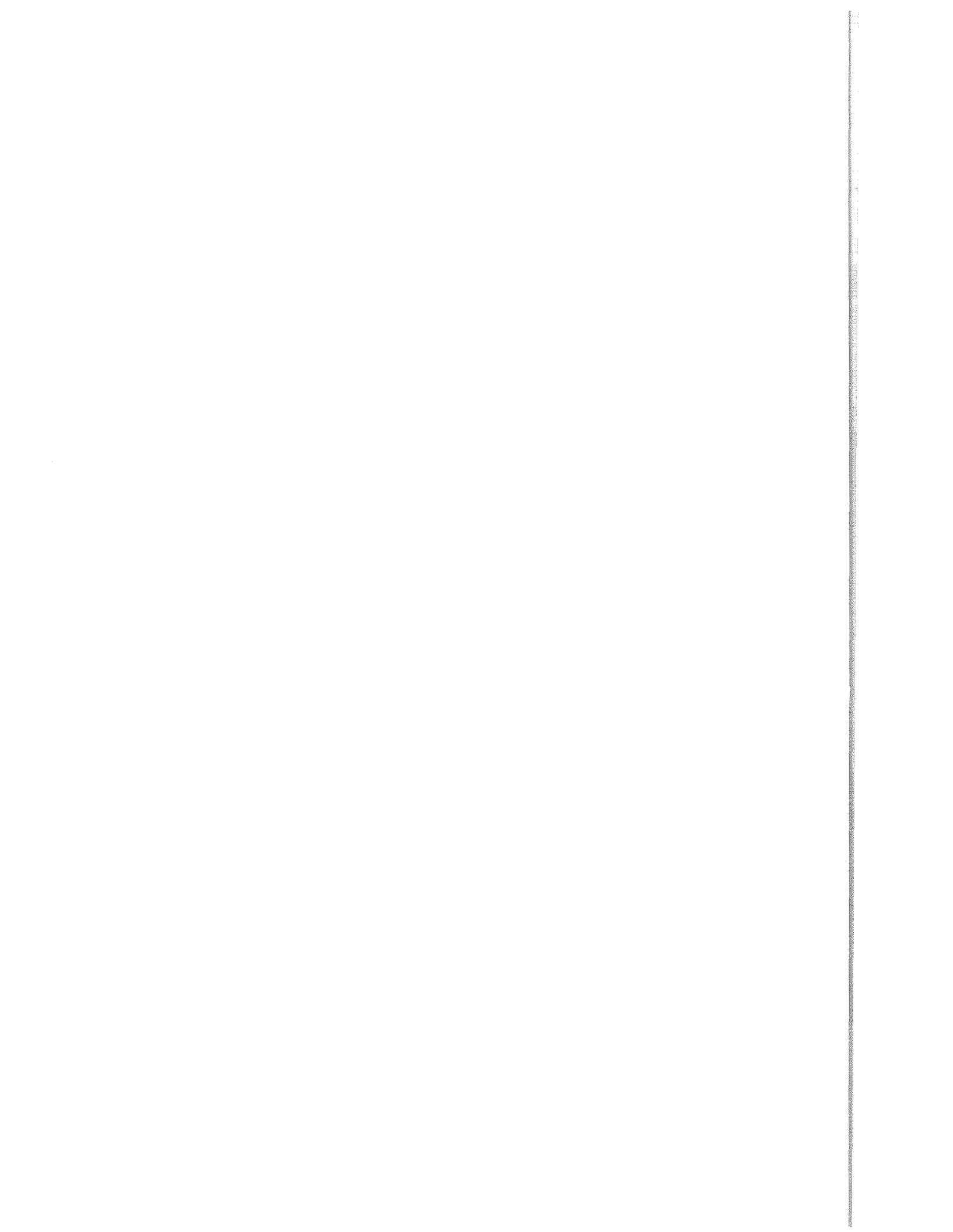
2.8 Long Term complications

Failure to heal

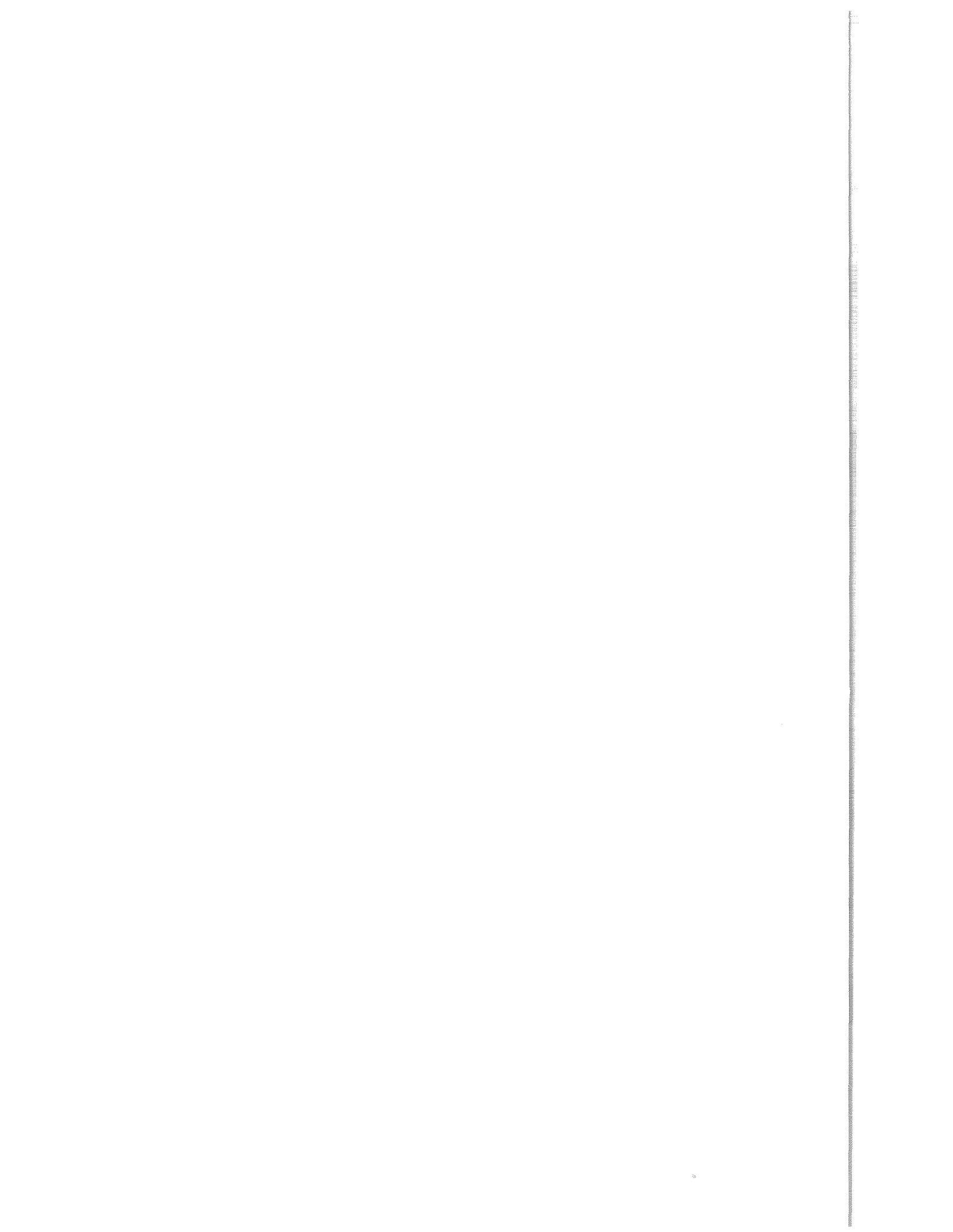
Infection, separation from the urine flow and movement during walking may prevent the wound edges from healing. A weeping wound oozing pus or a chronic infected ulcer may result, which will require proper dressing and expert handling. Even if healing is complete, the rigid, vulnerable scar over the clitoris may split open during child birth. This may lead to renewed profuse bleeding from the clitoral artery.

