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The Intervention of Media in Determining Acceptance of Alternative Rite of Passage (ARP) among Girls and Women in the Maasai Community of Kenya.

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Abstract

Many communities in Africa and particularly in Kenya cherish and uphold FGM/C as a cultural rite of passage. Alternative rite of passage ARP is an intervention programme/activities by NGOs, government agencies and international organizations aimed at providing an alternative to female genital mutilation/cutting (FGM/C). Most researchers have left a gap in the assessing the intervention of journalism determining the acceptance of ARP among girls and women in the Maasai community of Kenya. The aim of this study was to establish how Media determine acceptance of ARP among girls and women in the Maasai community. The study employed a mixed method research. The study focused on Loitokitok town and a sample of 50 male and female from different age brackets was selected through quota sampling. Data was collected through questionnaires and focused group discussions with Maasai elders, ARP graduates and key informants. Descriptive statistics such as means, standard deviations and frequency distributions were used to analyse the data which was presented in form of charts and frequency tables. The qualitative information was analysed thematically along the study objectives. The presentation has included verbatim quotes from the focus group discussions participants and key informants. The results show that Radio and Social media are majorly used to cover ARP messages, media ambassadors’ involvement in ARP Persuasion is still low and the ARP media messages largely target mainly girls and women. The outcomes were used to guide the existing approaches to eradicating FGM/C and inform all stakeholders in ARP campaign on how to tackle resistance towards the programme. The study recommended that proponents of ARP should who use media target men as they are the key decision makers on whether their daughters undergo FGM/C or not and also give more support to graduates of ARP to sustain their resistance to FGM/C pressure.

Background

Gender Equality for Sustainable development in Africa can only be achieved when all gender rights are upheld and violence against girls and women is eradicated. Esho et al (2017) argues that Substantial effort and resources have been put into combating FGM/C bringing about a fall in global prevalence. However, the rates of decline are highly variable, across and within geographies, and population growth is outpacing prevalence declines, resulting in increasing numbers of women and girls at risk. Therefore, more progress towards FGM/C abandonment is desperately required, and this study is intended to help understand how media intervene in determining the acceptance of alternative rite of passage as an alternative to FGM/C practice among the Maasai community. According to WHO 2016, Female Genital Mutilation/Cutting (FGM/C) is defined as traditional cultural practice or procedures involving total or partial removal of female external genitalia or injury...
to the genital organs of the female for non-medical significance. The practice is deeply rooted in the socio-religious and personal reasons that are enhanced by the community mechanisms.

According to Morales et al. (2011), the major reason behind the practice among the Maasai is the belief that it controls the sexual urges of women and girls thus being faithful to their future husbands. In Ethiopia it is believed that the clitoris is quite dangerous to a child during birth as it kills the baby if not cut. Other myths say that the clitoris can grow and resemble the penis if not cut, hence it is cut to minimize growth rate and to maintain femininity.

**Literature Review**

**FGM/C Prevalence and negative effect**

Parsitau, D. S. (2017), referring to the work of Efua Dorkenoo 1994, illustrates that female genital mutilation is a clear show of gender-based violence and human rights violation, whose intention is to control women’s sexuality and freedom. Internationally the practice is recognized as a form of torture and violence against women and girls, by international organizations such as, World Health Organization WHO, United Nation Children Education Fund (UNICEF), World Medical Association WMA and the United Nations Population Fund UNPF. WHO (1996) for example, in the fight against FGM, officially opposed the practice on FGM and classified it as a violation of human rights. The UN in 1993 passed a declaration in favour of the use of the term “Female Genital Mutilation” to describe clitoridectomy, infibulations and other FGM related practices.

UNICEF (2013) report that in Kenya, half of adolescent girls were subjected to cutting 30 years ago. The figure could be as low as 10 per cent by the end of this decade, and with minimal acceleration the practice could be eliminated within a generation.

FGM/C is deeply rooted in an elaborate ritual of initiation to womanhood (UNFPA & UNICEF, 2013). For example, among the Maasai, FGM/C ritual starts when girl gets rid of all her childhood belongings, possessions and clothing. After that she undergoes ritual shaving and washing, and then sits in a dark hut awaiting a female circumciser, during this time she is surrounded by her family. A specially curved metal blade is used to cuts away the girl’s clitoris and labia minora without any anesthesia. The only concession to the girl’s pain is that she may cry out without disgrace (Beckwith & Fisher, 1999).

