

UNIVERSITY OF THE WESTERN CAPE

Faculty of Community and Health Sciences

**Media representations of Female Genital Mutilation: A Thematic analysis of
two Ugandan national English daily newspapers**



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A mini-thesis in partial fulfillment of the requirements for the
Degree of Masters in Public Health at the School of Public Health,
University of the Western Cape

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KEY WORDS

- Advocacy
- Agenda setting theory
- Culture
- Female Genital Mutilation/Cutting
- Gender
- Health
- Human Rights
- Legislation
- Media Representations
- Public Health
- Sexual and Reproductive Health (and Rights)
- Thematic Analysis



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ABSTRACT

Background: This study analyses media representations of Female Genital Mutilation/Cutting (FGM/C) in two Ugandan daily English newspapers. FGM/C is recognized by the World Health Organization as an extreme form of violation of the rights, health and integrity of women and girls. In Uganda, although the overall prevalence of FGM/C is 0.3 percent of the population, FGM/C remains a harmful practice that constitutes a serious threat to the health of women and girls in communities that practice it. Despite existence of a national legal and policy framework that discourages FGM/C, progress in the eradication of the practice remains slow. Recognizing the role of the media in setting public and policy agendas to influence change, this study explored the attention the two newspapers paid to reporting on FGM/C.

Methodology: A qualitative thematic analysis was used to explore media representations of FGM/C in two Ugandan English daily newspapers. Data was collected using a systematic search of articles over a five-year period retrospectively (December 31 2017-January 1, 2013) published on the websites of *The New Vision* and *Daily Monitor* newspapers. The search included content published in both daily and weekend newspapers. A total of 243 newspaper articles from the two newspapers were collected, coded, themed and analyzed.

Results: The analysis framed FGM/C as a public health concern based on (i) sexual and reproductive health outcomes, gender factors, and human rights violations and harmful cultural practices. (ii) The media perceived FGM/C a cause and effect of unequal power relations between women and men, and the inability for women to make decisions about their health and lives. (iii) Advocating for women and girl's empowerment, keeping girls in school and involving men and boys to champion FGM/C abandonment were identified as key strategies to eliminate the practice. Various limitations were observed in terms of how the reporting fared in terms of news value, as detailed in the conclusion.

Conclusions: The media framed FGM/C as a public health issue outlining the social determinants underpinning the practice and the multi-sectoral actions required to address it. However, the potential role of the media in influencing FGM/C policy is limited, given that its FGM/C coverage was lacking in terms of influence and relevance, prominence, interpretation and analysis, enterprise and reporting.

DECLARATION

I declare that “*Media Representations of Female Genital Mutilation/Cutting: A Thematic Analysis of two Ugandan English daily newspapers*” is my own work, that it has not been submitted or any degree or examination in my University, and that all references used or quoted have been indicated and acknowledged by complete references.

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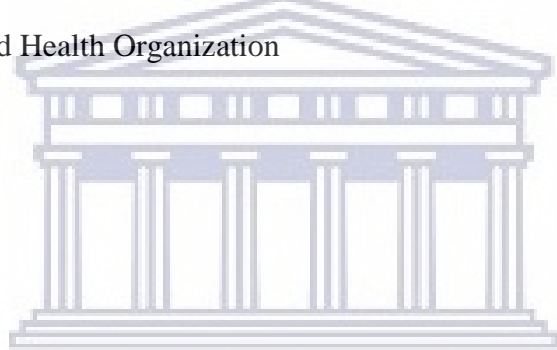
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LIST OF ABBREVIATIONS

ICPD	International Conference on Population and Development
HIV	Human Immunodeficiency Virus
FGM	Female Genital Mutilation
FGM/C	Female Genital Mutilation/Cutting
GBV	Gender Based Violence
SDH	Social Determinants of Health
TBA	Traditional Birth Attendants
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization



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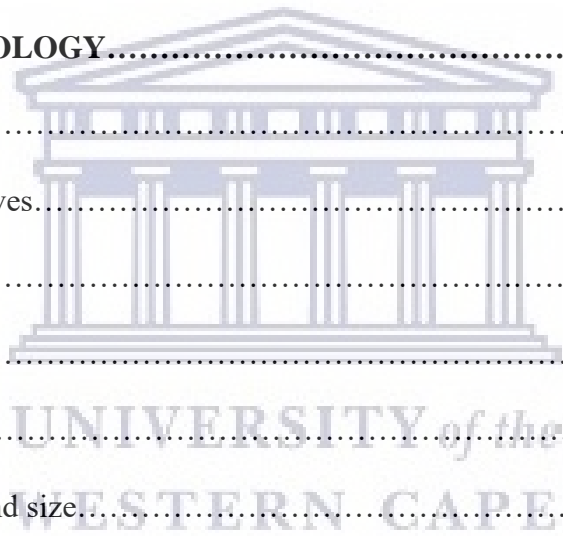
Finally, I dedicate this success to my parents Late Prof. Abraham Kiapi and Late Mrs. Isabella Kiapi. Thank you for the strong foundation you built for me.