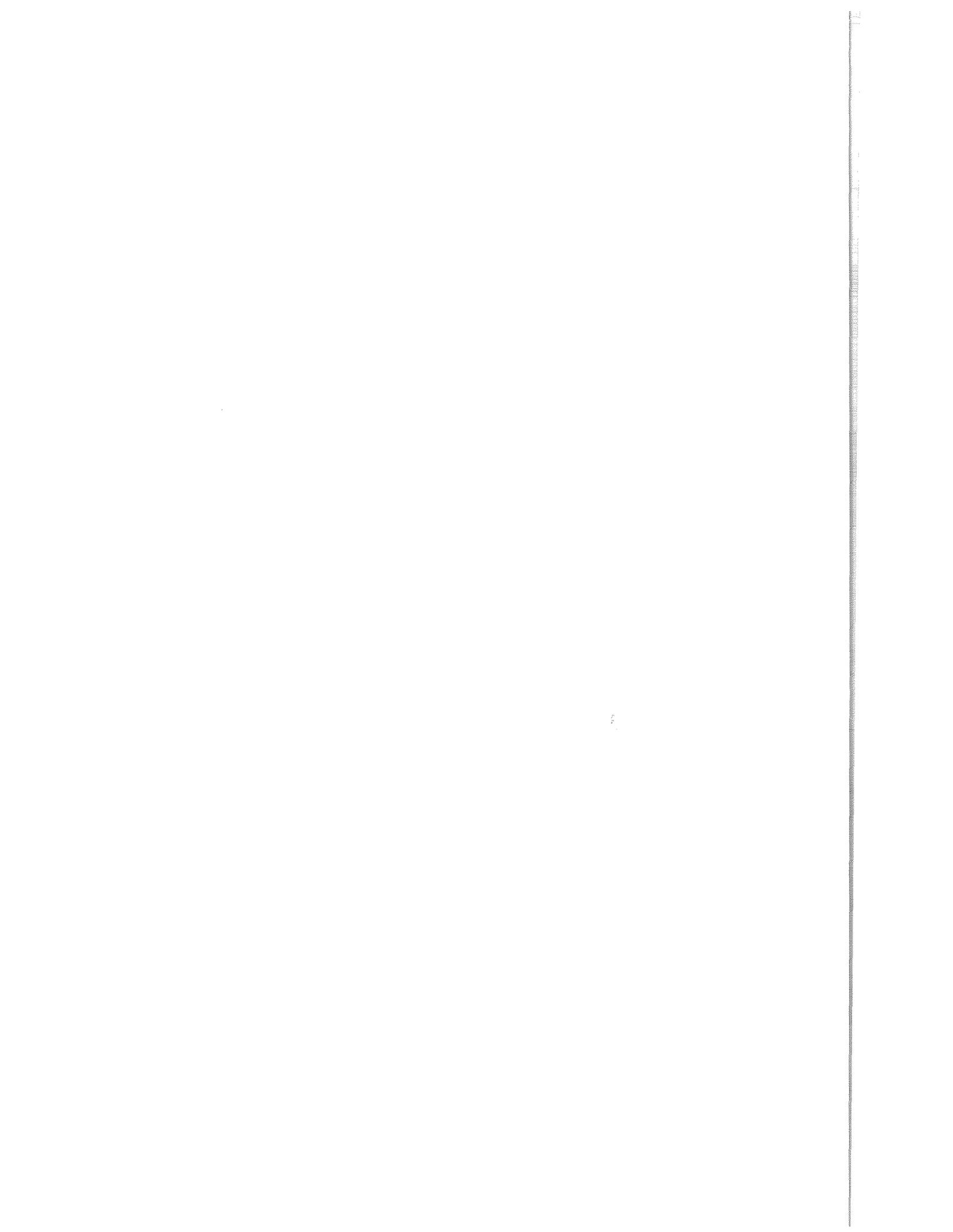
2.8.1 Dermoid cyst

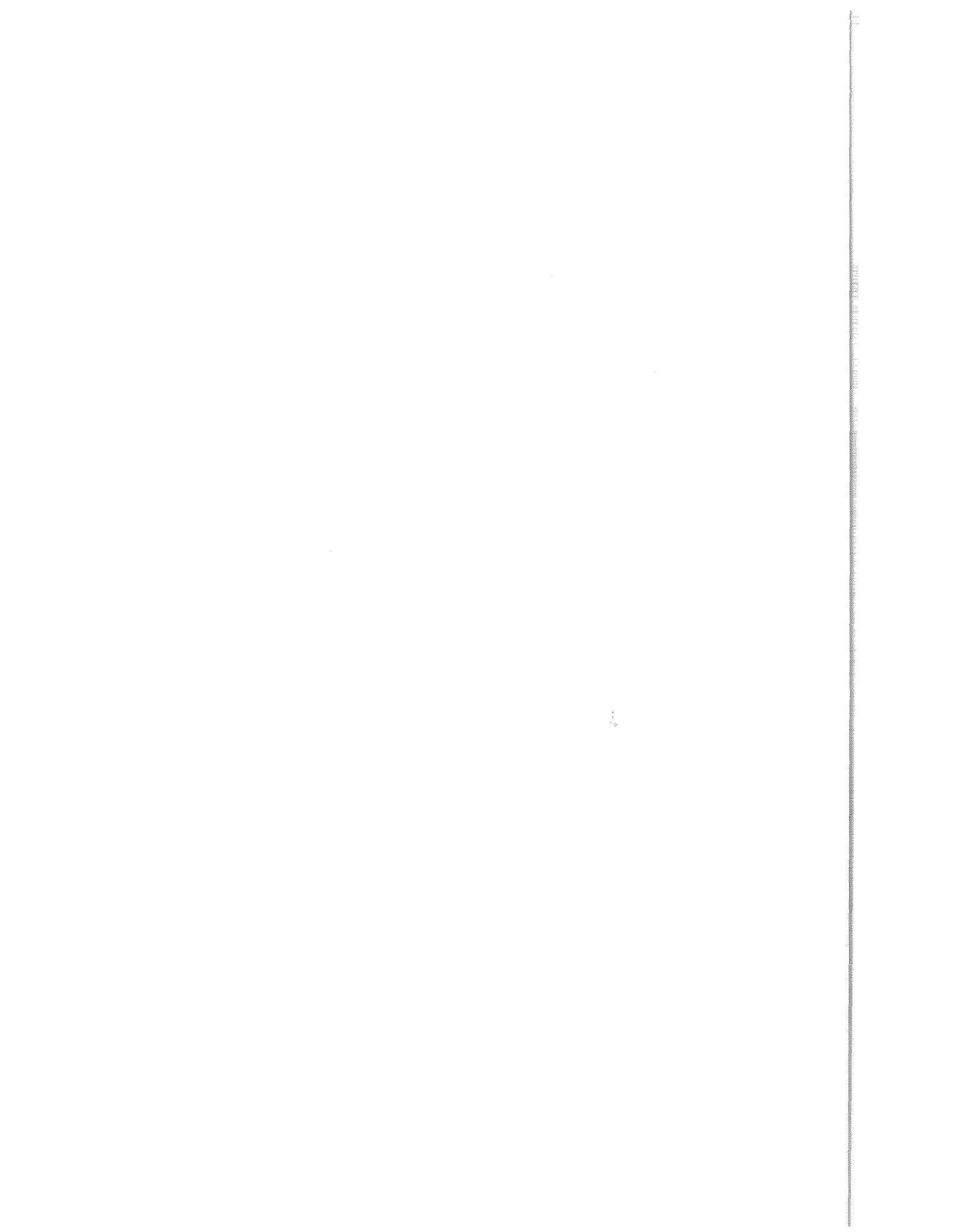
This is the most common long term complication of all types of FGM. It results from the embedding of skin tissues in the scar. The gland which normally lubricates the skin will continue to secrete under the skin and form a cyst or sac full of cheesy material. The reported