Mostly prevalent FGM/C types in Kenya are types I (clitoridectomy) and II (excision). All the women who have undergone FGM/C often had their genitalia cut, with some flesh removed (UNICEF 2013). According to the 2008–09 Kenya Demographic Health Surveys (KDHS), the vast majority of women, 83%, have had some flesh removed, this included removal of the clitoris, only 2% said that they were nicked with no flesh removed. 13% of women said that they had type III (infibulation), which is the most severe form of the procedure in which the labia are re- moved and sewn closed (KNBS, 2010). Most cases of FGM/C were performed by traditional practitioners at home using metal blade or razor and minus anesthetics (UNICEF 2013). A large majority of women had the operation performed by a traditional expert (78%), and only 20% were cut by health professionals. The mean age for the procedure to be performed ranges from about 9 to 16 years among different cultural groups: the Somali (9), Kisii (10), Embu (13), Maasai (14), Kikuyu (14), Meru (15), Kalenjin (16), and Kamba (16) (UNICEF, 2013).

In the Kenya demographic and Health survey (KDHS 2013), it has been revealed that approximately 32 percent of Kenyan women had undergone female genital mutilation. Kenya, considers the practice of female mutilation dangerous. The country therefore, has imposed laws to prevent the practice from continuation. The state in 2001 outlawed female genital mutilation among girls under the age of 18 years old, in the children’s act. The act stipulates, in section 18 that “Any conviction for FGM related offences carries penalty of 12 months’ imprisonment or a fine of KSH 50,000 or both”. In the same year the ministry of health supported the punishment and circulated the policy directive making FGM illegal in all health facilities. The year 2003, saw the country signed the Maputo protocol, which in article 5 stipulates that, FGM should be prohibited and condemned Ministry of Health (1999).

**Legal framework on FGM/C**

The government of Kenya established an Anti-FGM Board which is Semi-Autonomous Government Agency which was established in December 2013 after the enactment of the Prohibition of Female Genital Mutilation Act, 2011. The Board’s core mission is: ‘To uphold the dignity and empowerment of girls and women in Kenya through the coordination of initiatives, awareness creation, and advocacy against FGM.

The functions of the Anti-FGM Board include: design, supervise and co-ordinate public awareness programmes against the practice of female genital mutilation, generally advise the Government on matters relating to female genital mutilation and the implementation of the Act, design and formulate a
policy on the planning, financing and co-ordinating of all activities relating to female genital mutilation, provide technical and other support to institutions, agencies and other bodies engaged in the programmes aimed at eradication of female genital mutilation, design programmes aimed at eradication of female genital mutilation, facilitate resource mobilization for the programmes and activities aimed at eradicating female genital mutilation.

The United Nations Population Fund (UNFPA 2011) and United Nations Children’s Fund (UNICEF 2011) joint programme has played a catalytic role in ending the rite of passage. The government’s Anti-FGM Board leads in coordination and accelerating the end of FGM. The joint programme successfully found support from various groups which include parliamentarians who continue to advocate for implementation of the FGM Act, which they played a key role in enacting in 2011.

‘The UNFPA-UNICEF joint programme is implementing various approaches to end FGM which endorsed Alternative Rites of Passage (ARP). It consists of a series of activities replacing the harmful FGM with non-harmful traditional rituals highlighting girls’ initiation into adulthood. It is a way for the family and community to mark this important moment in an adolescent girl’s life, without any alteration of any type to the girl’s body. Both programmes are active in Kenya and work closely with the government here.

‘The UN Joint Programme works with local partners to deliver community education programmes to highlight the issues around FGM and to advocate for. Alternative Rites of Passage in which the girl experiences all the elements of the ceremony marking the transition to womanhood, but is not cut.