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CHAPTER 1: BACKGROUND OF THE STUDY

1.1 Introduction:

This section provides a background to the study. It introduces Female Genital Mutilation/Cutting from a global and local context, highlighting FGM/C as a public health issue, while describing some of the key determinants of the practice. In line with the topic of this study, the chapter also highlights examples of media interventions used as a strategy to end FGM/C. A problem statement, the study purpose, scope of study and setting are also explained. The section concludes with an outline of the subsequent sections.

1.2 About Female Genital Mutilation/Cutting (FGM/C):

Female Genital Mutilation/Cutting (FGM/C), sometimes referred to as Female Genital Cutting or Female Circumcision, is defined by the World Health Organization as a procedure that involves the “partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons” (WHO, 2014). The procedure is known to have no known health benefits and is not performed for medical reasons (WHO, 2016).

The World Health Organization (WHO, 2018) classifies FGM/C into four major types:

- **Type 1:** Often referred to as **clitoridectomy**, this is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals), and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- **Type 2:** Often referred to as **excision**, this is the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva).
- **Type 3:** Often referred to as **infibulation**, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris (clitoridectomy).
- **Type 4:** This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

Globally, FGM/C is recognized as an extreme form of violation of the rights, health and integrity of women and girls (WHO, 2018). On adopting the Programme of Action at the International Conference on Population and Development (ICPD) in Cairo (1994), 179 States agreed to take measures to abandon FGM/C, a practice they described “as a violation of basic rights and a major life-long risk to women’s health.” (POA, 1994:26). In 2012, the UN General assembly adopted the first-ever resolution against FGM (67/146) calling for intensified global efforts to eliminate the practice (UNFPA, 2015). The resolution affirms that FGM/C is “a harmful practice that constitutes a serious threat to the health of women and girls including their psychological, sexual and reproductive health, which can increase their vulnerability to HIV and may have adverse obstetric and prenatal outcomes, as well as fatal consequences for the mother and the newborn...” (UNGA, 2013:2). The Sustainable Development Goal 5 on gender equality also stipulate eliminating all harmful practices including FGM/C (UNDP, 2016).

While overall prevalence is reportedly decreasing and despite policies that prohibit or discourage FGM/C, progress in the eradication of the practice is slow (McCauley, van den Broek, 2018). FGM/C remains widespread in different parts of the world. In 28 African countries where it is common, over 200 million girls and women (the majority under 15 years of age) having undergone the practice (WHO; 2016). In addition, FGM/C practice is also reported in some countries in Asia, Middle East and Latin America and among migrants in high income countries (UNFPA, 2014; WHO, 2016a).

Although the age at which FGM/C is performed on girls and women varies according to different cultures that practice it, the procedure is mostly carried out on girls between infancy and age 15 (Merck, 2005; cited in Coyne & Coyne, 2009). As a rite of passage to womanhood and marriageability, the practice is often performed by traditional practitioners (also known as ‘cutters’ or ‘surgeons’) usually done using scissors, razor blades or broken glass and without anesthesia (UNFPA, 2014; WHO, 2006a). More recently, in some countries, FGM/C is performed by trained health personnel including physicians, nurses and midwives; referred to as ‘medicalization’ of the practice (UNFPA, 2014).

1.3 FGM/C in the context of Uganda:

In Uganda, prevalence of FGM/C is low, mainly practiced by two ethnic groups; the Sabiny living in eastern region and the Pokot in the Karamoja region northeastern Uganda bordering

Kenya. The Sabinu practice Type I and II while the Pokot practice Type IV (28 Too Many, 2013). Although the overall prevalence of FGM/C in Uganda has come down from 1.4 percent in 2011 to 0.3 percent, according to the 2016 Uganda Demographic and Health Survey (UDHS), there are pockets of locations where the practice is on the rise (Mutuuzo, 2020).