size of dermoid ranges from that of a small pea to that of a grape fruit. Although not a serious threat to physical health, these cysts are extremely distressing. Small

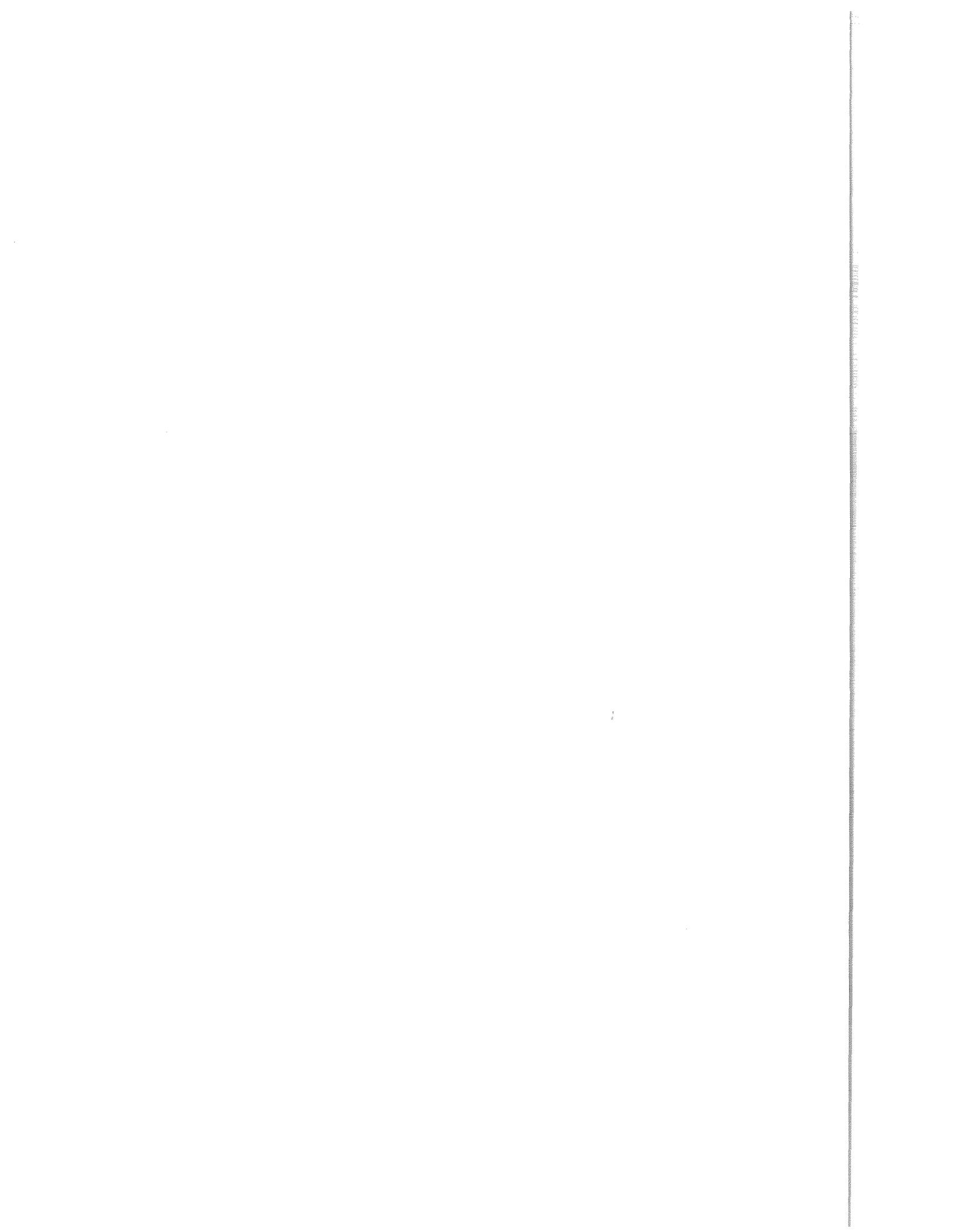


1









dermoid cysts should be left alone to avoid further damage to the area, and the woman should be re-assured. Surgical removal may be unavoidable.