Media intervention in anti-FGM/C strategies

The USSD (2016) Human Rights report quoted a Media reported on arrests of perpetrators and parents who agreed to FGM/C, but parents in regions with a high prevalence of FGM/C frequently bribed police to allow the practice to continue. There were also reports the practice of FGM/C increasingly occurred underground to avoid prosecution by authorities.’ 20

A ‘Guardian’ report, ‘Kenya couple deny murder in FGM case’, dated 4 June 2014, stated:

“A Maasai couple charged with the murder of a girl who was in their care and bled to death after being subjected to female genital mutilation (FGM) pleaded not guilty in a Kenyan court on Wednesday…The couple, who have been remanded in custody since 15 April, were refused bail. The prosecutor opposed their release on the grounds that they come from the same area as the witnesses in the case and that they posed a flight risk. A bail hearing has been set for 26 June. Moreover, the couple face charges in a lower court of aiding and abetting FGM. Alongside the couple, another woman was charged in both cases, but the murder charge against her was recently dropped. "We have been practising female circumcision since time immemorial," a Maasai man, who asked not to be named, said. "This is just one of the rare cases where somebody has died from the rite, there is nothing criminal about it."

Kenya’s 20-strong anti-FGM prosecution unit, established in April [2014], is deploying teams across the country in an attempt to prosecute more cases…The anti-FGM prosecution unit has brought several cases to court, including the case being heard in Machakos and another case against a chief who sought to mutilate his own daughters.

The United Nations Committee on Economic, Social and Cultural Rights (2016), In its concluding observations, stated that: ‘The Committee remains concerned that, despite the fact that female genital mutilation tends to be gradually decreasing, it is still rampant, particularly in the North Eastern region, where the prevalence rate is 97.5 per cent, and that the perpetrators are rarely convicted and punished under the Prohibition of Female Genital Mutilation Act.’

According to the Centre for Reproductive Rights (2016) in its supplementary information to the United Nations Committee on the Rights of the Child noted that the government of Kenya cited the law against FGM which was passed in 2011 and the establishment of the Anti-FGM Board which mandated to formulate policies, mobilize resources, design and co-ordinate public awareness programs and advise the government on issues related to the FGM. However, it seriously failed to specify the pragmatic steps it is taking to effectively enforce the law. It also did not provide additional information on the work of the Anti-FGM Board and the impact of the initiative in reducing FGM since its establishment.

‘Daily Nation’ on 28 February 2017, reported that ‘Despite creation of the anti-FGM prosecution unit in Kenya under the office of Director of Public Prosecutions in 2014, there is still little to write home about in the war against the practice.

“We have a very comprehensive legal framework,” said Ms Christine Nanjala, head of the unit. “(But) our challenge is apathy from the community. In addition, some of our key witnesses are forced to withdraw support of the prosecution side because of the
hostilities they face back home.” Therefore, many such wrongs go unpunished in the country.
In a survey by the ‘28 too many report’ (2013), shows that there exist many conflicting reports on the perception of FGM amongst women. One of the reports, holds that 42% of women surveyed believe FGM is a good tradition (UNICEF, 2005). Another contradicting, survey stated that most women in Kenya aged 15-49 have heard of female circumcision (96%), and that it is the believe of the majority that the practice should be stopped (82%) (DHS 2009). Amongst women who were cut, 59% attest that they don’t see any benefit to the practice (DHS 2009). On the other hand, Men’s attitudes appear to be changing because there is an increase in a trend among young men to publicly come out and announce their preference to marry uncut girls (UNFPA/UNICEF, 2011). One study among the Maasai found that a significant proportion of unmarried boys (46%) had a preference for uncut girls or stated that a girl’s circumcision status did not matter, compared to 68% of all respondents stating that they wanted FGM to continue (Coexist, 2012).
UNICEF (2015) argues that journalistic efforts aimed at fighting FGM must move beyond the simple disseminating information that encourage communities to adopt healthy practices to developing communication approaches that see FGM from a human rights perspective. It further reiterates that the most important step in such a process, is to facilitate dialogue among community members regarding the practice and to desist from framing FGM as a problem, but rather recognize the practice as an important role of community's traditions and values that are learned over time. This then calls for the need to support and empower communities to act together and develop their own solutions to end FGM.

Influences of Media Ambassadors on Effective Communication

Mulwa and Mathooko (2014) sought to examine the effects of mass media contraceptive messages on women’s decisions on contraceptive use among women living in Kibera in Kenya's informal settlement. The study found out that there was low usage of the modern contraceptive methods among the women, and suggested that radio and television are a critical component of effecting this much desired change. It is on the strength of the fact that the broadcast media play a key role in spreading the contraceptive messages and that the peculiarities of slum communities in terms of norms, prejudices and other predisposing factors should be considered in the design of programs that touch on attitude and behaviour change in the community.