1.3.1. Legal and policy framework:

In Uganda, FGM/C is illegal, with domestic legal and policy frameworks recognizing the practice as a violation of the human rights of women. The Uganda Constitution Article 33 specifically prohibits ‘laws, cultures, customs or traditions which are against the dignity, welfare or interest of women or which undermine their status’ (Government of Uganda, 1995). The Penal Code Act (2007) criminalizes anyone who has a sexual act with a person below the age of 18. The Children’s Act Amendment (2016) also provides for the rights to be treated equally and protected from violence, abuse and neglect, as well as protection from harmful social and customary practices. In 2017, The National Strategy on Ending Child Marriage and Teenage Pregnancy, a holistic, comprehensive framework that reflects the commitment of the Uganda Government to end the practice of child marriage and other forms of violence against girls was launched. Others are the Penal Code Act (2007) and the Children’s Act. However in Uganda, The Prohibition of Female Genital Mutilation Act (2010) is the overarching law criminalizing FGM/C (Government of Uganda, 2010). The FGM Regulations (2013), The Domestic Violence Act (2010) and its regulations as well as the National Policy and Action Plan on Elimination of Gender Based Violence (2016) are the other key frameworks.

1.4 FGM/C as a public health issue:

A large body of literature has documented the adverse health consequences of FGM/C presenting both short term and long-term consequences. This literature also reveals significant association between FGM/C and adverse reproductive health, particularly those concerned with sexual life, infertility, urogenital infection and obstetric outcomes (Toubia, 1994; Kasim et al., 2012; Kein, et al., 2018; Kelin et al., 2018, UNFPA2018). WHO (2018) classifies health conditions that may affect women with FGM/C as gynecological complications (such as menstrual problems and pelvic pain); obstetric complications (such as difficult labour); mental health disorders (such as depression and anxiety); and sexual dysfunction (such as painful sexual intercourse).

1.4.1 Short term consequences:

Severe pain and bleeding are reported, as the most common immediate consequences of all forms of FGM/C. Infections such as tetanus are common especially if the procedure is carried out in unhygienic conditions or with unsterilized instruments. Additional complications include delayed or incomplete healing (Bjalkander, 2012; UNFPA 2014; WHO 2006a). According to WHO (2018), immediate complications can include:

- Excessive bleeding (hemorrhage)
- Genital tissue swelling
- Fever
- Urinary problems
- Injury to surrounding genital tissue
- Shock
- Death.

1.4.2 Long-term consequences:

Studies have documented long-term adverse effects of FGM/C, including increased risk of childbirth complications leading to adverse obstetric outcomes and death (Mgbako, 2010; UNFPA, 2014). Others have reported abscesses, painful cysts and keloids (scars) which in turn also cause complications during pregnancy and childbirth. Infertility has also been reported as a long-term consequence of FGM/C (WHO, 2006a). According to WHO (2018), long-term consequences can include:

- Urinary problems (painful urination, urinary tract infections);
- Vaginal problems (discharge, itching, bacterial vaginosis and other infections);
- Menstrual problems (painful menstruations, difficulty in passing menstrual blood, etc.);
- Scar tissue and keloid;
- Sexual problems (pain during intercourse, decreased satisfaction, etc.);
- Increased risk of childbirth complications (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby, etc.) and newborn deaths;
- Need for later surgeries: for example, the FGM procedure that seals or narrows a vaginal opening (type 3) needs to be cut open later to allow for sexual intercourse and childbirth

(deinfibulation). Sometimes genital tissue is stitched again several times, including after childbirth, hence the woman goes through repeated opening and closing procedures, further increasing both immediate and long-term risks;

- Psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem, etc) (WHO, 2018)

In Uganda, communities that practice FGM/C have a high burden of maternal mortality, reports show. For instance, prevalence of maternal mortality in the FGM/C practicing communities stands at 588/100,000 compared to the national prevalence of 336/100,000 live births (UDHS, 2016, Mafabi, 2017). Another study by the Ministry of Health indicates that women who were circumcised developed more complications at childbirth compared to those who were not (URN, 2006). Most communities also still believe in having children at home or with the help of Traditional Birth Attendants (TBAs) because of pressure on women to remain at home to continue daily chores (UNFPA, 2018). Women from these communities who have undergone FGM/C also prefer to deliver in the hands of TBAs for fear of prosecution by the anti FGM law (28 Too Many, 2018).

1.5 Determinants of FGM/C:

The World Health Organization (WHO) defines Social Determinants of Health (SDH) as the conditions in which people are born, grow, live, work and age. According to WHO, the Social Determinants of Health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries (WHO, 2008).