2.8.2 Keloids

There is a genetic susceptibility to keloids especially in the Abagusii community. Vulva keloids are disfiguring and psychologically distressing. Treatment is often unsuccessful since surgical removal frequently provokes further growth

2.8.3 Reproductive tract infections

Ascending infections from the vulva due to retained discharge and blood can lead to pelvic inflammatory disease. Possible causes are infection at the time of the operation, Pelvic inflammatory disease is not only painful but can also lead to infertility as a result of scarring of the fallopian tubes

2.8.4 Painful sexual intercourse

Sexual intercourse can become painful and psychologically distressing as a result of one or several of the complications mentioned above

2.8.5 HIV/AIDS, Hepatitis B and other Blood Borne Diseases

Although FGM may increase an individual's risk of acquiring blood borne pathogens such as human immunodeficiency virus (HIV) or the hepatitis B virus, there is as yet no evidence that it is a major contributor to the spread of the Acquired Immunodeficiency Syndrome (AIDS), Hepatitis B or other blood borne disease. However a recent study in Kenya reported that group operations using the same unclean cutting instruments with consequent risk of transmission are still common

2.8.6 Complications of labour and delivery

During child birth, the cut woman's scar does not expand as it should. This increases the risk of bleeding and wound infection. If an experienced attendant is not available to perform skillful delivery labor may become obstructed. Prolonged obstructed labor can cause moderate to severe complications for the mother and the child there are also cases of ruptured vulva scar, perineal tears, fetal distress and vesico vaginal and vesico rectal fistulae. There may also be

severe lacerations, including third degree tears musculature and injuries to the urinary tract including avulsion (tearing away) of the urethra from the bladder. (P. Wanjohi, 1981, Onwigbo, 1974)

2.9 Theoretical framework

The role of the media in eradicating FGM among the Abagussii people can be evidently traced from the agenda setting theory which is known for basing its activities on the agenda setting theory. The agenda setting theory is also known as, *the power structure issues* which emphasize the importance of the media to structure issues depending on how it treats them.

For example giving them front page coverage or placing them among the first news items on radio or TV. The theory also states that most of our information and attitudes are formed though what we get in the media. So, there is a lot of evidence that the media influence a lot of people's perceptions and their world at large.

People also often talk of what is in the media. Therefore the media indirectly influences the direction of people's thoughts and attention; hence the media sets agenda for the public to forecast upon. (Nassanga, 1994).

So because of the agenda setting role of the media noted in the forerun, the media will definitely be the most influential instrument to eradicate (FGM) among the Abagusii people in Kisii central District, Kenya. Because people often turn to the media for interpretation of issues and it is said to hold a high potential influencing awareness levels. (Okigbo, 1997)

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This study used a qualitative and quantitative survey based on the results of questionnaires, interviews and laboratory testing outcome. The review existing primary and secondary sources of information were used to authenticate the findings of this study.

Hence, to achieve the above ends, the researcher conducted this study in accordance with the following procedures and methodology:

The determination of the research problem and hypotheses, the limitations of the study and the steps to be taken to test these hypothesis on the light of which the results of the research may be reached.

The researcher used the statistical approach and its tools; Such as the questionnaire, interview and observation, the techniques of the Participatory Rapid Appraisal (PRA); Such as focus group discussions, and the direct ranking of priorities were also used.

In the selection of the random sample, the researcher depended on the "framework" system. Thus, the random sample was formed of the community members of separate clans of the secondary stage of both sexes (573) females, (427) males with average age 18 year olds; And a considerable proportion of parents of females pupils average age of mothers (41.6) and fathers (52.2) years. Thus, the total sample composed of (1230) individuals. All of them represented communities of the Kisii people in Kisii central District.

In addition, a number of professionals as well as chiefs were equally consulted.

3.1.2 The important findings of the research were;

The factors which contributed to the continuation of FGM were related to faulty socialization and the absence of the scientific and legal information about the topic of the study. This had led to its spread in the rural areas of Kisii district in a higher ratio (96.9%). The practice was concentrated in rural areas, where the locals knew very little about alternative sourcing of information regarding FGM. This is brought about by their scanty information and their limited education. This had made these women encourage the practice so as to earn income. It was also found that there was a significant statistical relationship which indicated the reduction of the practice of this tradition, the more the educational level is higher (90.9.)

It was also proved that there was a deterministic relationship between the sedimentary FGM experiences in the memory (94.4%) female pupils, and the physical and psychological implications with females and males; and the hazards of sexual well-being, child-birth and marital intercourse. To this effect, apparently there is a negative relationship between FGM and female general performance in school, worker and domestic affairs, which may result in administrative and psychological procedures against her. This may result in offences to human rights.

It was evident that there was relationship between FGM as a "tradition", and "media communication" as a communication outlet and a training tool. The

local leaders agreed on this principle that every opportunity must be based on the role of the media.

Regarding the public knowledge about the function of the female external genital organs, (33.7%) reflected their sufficient knowledge. (51.2%) had limited information, (15.1%) had no information. The sole source of knowledge was through the media and this played a key role, approximately 65% of the total expected awareness method.

(91.4%) of the newly married females showed their negative experiences in sexual life while (82.2%) of them reflected their continuous negative desire towards sexual intercourse with their husbands. (74%) of their husbands, aggressively, complained on the negative attitudes of their wives during intercourse due to acute health complications as a result from FGM.

(76.1%) girls, and mothers in the sample reflected that the girl-child's opinions or decisions were not listened to, or respected in most of the Kisii community

Regarding attitude change, (72.7%) of the sample agreed to do away with the vice and this reflected gradual steps towards future social change.

It was also found that there was a positive enthusiastic attitude change amongst the girls (females) and their fathers in combating all forms of FGM. (72.1%) of the sample interviewed indicated that, they had heard about the campaign against FGM while (27.9%) responded negatively. Regarding their attitude to the complete eradication, (84.2%) of the total sample agreed to eradicate FGM while (15.8%) rejected.

3.2 Area and population of Study

Kisii Central District covers about 30 km² in area, thin belt of forest stripes the eastern horizon of the division and acts as a boundary. The area has annual growing population according to the 1999 census. It marks the most populated area.

Crop farming and dairy farming is very common activity being a major source of livelihood to the local community.

3.3 Sample size and selection Procedures

The researcher considered members of the community who had knowledge in circumcision or else those with sustainable information for the same item. Those involved were required to be equipped with knowledge and consequences of changing trends in ideas as per the rule and in matters regarding the changing nature of FGM, the need for this change and possible solutions for the same. Several randomly selected individuals were required to be available for the interview.

3.4 Data collection methods

Both primary and secondary sources of information were used to collect data.

Non observable features mostly the qualitative aspects of the FGM were subjected to special samples where media played a key role. People were reached randomly collected from all the Kisii communities involved in this process. This was being expected within the study area.

The secondary sources of data was done by reviewing existing documents from United Nations and other bodies involved in the campaign.

3.4.1 Data collection instruments

The researcher used data computing criteria in order to allow for proper documents of a number of these items. Raw data was fed into the computer via the computer screen, and then the entire process stored.

The questionnaire was structured to find out the historical nature of FGM, the impacts of this media campaign to the immediate community and the resultant aims of the campaign.

3.5 Data Processing and Analysis

This involved coding and editing. Coding helped to isolate the insignificant elements of the research findings from the significant ones. Only completed Questionnaires were finalized.

Editing was used to check the data collected and systematically arrange them once the study was Completed.

Data analysis was made based on the quantitative aspects of the data collected.

Analyzed data was presented in frequent, percentages, tabulation and pie charts. This ensured an easy interpretation of data.