Kiti and Mathooko (2014) sought to investigate the role of print media in conflict management in Kenya. The study focused on the conflicts which are ethnically motivated in nature and are instigated politically; such clashes manifest themselves during electioneering period. The study revealed the significance of the print media in managing conflicts, but more so the role the print media plays stopping or fuelling such conflicts. Again the results of the study helped in determining whether it is a negative or positive role based on the current editorial policy applied.

Maina (2013) sought to find out whether Communication Strategies employed by Kenya Community Radio Foster Social Cohesion and Integration. Results from the findings revealed that Communication Strategies employed by Community Radio in fostering Social Cohesion and Integration are programming content geared toward the local area, community projects that encourage people to come together and public forums where communities are provided with opportunities to express themselves. From the findings it can be concluded that handful of Community Radio Stations active in Kenya’s PEV period was praised for their balanced reporting and even now they do foster Social Cohesion and Integration. Recommendations is that, Kenya Community Radio need to voice more about their existence and also come up so strongly to differentiate themselves with other commercial/vernaculars radios. They should find ways to sustain their operations and diversify income for sustainability without necessarily becoming commercial ventures.

Influences of Local Language on Effective Communication

Vernacular media could play several roles within the target local language communities, of which economic gain is the most obvious one. Significant for this discussion, however, are two specific roles namely (i) developing a public sphere within the given language community, thereby allowing the community to participate in creating its own news agenda, and (ii) providing an indication that the indigenous languages are sufficiently developed to cope with a fast changing world and, therefore, to effectively cater for the communicative and social needs of their speakers. The latter has been referred to by Cormack (2009) as the symbolic role of the indigenous mass media. It is also a very positive result of market sensitivity to linguistic resources of otherwise underrepresented and perhaps neglected communities – a positive by-product, as mentioned above. Furthermore, vernacular mass media are exerting a big influence on most local language communities who have few or no opportunities for geographical or social mobility. The vernacular mass media, therefore, plays a significant role in shaping language pride and language choice, also in the process bringing these communities in touch with various socio economic innovations. They could thus be considered the trendsetters after which target groups may fashion their language (Mwithi, 2010).

Statement of the Problem

There has been increased research on ending FGM/C in many communities in Kenya and Africa as a whole, by various NGOs, state agencies and international agencies as well. This new development aims at changing a deeply rooted culture and believes that are not only outdated but also harmful to the girl child and women at large. These efforts target at making the culture to develop from its crudest and oppressive nature to women, to a culture that not only liberates the women but also respects their rights and accepts their voice on all societal issues. Such African cultural
development is the desired innovation towards the desired future. WHO (2017) respondents in a survey identified the need for research on the acceptance of new alternative rite of passage among girls and women in Kenya, particularly the Maasai Community in Kenya. This is with the view of encouraging the alternative right as a means of curbing FGM/C. Therefore, this research is in line with the conference theme “Gender Equality for Sustainable development in Africa.”

Purpose of the Study
The purpose of this study is to examine the intervention of Media in acceptance of alternative rite of passage among girls and women in Kenya, particularly the Maasai community.

Objectives of the Study
The study was guided by the following objectives.

i) Ascertain the media coverage of Alternative rite of Passage among the Maasai community.

ii) Assess levels of acceptance of alternative rite of passage among girls and women among the Maasai community.

iii) Examine the intervention of Media in acceptance of alternative rite of passage among girls and women among the Maasai community.

Research Questions

i) How does media over alternative rite of passage among the Maasai community?

ii) To what extend do you agree or disagree with the alternative rite of passage among the Maasai community?

iii) How does journalism influence acceptance of alternative rite of passage among the Maasai community?

Significance of the Study
The findings of this Study will give suggestions regarding the eradication of FGM through ARP. Intervention research usually has the role of generating empirical findings that can guide the expansion of existing approaches. The recommendations of this research may, therefore, be significant in informing concerned ARP programme specialists in re-designing, re-evaluating or strategizing their anti-FGM campaigns. It may also be of benefit to various policy makers, social planners and decision makers in making or re-evaluating existing guidelines to help the Maasai stop female circumcision. Programmes to end FGM need to use sound research to design interventions tailored for specific target audiences.