A conceptual model by Berg & Denison, (2013) systematically reviews factors underpinning the continuance of FGM/C revealing that the practice is deeply- rooted culturally and that practicing communities consider FGM/C an essential tradition that must continue. Marriageability, sustainability of cultural tradition, sexual morals, religion, and health benefits (hygiene) and male sexual enjoyment were revealed as the key drivers perpetuating FGM/C. We discuss these determinants as mainly socio-cultural and socio-economic below.

1.5. 1 Socio- cultural determinants:

FGM/C is viewed as a symbol of identity and membership in the community (Toubia, 1994). In Uganda, the practice is associated with reinforcing ethnic identity and preservation of

culture as expressed by the Sabinu and Pokot communities (Coyne & Coyne, 2010; CEHURD, 2015). A systematic review of articles from 15 countries between 2004-2014 to explore men's attitudes, beliefs and behaviours in regards to abandonment of FGM/C also found strong cultural values among practicing communities as a major factor for sustaining the practice. (Varol, N., Black, K., Hall, J., Dawson, A., 2015). Another study *Female Genital Mutilation/Cutting: The Secret World of Women as Seen by Men*, also confirmed ethnic identity as the decisive shaping factor on how men conceive and value FGM/C (Kaplan, A.; Cham, B.; Njie, L.; Seixas, A.; Blanco, S.; Utzet, M. (2013).

Additionally, among practicing populations, FGM/C is largely practiced as a rite to passage to 'womanhood' and to ensure marriageability. It is also closely associated with early marriage and bride price (UNFPA, 2015) with the social status of uncircumcised women stigmatized (Pripinya, 2009). According to Babatunde (1998) and Rahman (2000); cited in Kolawole, & Van de Kwaak, (2010), many continue FGM/C practice because it is part of the societal norms handed down by their mothers and grandmothers and any attempt to discontinue the practice is met with societal pressure and risk of isolation. A study in Uganda revealed that some girls give into the practice out of peer pressure in fear that they will become outcasts if they are not circumcised (Allen, Buglur, Denise, Dore, & Waritey, 2018). According to the report, uncut, married women in Uganda are also under increasing pressure to undergo FGM/C from their husbands and society because they are not allowed to participate in community life, such as serving elders, collecting food and attending traditional meetings, despite the protections stipulated by the law.

Furthermore, FGM/C is also regarded a form of gender inequality given that it serves to control women's sexuality (Maurice, 2006, cited in Kolawole & Van de Kwaak, 2010). This is supported by the high prevalence of gender based violence in practicing communities like Karamoja region where up to 53 percent and 13 percent of women have experienced physical and sexual violence respectively since age 15 perpetuated by harmful cultural norms including FGM/C (UDHS, 2016).

1.5.2 Socio-economic determinants:

The prevalence of FGM/C has also been linked to the household economic level. FGM/C by ensuring the perceived respectability of a woman, supports attaining a better 'bride price'

(Rahman, 2000; Myers, 1985; Chege, 2001; cited in Kolawole, & Van De Kwaak, (2010). By contrast, uncut girls are not eligible for marriage, thus denying parents opportunity for bride price. In practicing communities, FGM/C serves as a source of livelihood for traditional circumcisers/cutters and Traditional Birth Attendants. In Uganda, excision earns a traditional cutter also known as a “surgeon” UGX 30,000-50,000 (about US \$10-16) per procedure plus gifts and appreciations (CEHURD, 2015).

Despite the socio-cultural validation received, literature also highlights negative socio-economic impact of FGM/C on girls’ education including absenteeism, poor concentration, low academic performance and loss of interest (GTZ, 2006: cited in WHO, 2006a). This is associated with growing up with poor literacy; pressure to accept early marriage, poor access to physical and psychological health care (Allen, Buglur, Denise, Dore & Waritey, 2013).

Furthermore, the linkages between teenage pregnancy and FGM/C practice has also been documented with tremendous impact on the educational, social and economic lives of the young girls living in practicing communities. Accelerated school drop out for early marriage has also been cited as a consequence of FGM/C (UNFPA, 2018). For instance, in Karamoja region, one in every four girls has had their first child putting the teenage pregnancy rate at 24 percent with the major drivers being poverty, forced and child marriages (UDHS, 2016). Early parenting also reduces the likelihood that a young woman will complete high school and pursue the necessary post -secondary education. Statistics show that 49 per cent of all 20 to 49-year-old women in FGM/C practicing communities were married by the age of 18. Of these, 15 per cent were married much earlier, by the age of 15 (New Vision, 2015).