3.6 Limitations of the Study

In the Kisii community, genital mutilation has been present in the society since ancient times. It has been constantly and out rightly regarded as the only rite of passage, from childhood to adulthood. Today it is present throughout the world, with some forms being readily accepted into educated western societies. While

cases of female genital mutilation spark public outcries, the practice has been rigidly fully accustomed by this community with great disregard to the suffering and other resultant implications of the same act.

It is damning to note that the resistive nature of the natives and a defensive mechanism therein is a relative tool that aims at obstructing research and education aimed at wiping out the act. In practice, therefore, the people do not have any understanding on this training and view the same as a combat and hence are obliged to develop resistance towards any aggression on this matter. While the approach is complex, it was very difficult to reach remote villages where the practice is highly valued.

The understanding that Female Genital Mutilation involves hurting innocent minors, having negative repercussions on the child and, in most cases, providing no medical benefits did not go well with the Kisii communities involved. In this and in many other cases, the procedure is subsequently being increasingly unpopular among the people and there are cases where total rejection towards education and training has taken its toll amongst the people.

CHAPTER FOUR

FINDINGS, ANALYSIS AND DATA PRESENTATION

4.1 Introduction

The preferential component of data interpretation techniques overweighs the immeasurable lifestyle of the vulnerable minorities and of those who continue to face this cruel some act.

The study carried a detailed coverage of the same with specific analysis of data collected over a lengthy period of time and then projected to standardize the resultant findings.

Of greater concern was the ambience of the graphical flow of female genital mutilation over the years in Kisii.

4.2 Eliminating Female Genital Mutilation

Years of preventive work undertaken by local communities, governments, and national and international organizations have contributed to a reduction in the prevalence of female genital mutilation in some areas. Over the same period, the Kisii communities have employed a process of collective decision making.

In this perspective therefore, they have been able to abandon the practice. Indeed, the practicing communities have decided to abandon female genital mutilation through interactive processes. Hence the eventual rate has been widely forecasted and the level of dealing with the same is reaching a near elimination stage.

Several organizations have passed laws against the practice, and where these laws have been complemented by culturally-sensitive education and public

awareness-raising activities, the practice has declined. National and international organizations have played a key role in advocating against the practice and generating data that confirm its harmful consequences.

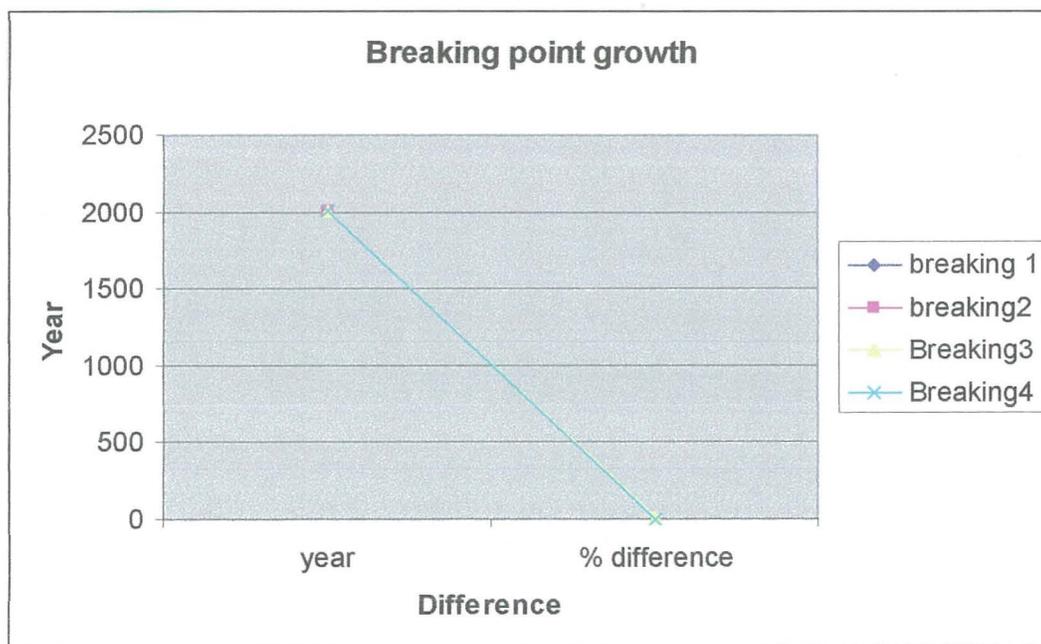
Pre-Breaking Point Initiation Stage Graphic

Courtesy Kisii, 2007

Table 1

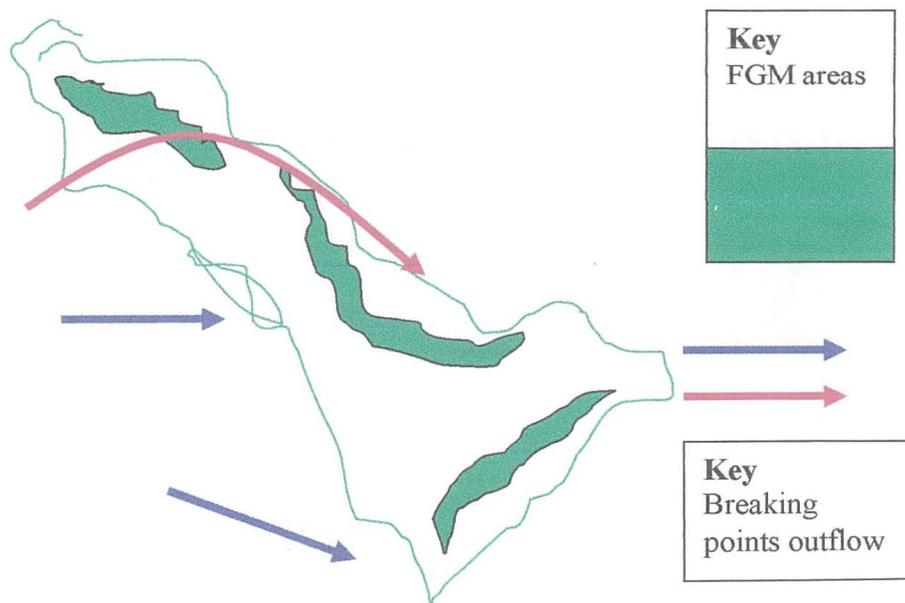
Year	Cases	Reduction difference	% difference	Recommendation
2003	37000			
2004	33000	4000	10.8	Above breaking
2005	32300	700	2.12	below breaking
2006	30000	2300	7.1	Breaking point

Graph 1



4.3 Prevalence analysis along the Kisii boundary outline

The rampant growth of this act over the years has greatly influenced the control measures devised by the authorities. The past efforts to have adequate methodologies in place have proved utterly difficult and has over the years mirrored several limitations which are in some instances too difficult to control.



Graph 2

This analysis shows the distribution of female genital mutilation over a considerable length of time.

FGM analysis, 2007

The procedural approach involves variant distribution of this act, mainly with community classifications.