WHO (2017) respondents in a survey identified the need for research on the acceptance of ARP among other programme strategies. This research not only contributes to the eradication of FGM/C but also assesses the intervention of Media in the acceptance other programme strategies. This research is therefore, significant in that an evaluation of ARP in Maasai may go a long way in informing key stakeholders about the progress made so far. This study may also become a catapult for other researches on anti-FGM intervention programmes through ARP among other practicing communities. Major stakeholders who may find the results significant in elimination of FGM include the Kenya Government include; Maendeleo Ya Wanawake Organization, MYWO Program for Appropriate Technologies in Health PATH, the United Nations UN, the World Health Organization WHO, United Nations Population Fund UNPF, Population Council PC, World Vision, Action Aid Kenya, German Technical Corporation Agency, certain Christian organizations, and individuals, among others.

Related studies
Gitagno (2014) in his research on “effects of alternative rite of passage on girls’ education among the Keiyo Community” posits that ARP approach has been successfully accepted in Keiyo. The study showed that the level of acceptance was significantly high while the rate of rejection was very low and negligible. It has also contributed positively to girls” education and the community’s perceptions were positive. However, he noted that the smallest percentage that still practice FGM/C need to be reached by the proponents of ARP through education and awareness. This study therefore, interrogated the factors that affected the acceptance of ARP by the smaller percentage that Gitagno noted that still practices FGM/C.

According a study by Chege et al (2014) on “assessment of the alternative rites approach for encouraging abandonment of female genital mutilation in Kenya,” found out the following. In their programme covering three districts in Kenya, that combined advocacy by religious and other community leaders, in collaboration with an alternative rite of passage tailored for the particular socio cultural context, showed effectiveness in speeding up a reduction in practice of FGM/C. They also noted another successful approach, that they called “positive deviance” approach, which identifies women and men that were opposed FGM/C regardless of the prevailing norms and uses them to carry out awareness of the issue and advocate for change.

Damaris et al., (2017) in her research; engaging the custodian of tradition and culture: Leveraging the role
of multiple actors in Maasai girls’ education, posits that the greatest barriers to Maasai girls’ education is female genital mutilation (FGM). Most of Maasai girls are often circumcised between ages 11-13. Female genital cutting is revered as a prerequisite for marriage. Afterwards FGM, they are married to a man of the father’s choice, in exchange for cattle as bride price. The consequences of FGM on girls are detrimental. The serious physical and psychological health risks, namely: urinary tract infections, post-traumatic stress disorder (PTSD), complications in childbirth, severe menstrual pain, fistula, and even death are just among many others (Shell-Duncan, Naik, & Feldman-Jacobs, 2016).

Methodology
This study employed mixed method research that combined both qualitative and quantitative methods of data collection. According to Shukla (2008) that mixed method research design concerns the relationship between two variables or determination of the frequency with which an event occurs. Qualitative data were gathered by the use of unstructured interviews, focus group discussions and key informants which were audio recorded by the use of a digital recorder. Study population was the residents of Loitoktok Sub County in Narok County who included parents, ARP graduates and key informants.

Sample population and unit of analysis
The study sample was drawn from Loitoktok town. It consisted of a sample of 50 individuals who were subjected to the survey questionnaire, 12 key informants and 3 focus group discussions (Men, women and girls) each consisting of ten participants. The unit of analysis was the individual parent in the study. Systematic random sampling, was used to select a sample of 50 from a sampling frame of 300. Out of the three hundred individuals 200 were women and 100 were men. A list of names on the sampling frame was made and every 7th number was marked which produced the sample of 50

Focus group discussions and key informants were chosen using the snow ball sampling method.
Semi-structured questionnaires were given to fill and were collected, and analysed using SPSS software version 20.0
Three Focus group discussions were carried out separately for girls and parents of both genders. In Key informant interviews were carried out in order to understand the true determinants that influence the attitudes of the community towards alternative rites of passage of girls. These included officer and workers of Taasaru Girls Rescue Centre, a representative of Maendeleo ya Wanawake and prominent and influential alternative rites of passage spear headers from Maasai Education Discovery and girls rescue centre of the locality and the Chairman of the Maasai Council of Elders Association.

Descriptive statistics such as means, standard deviations and frequency distributions were used to analyse the data which was presented inform of charts and frequency tables. The qualitative information was analysed thematically along the study objectives. The presentation has included verbatim quotes from the focus group discussions participants and key informants.