At a broader level, studies show that poverty, illiteracy and low social development are common in most of the practicing communities. In Uganda’s development history, the Karamoja region, consistently demonstrates the nation’s lowest scores on key development and health indicators, with gaps in availability of essential health infrastructure, equipment, drugs and staff for maternal, neonatal and postnatal care (Wilunda, Oyerinde, Putoto, 2015; UNFPA, 2018).

A cross sectional study to determine the prevalence and determinants of FGM/C in Ghana found that women’s age, marital status, education and geographical location were associated with FGM/C. Women with tertiary education were less likely to be circumcised compared to their counterparts with no education. The study concluded that educated women were more likely to

weigh the benefits over the risk before making decisions about their health (Sakeah, Debpuur, Oduro, Welaga, Aborigo, Sakeah, and Moyer (2018).

1.6. Media initiatives to end FGM/C:

In 2012, the UN General Assembly designated February 6 as the International Day of Zero Tolerance for Female Genital Mutilation to enhance awareness of the issues and encourage concrete actions to accelerate abandonment of the practice (UNFPA, 2017). As a result, the ‘*UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change*’ a global programme with an aim of accelerating FGM/C was formed, now present in 15 African countries, including Uganda (UNFPA-UNICEF, 2013). Interventions include support to the development and launch of media campaigns and trainings to increase impact in both the quantity of news stories and the quality of media coverage on FGM/C issues (UNFPA, 2017). According to the Programme’s Phase I summary report (2008-2013), the programme used the media to increase awareness of the dangers of FGM/C, with more than 26,146 newspaper articles, and TV and radio programmes in the 15 African implementing countries involved (UNFPA, UNICEF, 2013).

In 2014, UNFPA in partnership with the *Guardian UK* established the Efua Dorkenoo Pan African Award for Reportage on Female Genital Mutilation, to be granted annually to an African reporter who demonstrates innovation in, and commitment to, covering the subject. (UNFPA, 2014). Journalists and media officers from Burkina Faso, Kenya, Mali, Senegal, Tanzania and Uganda were also engaged through the *Abandoning FGM/C on FM!* Project, on how to look for their own stories, let the communities and individuals speak for themselves, and use sensitive and respectful language (UNFPA/UNICEF, 2015). In Uganda, other forms of media engagement are through field visits organized by the Joint Programme to commemorate International day to end FGM/C and Tepeth and Sabinu cultural days celebrated annually to promote valuable traditional practices like traditional dances, storytelling and reciting poems and discourage harmful practices like FGM/C. The cultural days also aim to promote alternative rites of passage to womanhood (Prazac, 2007).

1.7. Problem statement:

Elimination of FGM/C is a public health problem; a violation of human rights and a direct manifestation of gender inequalities and discrimination (UNFPA, UNICEF, 2018). Although practiced by a small minority in Uganda, FGM/C has known serious health and human rights consequences and is one among various forms of marginalization facing these minority communities. To address this problem, while the media has been used as one of the tools to influence policy formulation and implementation towards FGM/C abandonment, evidence shows that there is limited research in examining the policy connections of media effects (Wolfe, Jones and Baumgartner (2013); Weishaar, Dorfman, Frudenberg, Hawkins, Smith, Razum and Hilton (2016). Specifically, there remains limited research undertaken on media representations of FGM/C, a gap that deprives those seeking to improve aspects of communicating population health.

1.8 Purpose of the study:

The purpose of this study is to understand how Female Genital Mutilation and Cutting is represented in the media. Focusing on two of Uganda's leading national English dailies, the study will explore media representations of FGM/C under the 2nd phase of the five-year UN Joint programme on FGM/ (2013-2017) to understand how FGM/C is portrayed as a public health issue. This study will also explore whether the media representations of FGM/C are supported by the existing public health literature on FGM/C. The findings and reflections could support future research in this area and enhance public health advocates' ability to promote effective public health policy (Weishaar, Dorfman, Frudenberg, Hawkins, Smith, Razum and Hilton, 2016).