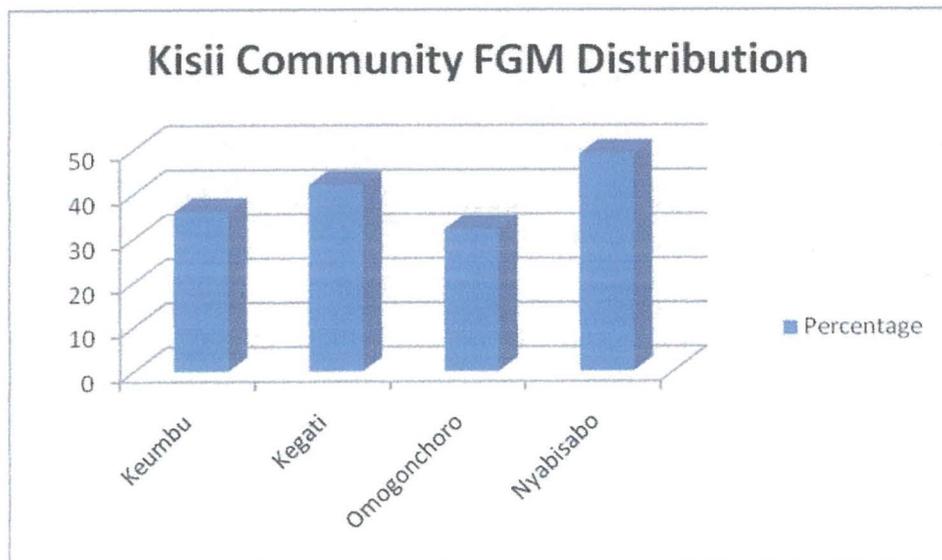
Current estimates indicate that around 90% of female genital mutilation cases occur in several unclassified instances (Yoder and Khan, 2007).

Table 2

Area	Distribution	Percentage	Recommendation
Kegati	32000	31	Highly rampant
Nyabisabo	40000	38.8	Highly rampant
omogonchoro	12000	11.7	Low
Keumbu	19000	18.4	Moderate
Total	103000	100	

Summary findings: The phases of distribution vary from one region to another. The first hand information analysis reveals an uninformed community and very remote villages and communities have been victims of this level of inhuman acts.

The graph shows the heights of distribution between 2003 -2006



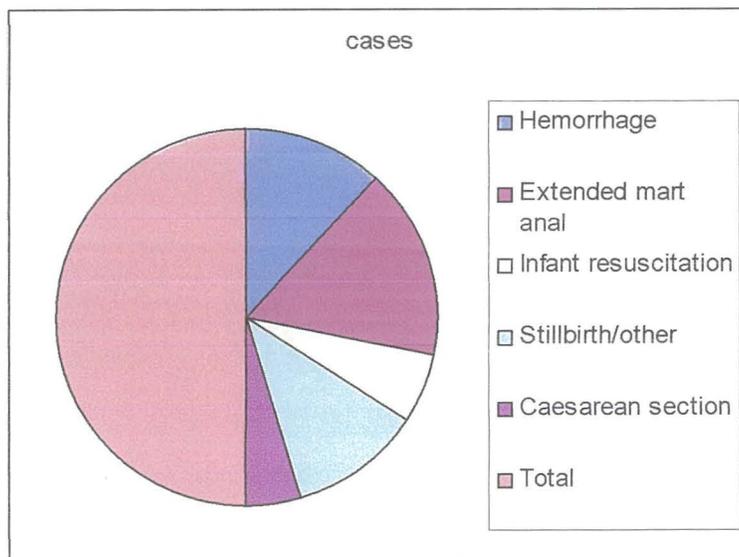
Source; Primary Source

Findings Compared with women without FGM, the adjusted relative risks of certain complications is potentially high;

Risks	Cases	Percentage	recommendation
Hemorrhage	250	23.9	
Extended mart anal	345	33.4	
Infant resuscitation	120	11.5	
Stillbirth/other	230	22.0	
Caesarean section	100	9.6	
Total	1045		

Interpretation Women with FGM are significantly more likely than those without FGM to have adverse outcomes. Risks seem to be greater with more extensive FGM.

Graphical analysis of FGM acts, Kisii, 2006



4.4 About media role in stemming out FGM

Over time, the Kisii Community has gravely suffered periods of misinformation and lack of knowledge about the greater impacts of the vice. Many young women have unfortunately fallen pray to this act and have died painfully as a result.

Most affected have been the deepest areas of the Kisii land and despite greater effort by the local leaders to halt the process, little or no success has always been depicted.

The vast calls along this area view the media as the core source of dissipating the information through the general area, with considerations of specific impacts of the same in the long run.

Kisii community has always been hardly reached by the outer community hence revealing the concentration of cultural believes in this part of the world. Years of media negligence and lack of adequate resources to carry out consultative campaigns are some of the areas classified constraining the works of eliminating the act in Kisii.

In view of the same, several respondents visited view a likeness of having a stable media role in Kisii to serve as an educative tool, and to help eliminate the act once and for all.

4.5 Media approach, in context

The government's position is to eliminate this practice in Kisii land has been a subject of controversy over the years. It has undertaken time through which sustainable methods of reaching deep rural areas to inform the public about the harmful effects of the practice could yield fruits. In spite of the same, the coverage, according to respondents is still very light.

The respondents view the approaches in question in a more unceremonial and uncalled for especially within a limit of time.

The respondents' diagnosis on cultural interference by way of media and specifically through radio and television bulletins as an invasion hence this in the end failed to favor the community.

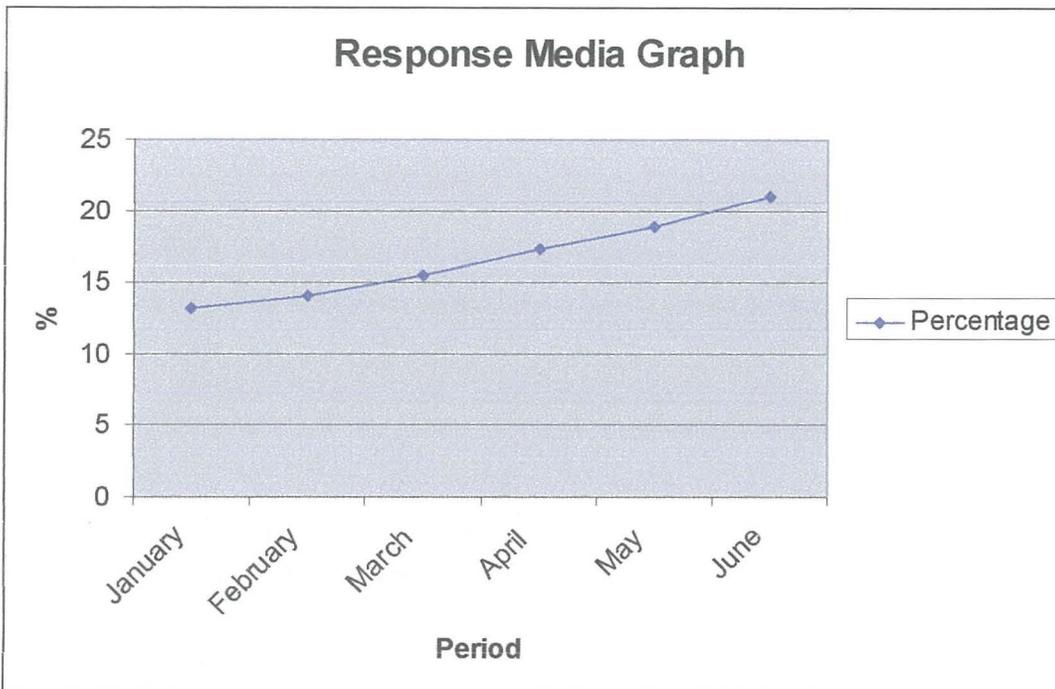
The plan of action, in view of the respondents, was to have better educational platform through the media and most probably to revamp a process of change over time.