Results, Findings and Discussions
According to the findings many people have heard about anti-FGM messages from the following forms of mass media. Among those interviewed 50% showed that they listened anti-FGM messages from radio, 20% watched the same information from television, 10% have read from newspapers and 20% have received it from social media. From focus group discussions, it came out clearly that newspapers are useful in targeting people or actors who influence certain decisions designed to eradicate FGM, such as, policy makers, decision makers, donors, advocates against FGM, and opinion makers. One ARP graduate said “I was very happy to see our picture on the newspaper that are read by even the president and white men, after the picture was shown many people brought us good things and even paid my school fees.”

The radio being the most widely listened to specifically in the remote part of Loitoktok Sub County. The presence of community radios such as: Bus Radio, Oliwo Le Maa FM (or Olmaa Ranet FM) and Radio Domus are very effective in addressing
community specific needs and issues such as alternative rite of passage. Similarly, the FM stations are crucial avenues of reaching young folks with anti-FGM messages, as majority of them tune to FM stations for entertainment. With the advent of mobile phones with radios, more young people listen to educational entertainment messages targeted to them, while going on with their endeavours. Results indicated that these Njuki et al. (2018) that community radio enhances peaceful co-existence among the community members as well as informing educating and entertaining members of the respective community. Few people had watched anti-FGM information on television. This is because the presence of TV sets is limited as it is pegged on availability of electricity or solar power. Most TV stations under their Corporate Social Responsibility communicate anti-FGM messages to the masses illustrating the negative effects whilst encouraging adoption of alternative rite of passage, such as Citizen TV and K24, whose coverage and signal strength is good in the area.

Many youths admitted that they often read anti-FGM information on social media. One youth admitted that he used twitter to report an incident where some girls were hidden in order for them to undergo FGM. “I thought nothing would happen as our local authority did nothing to stop FGM, as a joke I twitted the information on the anti FGM board handle, all of a sudden the information went viral with many calling for action to be taken against the local chief and the parents. Soon I was conducted to give specific details and the police arrived and arrested the perpetrators. I felt so heroic to have done something to help though in the background.” This is in concordant with Phoebe Park, (2016), who says that there are about 4.5 million social media users in Kenya, and Kenya is one of the leading countries in East Africa when it comes to social media use. Jäntti (2015) also reiterates that social media is swiftly growing into an effective medium in Kenya for anti-FGM messages and that there is also evidence to suggest that Kenyans are becoming more politically active on social media, particularly on Twitter which is mostly used by the middle class.

### Table 1.0 Involvement of Media Ambassadors

<table>
<thead>
<tr>
<th>Participation of</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious leaders</td>
<td>73.5</td>
<td>26.5</td>
</tr>
<tr>
<td>Participation of Political leaders</td>
<td>72.0</td>
<td>28.0</td>
</tr>
<tr>
<td>Participation Comedians.</td>
<td>Yes</td>
<td>28.2</td>
</tr>
<tr>
<td>Involvement of road shows &amp;</td>
<td>Yes</td>
<td>71.8</td>
</tr>
<tr>
<td>community opinion leaders</td>
<td>No</td>
<td>29.3</td>
</tr>
<tr>
<td>Efficacy of using media ambassadors</td>
<td>Strongly disagree</td>
<td>40.1</td>
</tr>
<tr>
<td>Efficacy of using media ambassadors</td>
<td>Disagree</td>
<td>28.9</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
<td>22.0</td>
</tr>
<tr>
<td></td>
<td>Strongly agree</td>
<td>9.0</td>
</tr>
</tbody>
</table>

Table 1.0 above, shows the influence of involving Media Ambassadors in communicating information against female genital mutilation effectively among the Maasai community of Loitoktok Sub County. Results revealed that a majority, (73.5%) agreed that religious leaders were involved in communicating FGM information, while 72.0% said that political leaders were involved in communicating FGM
information. A further 28.2% agreed that comedians were involved in communicating FGM information, while only 29.3% indicated that road shows involving key community opinion leaders were involved in communicating FGM information. At the same time 40.1% of the respondents disagreed with the view that media ambassadors led to effective communication of anti-FGM information.