Research question: *How is Female Genital Mutilation/Cutting represented in the Ugandan media?*

1.9. Scope of the study:

This study analyses media text from two Ugandan English daily newspapers retrospectively during a period of five years (January 2013-2017). A total of 243 newspaper articles from the *The New Vision* and *Daily Monitor* were reviewed. The two daily newspapers were selected for their reach, accessibility and target audience who are elite policy and decision-makers who are considered to have influence on the national conversation. This study focused on two media theories; 'the agenda setting' function; the ability to influence which issues, persons

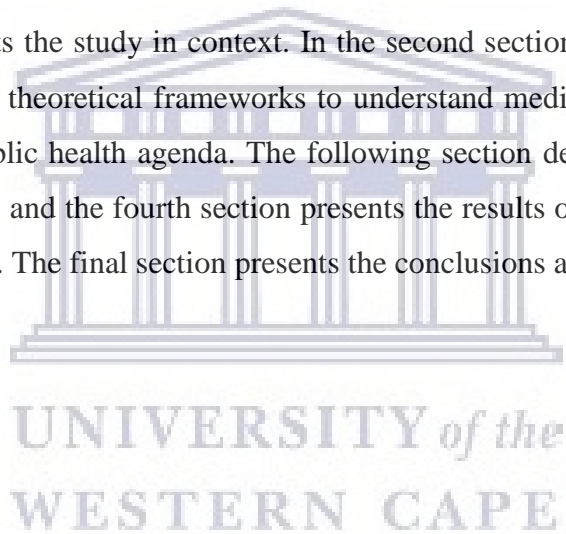
and topics are perceived as the most important (McCombs, 2004); and ‘framing’ which defines the way a media message is defined and described (Goffman, 1974).

1.10. Study setting:

The study was conducted in Kampala, the capital city of Uganda, a landlocked county in East Africa. A 2016 National Population and Housing Census estimates Uganda’s population at 34.6 million with a diverse culture of religion, tribe, traditions, beliefs, value systems and languages, all which play a major role in shaping the behaviors and way of life of the people (UBOS, 2014).

1.11. Outline of study:

The first section puts the study in context. In the second section is a review of literature describing the two selected theoretical frameworks to understand media impact, and the role of media in advancing the public health agenda. The following section describes the methodology used to carry out this study, and the fourth section presents the results of the analysis, discussion and interpretation of results. The final section presents the conclusions and the recommendations.



CHAPTER TWO:

LITERATURE REVIEW

2.1. Introduction:

This chapter explores literature relevant to understanding representations of Female Genital Mutilation/Cutting in the media. To understand the roles and functions of media in society, this section begins by reviewing theories, approaches and models in mass communication. Highlighting the link between media and public health, the section discusses the role of media advocacy in influencing health policy. Two media effects theories - agenda setting and framing – are also discussed. The chapter concludes with a summary of the purpose of the literature review.

2.2 Theoretical frameworks used to understand media impact

Mass media is defined as a form of human communication practice, involving how human beings ‘talk’ to one another via verbal and non-verbal means, transmitted through a medium (channel) to reach a large number of people (Devito, 2011; cited in Abdullah, 2014). Metts (2014) cited in Eid & Dakroury (2010) states that communication through any form of mass media is based on a process in which messages, whether intentional or unintentional create meaning, strategic, and/ or consequential. Following this definition, Wimmer & Dominick (2012) comprise mass media to be channels such as television, newspapers, magazines, billboards, films, recordings, books and the internet as well as the new forms of media including smart TV’s, smart phones and tablets.

There is a long tradition of theories, approaches and models in communication and media studies that researchers have used to learn about the uses and effects of media and communication in society. Among them, the ‘*Social Construction of Reality*’ theory contends that individuals create their own reality based upon their own experiences with society (Berger and Luckmann, 1967). For purposes of this study, mass media are part of this society by creating representations of FGM/C. One communication theory linked to the social construction of reality is ‘the agenda-setting’ role of the mass media, which converges with many other conceptual understandings about the role of mass media including, framing, priming, gatekeeping, cultivation and the spiral of silence (McCombs & Venezuela, 2007).

However, due to the nature of this thesis, agenda setting and framing are the most discussed theories to help understand how FGM/C is represented in the media. These two theories are also

recognized as the core concepts informing media practices (Dorfman & Krawnsnow, 2014). Mc Combs, Shaw and Weaver (1997) suggest that not only are agenda setting and framing effects related, but framing is also an extension of agenda setting. Therefore, basing on the objectives of this study, the ‘agenda setting theory’ and the ‘framing theory’ have earned a firm place as the focus of this thesis to analyze how FGM/C is represented in the two newspapers.

2.2.1 Media and the agenda setting theory

Agenda setting theory describes the ability of the news media to influence the presence of topics and their importance in public agendas (McCombs and Reynolds, 2002). Media can stimulate the awareness of people regarding certain issues by (i) shaping and filtering reality before presenting it to its audience; and (ii) determining the priority with which individuals regard salient issues (Albalawi and Sixsmith 2015). As a social science theory, agenda setting is based on the assumption that if a news item is covered frequently and prominently, the audience will regard the issue as more important (Mc Combs and Shaw, 1972).