A break-up graph diagnoses the respondents view on change of media tactics versus the time allocation, in principle.

2006 analysis

Month	Media Response	Percentage	Recommendation
January	320	13.2	Standard
February	340	14.02	
March	375	15.5	
April	420	17.3	
May	458	18.9	
June	511	21.08	
	2424		

The response media graph, Jan-June 2006



Media Versus leadership and information

The respondents' analysis of the media and an initial coverage of information over a considerable period of time brought out a level of evaluation, and a meaningful understanding similarity, and on the contrary the viewable methodology of coordinating activities related to the media over the same period.

The respondents view the growth phase as lukewarm and one which does not reflect the gravity of the situation on the ground.

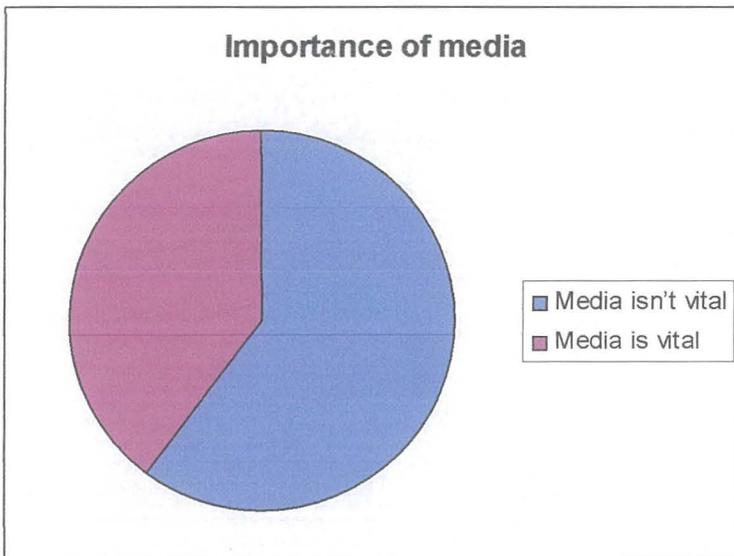
The leadership factor featured repeatedly through the fact finding mission with limited or no effort by the authorities to excite the people against the FGM acts. In view of the media analysis, the monitoring level showed that collaborating with the immediate leaders could largely bring about desirable results in the effort aimed at fighting the scourge.

The two way table below show the response of the leaders in regards to the role the media can play in eradicating this very vice.

Media respondents (leadership), June 2006

Media response	Counts	Percentage
Media isn't vital	60	60
Media is vital	40	40

Media Graph(leadership), relative importance, June 2006



4.6 The classification of the Media and the community

An all informative campaign forecast in media concerns raised greater levels of possible hopes where respondents view the general impact at over 78% as a level view of the same effort.

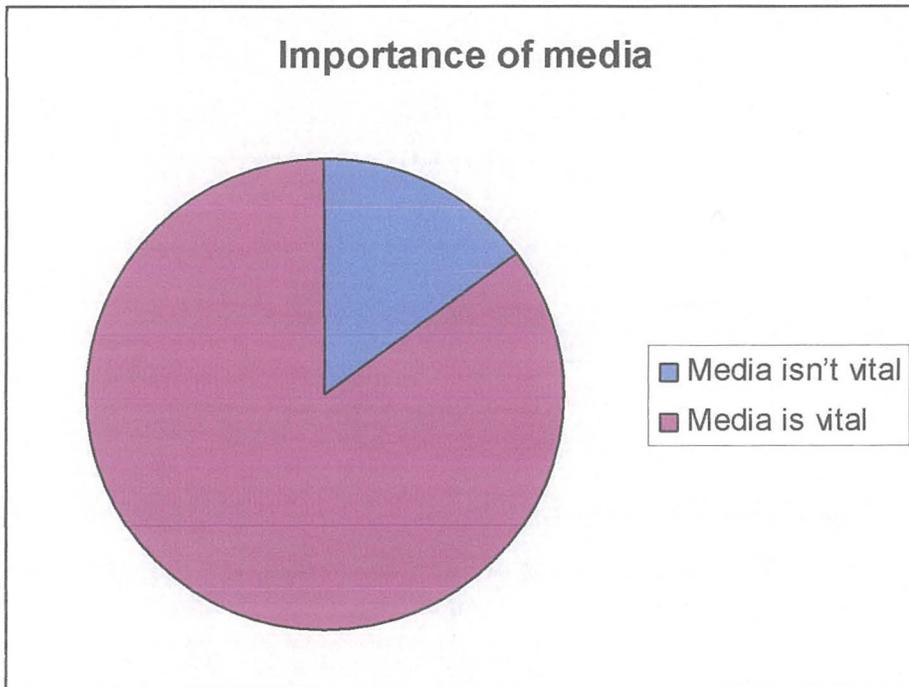
In respect to this, an effort to establish or reinforce community based prevention activities largely through the media was seen to a more precise methodology, and an effective styling brought before hand.

It this regard, the interviewed persons classified as either yes or no added to the level suggesting the alternative span over this reveals the importance of the media in stemming out female genital mutilation.

Media respondents(Community)June, 2006

Media response	Counts	Percentage
Media isn't vital	15	15
Media is vital	85	85

Media Respondents Graph (Community), June 2006



4.7 Media Specification roles and Conclusion

The media attempts to expose the dangers of this practice in villages and specifically in the outer community.

The media role will is vital in the villages where the intensity of the act is by far very high.

The media should incorporate both digital and other satellite communications, through which the populace will be effectively reached and educated on proper methods of dealing with the current effects of the act.

The media is thought to be widely accepted and acknowledged with very little or no interference at all.

The process calls for more attention on the already developed symptoms as well as the historical components of other symptoms.

In principle, the media is the sole most important tool which requires total commitment as well as support from both the leaders and the community at large to enable all the campaign is effectively realized.

CHAPTER FIVE

SUMMARY, RECOMMENDATIONS AND CONCLUSIONS

5.1 Introduction

This study was carried out over time in attempt to create factual conclusions on matters of Female Genital Mutilation (FGM). The established research provided yet some undisclosed facts about FGM and its long term effects on the victims.