Forms of ARP in Loitoktok Sub County

The results are tabulated in table 1.0 below. The researcher investigated the forms of ARP available in the community and areas that they focussed on in the endeavour to curb FGM in the community.

An alternative rite of passage ritual refers to a structured programme of activities with community-level sensitisation to first gain support and to recruit the girls who will participate, which is followed by a public ritual that includes training for the girls in family life education (FLE), and a public ceremony similar to that in traditional rites of passage. The intention is to simulate the traditional ritual as closely as possible without actually circumcising the girls. Most of the ARP activities premise on the community sensitisation. Thus the sensitisation activities that have preceded the ARP are critical for creating the conditions in which the rite itself can be introduced. There is some evidence that participation in the ARP may enhance the transition from an attitudinal change to a behavioural change, thus supporting the need for this activity to follow the sensitisation activities carried out by the media.

The community sensitisation activities need, therefore, to provide both sufficient and appropriate new information to stimulate contemplation about a change, and to create sufficient familial and social support to prepare individuals and families to actually act by making the change.

| Table 1.2 Forms of ARP available in the Maasai Community in Loitoktok Sub County |
|---------------------------------|-------|------|------|-------|
| Form of ARP                     | Yes   | No   | TOTAL|
| Community based Education programme on the side effects of FGM/C | 35    | 15   | 50   |
| Alternative Rites of Passage (ARP) | 38    | 12   | 50   |
| Focused on;                      |       |      |      |
| Community sensitization about ARPs |       |      |      |
| Training on family life education |       |      |      |
| Public ceremony for graduates    |       |      |      |
| Focuses on;                      |       |      |      |
| Training by peer educators       | 13    | 37   | 50   |
| Support community dialogue days all inclusive |       |      |      |
| Legislation criminalizing FGM/C  | 08    | 42   | 50   |
| Community conversations          | 33    | 17   | 50   |
| Religious Dialogues              |       |      |      |
| Community education on health effects of FGM/C |       |      |      |
| Human rights                     | 40    | 10   | 50   |
| Problem solving                  |       |      |      |
| Basic hygiene                    |       |      |      |
| Women’s health                   |       |      |      |

From the results above forms of ARP that focussed on community sensitisation, human rights, health side effects of FGM and public graduation received overwhelming acceptance as compared to legislation.
and criminalising the FGM activities, training peer educators and supporting community dialogues. The combination of intensive community sensitisation about FGM and offering an ARP have clearly played a role in the attitudinal and behavioural changes that are occurring in the project sites. Some differences were noted between those families that have participated in the ARP and those that have not (notably type of religion and socio-economic status), with exposure to anti-FGM messages being through media is an important factor. Thus the sensitisation activities that have preceded the ARP are critical for creating the conditions in which the rite itself can be introduced. There is some evidence that participation in the Alternative Rite may enhance the transition from an attitudinal change to a behavioural change, thus supporting the need for this activity to follow the sensitisation activities. The role and meaning of traditional rites of passage and of female circumcision varies considerably between ethnic groups. While the Alternative Rites approach has been adapted to local conditions, some of the tensions apparent in its implementation suggest that greater attention needs to be paid to the way the approach is introduced in different communities. Whether a public ceremony with formalised training is necessarily the best way to conclude the behaviour change process. How girls are invited to participate in an ARP and whether and how their parents are involved in the decision, are also factors that need to be looked at, and have determined the feasibility and acceptability of the Alternative Rite of passage itself. This agrees with Esho et al (2017) who states that the contribution that an ARP intervention can make to efforts to abandon the practice depends, therefore, on the socio-cultural context in which FGM is practiced. The study has re-confirmed that an ARP cannot be introduced without a preceding or accompanying process of sensitisation through the media in which an attitudinal change has to have occurred.

Factors Affecting the Level of Acceptance of ARP among the Maasai

The researcher also endeavoured to find the level of acceptance of ARP among girls and women in Maasai. From the narrations of focus group interviews, it came out clearly that various factors affect the level of acceptance of ARP methods among the Maasai community.