Mass communications scholars Rogers and Dearing (1988) believe the agenda setting theory in connection with mass media stands with interrelationships between three agendas identified as: (i) media agenda (ii) public agenda and (iii) policy agenda (See Fig 1). This thesis focuses on the media agenda which refers to what traditional media organizations discuss through their channels. Agenda setting is also regarded as a key process in policy-making (Sato, 2003). However, McCombs (2003) cautions that although the influence of the media agenda can be substantial, it alone does not determine the public agenda and that the media sets the agenda only when receivers/consumers of information perceive the new stories as relevant.

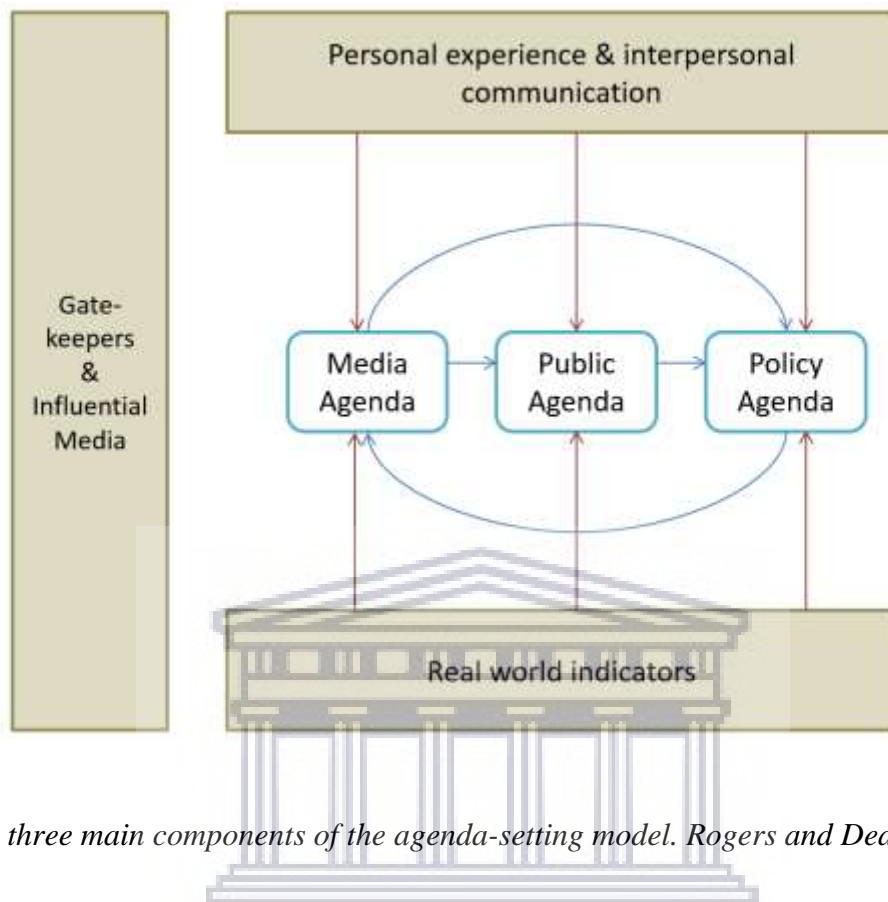


Fig. 1. The three main components of the agenda-setting model. Rogers and Dearing (1988)

2.2.2 Media and the theory of Framing

Like agenda setting, framing is another concept used to understand media effects. Gitlin (1980) cited in Matthes (2016) describe frames as principles of selection, emphasis and presentation composed of little tacit theories about what exists, what happens and what matters. Goffman, (1974) defined framing as the way a message is presented and described. Simply defined, framing is the way in which information is presented to its audiences (Cissel, 2012). As explained by Soroka, Lawlor, Farnsworth & Young, (2012) this framing theory is based on the belief, how an issue is characterized to an audience will influence how it is understood. Notably, studies show, that media decisions on what to cover and what to ignore have implications on public policy (Otten, 1992). According to Kitzinger (2004), policy attention rises and falls in response to media coverage rather than with any changes in the actual size of the problem. Kitzinger adds that both policy maker's perceptions and the public's acceptance of potential policy responses are considerably influenced by media debates. Other scholars have described framing as 'a weapon of advocacy' (Weiss, 1989). Goffman (1974); cited in Pan and Kosicki (1993) links the concept of

framing directly to the production of news discourse. He writes: frames “enable journalists to process large amounts of information for efficient relay to their audiences.” (Gitlin, 1980: 7). Some scholars caution that framing can have wide-reaching implications for the way a message is delivered, as the ability of the media to frame messages may guide audience reactions towards a particular end goal while disregarding certain aspects of an issue (Anderson, Wiley & Brank, 2017).