It can indeed be regarded as a form of violence that threatens the health Of women and girls with many risks and no known benefits. As part of the several ongoing efforts at different levels to fight against the continuation of the practice, the media has played one of the most impressive roles in Kisii and by far creating important awareness campaign.

5.2 Summary of Findings

In the study, the initial study revealed that the practice of FGM has migrated over the past several years to the interiors of the Kisii Community. This finding, while raising problems similar to those arising in other areas also poses new challenges calling for adaptation of the strategies put in place to address the issue. Because FGM is highly linked to culture, in several communities, it becomes an integration issue, in addition to being a public health and a human rights issue. The study found out a much more difficult option and dilemmas in the Kisii Community, especially with its cultural traditions.

The work of the media has been lukewarm and therefore the community hasn't been able to be educated on the same, and especially on the consequences associated with FGM.

The study therefore found a greater importance of the media especially in empowering women and in other interventions to conclusively stem out the practice completely.

The study also found out that the key aspects of these media strategies are inclusiveness, community leadership and ownership and capacity-building of All those concerned.

The media was also seen to work out on specific channels in order to empower women in a sustainable manner in order to support their greater decision-making power, especially when it comes to their sexual and reproductive health.

The Media was also seen to be playing a role in sensitization campaigns aimed to deconstruct the myths that sustain FGM with all members of the communities.

The findings also reveal that the media could largely be used to reach those who have already undergone and affected by FGM and hence addressing their special health care needs.

The Media equally was seen to be vital in helping to develop capacity building, and helping to train the locals on how to deal with long term complications of FGM as well as to offer relief options including reconstructive surgery.

5.3 Recommendations

The entire perspective of this research focused on the works of the media, and that of the immediate leadership. The objective therein is to involve the media in all the activities associated with FGM and to promote awareness through this means during all campaign efforts.

The media could help develop important focuses on FGM and its control

mechanism, and to work on mainstreaming the campaign strategies.

Reference was also made to the autonomy and freedom of the media when carrying out these activities. An effectiveness of the media could only be sustainable if at all it receives support from all the involved groups.

The research also noted that beyond the media, there should be a focus on how to change mentalities. Reference was made to a positive and encouraging result of the study where the responds is thought to grown considerably over the last several months.

The study ended with the following notes on the need to use information on The ground learnt for future action:

- More attention to be placed on the media and the community in plans aimed at n combating FGM;
- All action should be nationally and communally driven;
- Progress is not the responsibility of one actor – all stakeholders should be involved in the various initiatives taken and processes should be inclusive;
- For progress to be achieved there is need for political will.

5.4 Conclusion

In conclusion it was noted that all these different challenges point to the need for innovative approaches in the elimination of FGM.

While it is difficult to change harmful practices targeting women and girls that are carried out in the name of culture and religion, it is important to continue raising awareness on the issue.

Time is now ripe for communities to rise up and protest against FGM without destroying their cultural integrity. They should remove the shroud of silence surrounding the issue. Indeed, as per Nahid Toubia

“ The global action calls upon people of all nations to come together in empathy, solidarity and compassion, to create an environment where people feel safe to change their old ways without threat to their dignity, independence and cultural integrity”.

This is an undertaking that will not be easy, but it should always be remembered that a task well begun with you is a task half done.

Therefore, the desire to have a crucial role of the media in place reiterated the desire of the entire community to collaborate with their leaders and the media, in discussions on how FGM could be further addressed in terms of economic and political rights as well as legal remedies for the victims and survivors.

The study also called for support for a participatory approach that provides a forum for women and girls to talk about their concerns with suggested Solutions on how they can be tackled in order to avoid the imposition of strategies from above or outside.

Such participatory assessments also allow for different perspectives and views on the role of women and girls which may not be homogenous in a given group so that role models can be identified and engaged to continue to fight against FGM.

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APPENDICES

Appendix I: Questionnaire

Dear Sir/Madam

You are kindly required to fill questionnaires below to help **Miss Nyamisa Rosemary** who is conducting research on the "The role of the media in eradicating FGM among the Abagusii people of Kisii Central District, Kenya" This research is a partial fulfillment for the award of Bachelors Degree of Kampala International University

The questionnaire is intended to facilitate a research study about FGM in parts of Kisii Central District and to find appropriate responses for the same.

This research is intended not only for academic purposes but also to help in the role of the media in broadcasting the same, by basically reaching out to the immediate community for technical references, and to find concrete information which will aid further research along the same lines.

At this point, therefore your participation in this exercise shall be regarded as information given to the best of your knowledge.

SECTION A

NAME OF THE RESPONDENT

.....

AGE SEX

.....

OCCUPATION

.....

DATE

- (I) Determination of ways of reducing FGM and formulating alternative ways in place of this activity among the Kisii Community.
- (II) Also the procedure of doing the same without confronting or otherwise reprimanding and violating the cultural components of the Kisii community.
- (III) Again, what has been done o to enhance dialogue among the affected areas in Kisii land.

SECTION B

1. In your view, mention specific reasons as to why the media can be effectively used in monitoring and controlling FGM?

.....
.....
.....
.....

2. How can the government and local political leaders support the media in eradicating FGM?

.....
.....
.....

3. What do you think should be put in place to educate all the people to abandon these act ones and for good?

.....
.....
.....

4. Have the people ever received any form of education? If yes, then how did it affect the people around you?

.....
.....
.....
.....

5. Have women and girls ever suffered from any complication arising from this act? If yes then what was done? Did the patient die? Did the patient have long term effects?

.....

APPENDIX II

Work Plan

TIME SCHEDULE	PERIOD	OUTPUT
Proposal writing	Feb-may2008	Proposal submitted for approval
Developing research instruments	May-june2008	Research instruments developed
Data collection	June-july2008	Raw Data from the field
Preparation of report	July-sept2008	Dissertation ready
submission	October	Submission of Dissertation

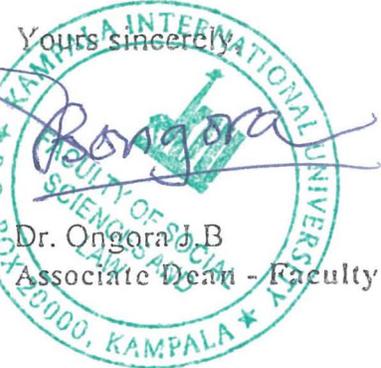
FACULTY OF SOCIAL SCIENCES

To... THE HUMAN RESOURCE, OF KISII MEDICAL
PRACTITIONERS, OF KENYA
KISII GENERAL HOSPITAL

This is to introduce to you Mr/Miss
who is a bonafide student of Kampala International University. He/She is
working on a research project for a dissertation, which is a partial requirement
for the award of a degree. I here by request you, in the name of the University,
to accord him/her all the necessary assistance he/she may require for this
work.

I have the pleasure of thanking you in advance for your cooperation!

Yours sincerely



Dr. Ongora B
Associate Dean - Faculty of Social Sciences