Table 1.3 Factors Affecting the level of Acceptance of ARP among the Maasai

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>INFLUENCE ON ARP ACCEPTANCE</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muslim</td>
<td>Accept 93  Reject 7</td>
<td></td>
</tr>
<tr>
<td>Protestant</td>
<td>Accept 28  Reject 72</td>
<td></td>
</tr>
<tr>
<td>Catholic</td>
<td>Accept 31  Reject 69</td>
<td></td>
</tr>
<tr>
<td>African Traditional Religion</td>
<td>Accept 4.8  Reject 95.2</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non</td>
<td>Accept 2.1  Reject 97.9</td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>Accept 27.3  Reject 72.7</td>
<td></td>
</tr>
<tr>
<td>Secondary</td>
<td>Accept 41.4  Reject 58.6</td>
<td></td>
</tr>
<tr>
<td>College &amp; University</td>
<td>Accept 67.5  Reject 32.5</td>
<td></td>
</tr>
<tr>
<td>Level of Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below 15,000</td>
<td>Accept 22.7  Reject 77.3</td>
<td></td>
</tr>
<tr>
<td>15001-50,000</td>
<td>Accept 47.4  Reject 52.6</td>
<td></td>
</tr>
<tr>
<td>Above 50,000</td>
<td>Accept 61.9</td>
<td></td>
</tr>
</tbody>
</table>
It was found that Christian women had greater support for FGM than Muslim women while those under African Traditional religion rejected ARP. This implies that the traditionalist had a lower level of awareness of effects of FGM and may therefore continue to practice FGM.

The outcome on level of education implies that those who had not attained any level of formal education had a lower level of awareness of effects of FGM hence acceptance of ARP in relation to those who had education. Therefore, the proportion of women are circumcised increased with age and decreased with education. Mother’s level of education remained significant. The study found out that girls who had been or were then in school, who lived in urban areas and were older, were more likely to believe that circumcision was not obligatory.

Those who did not earn much money annually did not have a very favourable perception of ARP compared to those who were high income earners. This implies that higher levels of income enable one to have resources that facilitate higher levels of acceptance of ARP. One major hindrance to the total elimination of FGM was the benefits attached to it the community. Therefore, FGM as a trade, provides income to local circumcisers and their accomplice, high bride price is paid to the parents, gifts are given to the candidates and parents along with festivities such as eating, drinking and dancing. Educating circumcisers and training them for alternative sources of income and poverty eradication can go a long way in enabling people not only to be aware negative effects of FGM but also replacing it with safe alternatives like ARP.

The Government Worker and political leader were found to easily perceive ARP in a more favourable way. The former group possibly also carry the title of chiefs and assistant chiefs who enforce the law. Politicians also would support ARP because they are agents of the ruling party hence enforce government policy on Banning of FGM. The self-employed are local business people and local residents who probably go as the cultural wave dictates with few who are enlightened to accept change.
ARP Media Message Target Audience

The researcher wanted to know who the media Anti FGM and ARP messages target in the society. From the results its evident that the target audience of these media messages are women with 25%, girls 65%, opinion leaders who include among others; religious leaders, local authorities, activists and Peer educators 7%, Men 2% and boys 1%. This shows that most of ARP and Anti-FGM media messages target girls and women in the Maasai community. Reasons for targeting women and girls were that the women are the circumcisers and the girls are the ones that receive the circumcision hence a blanket assumption that if they are enlightened they stand a chance of rejecting the practice.

Conclusion and Recommendation

The study concludes that the radio is the most popular medium for Anti FGM campaigns as it is widely listened to. From the focus group interview social media particularly twitter, is the medium that can be used to marshal action and report FGM activities in the Maasai community in Loitoktok. The effectiveness of using media ambassadors is still low as only 22% strongly agree. The media can use more local comedians than politician to convince the community on adoption of ARP in the fight against FGM.

References

The forms of ARP that focussed on community sensitisation, human rights, health side effects of FGM and public graduation received overwhelming acceptance as compared to legislation and criminalising the FGM activities, training peer educators and supporting community dialogues. It was also found out that the factors that affect the level of acceptance of ARP include religion, level of education, level of income and position in the society. It was also evident that the media audience targeted by ARP messages were mainly Girls and women.

Recommendation

1. More radio programmes should be produced geared towards dissemination of persuasion of audience to adopt ARP methods as a means of eradicating FGM and more social media appeals should be made to community members to disclose and report FGM activities that happen undercover.
2. More media ambassadors should be involved in the anti-FGM campaign and persuasion of adoption of ARP.
3. The ARP media messages should target mainly the men and boys as they are the key family decision makers and custodian of culture and tradition that propagate FGM.