2.3. Media advocacy:

Media advocacy is defined as “media and communication activities that support a policy advocacy campaign and advance public policy initiatives” (Wallack, 1994); as strategic use of mass media to support community organizing and advance healthy public policy (Dorfman and Krasnow, 2013); as organized and purposive activities that utilize a variety of media channels to inform, persuade and motivate populations (Sixsmith, 2014; cited in Bou-Karroum, 2017). As Wallack and Dorfman (1996) further state, “media advocacy focuses on public policy rather than personal behavior.” (1996:293). The Ottawa Charter on Health Promotion (1986) also recognizes ‘advocacy for health’ as one of the three main strategies for health promotion through increasing public awareness, advancing a social or public policy initiative and mobilizing decision-makers for policy and social change, and particularly, the social determinants of health (Kusnir, 2011; Crisp, 2000; Bou-Karroum et al, 2017; Maibach and Holtgrove, 1995; cited in Baum (2008; IOM, 2002; Nutbeam, 1989). Media advocacy is further associated with understanding how the media - due to time and space constraints - focus their attention on few topics that are deemed more news worthy than others (Flora, Maibach and Macooby, 1989). Weishaar, Dorfman, Freudenberg, Hawkins, Smith, Razum and Hilton (2016) have also documented how the media shapes public perceptions by choosing which issues are reported as news and how these issues are represented. Notably, the agenda -setting and framing theories discussed above underlie and inform media advocacy practice (Dorfman and Krasnow, 2013).

2.4. The role of media in the policymaking process

A major focus on communication research is how the mass media influence public health policy (Soroka, Lawlor, Farnsworth & Young, 2012; Otten, 1992). Some studies also show how the media can influence the public and policymaker’s views about certain issues by selecting

certain aspects of perceived reality and making it the news. These representations play an important role in determining the focal issues for policy makers and shaping public opinion (Mon, 2013; Bou-Karroum, et al, 2017). In turn, it is through the media, that citizens learn how government policies will affect them, while government may also get feedback on their policies (Mon, 2013). According to the researchers, policy attention also rises and falls in response to shifts in media coverage and policy makers' perceptions of policy issues and publics acceptance of potential policy response are considerably influenced by media debates. Several scholars have provided evidence on this influence on all stages of health policy-making (Baba, Chreches and Mosteanu, 2007). According to Rettig (1992), this assumption that the influence of the media is substantial forms the basis for the belief that they (the media) can inform policy makers. As Otten (1992) states: "Often, policy makers get their first information on a problem or its urgency from the press... the press puts the information into the policy-making process" (1992:4).

However, while others suggest media plays a significant role in the policy process, there is literature that criticizes the nature and tone of media content of policy issues. Soroko, Lawlor, Farnsworth & Young (2012) fault reporters for "focusing on the trivial, not providing enough context to understand contentious policy and lack technical proficiency in the matters about which they write" (Fransworth and Lichter, 2006; cited in Soroko, Lawlor, Farnsworth & Young (2012)). The researchers also question journalistic norms, which may reduce the likelihood of effective/informative policy discussion in the mass media.

Finally, while the key outcome measure for media advocacy is whether a desired policy is passed, considering that policies can take years or decades to be passed, this study will focus on the process of conducting the advocacy by analyzing the media content.

2.5 Conclusions:

The purpose of the literature review was to understand how mass media influences public health policy agendas. It discusses the theoretical frameworks used to understand media impact, media advocacy and the policy-making process. The literature sought to explore how media representations influence public and policy agendas.

CHAPTER 3: METHODODOLOGY

3.1 Introduction:

This chapter presents the methodology used in the study, highlighting the study aims and objectives, purpose of the study, study design, setting, sampling procedures, data collection and analysis. Ethical considerations are also described. The chapter concludes with a section on how the study has ensured rigor and a narration of the steps taken in the analysis.

3.2 Study aims and objectives

The study aims to analyze representations of Female Genital Mutilation/Cutting by two of Uganda's English daily newspapers. Based on the literature provided, the study will also analyze how the media's agenda setting and framing roles influenced public and policy agendas.

The objectives of the study were as follows:

- (i) To explore all representations of FGM/C in the media.
- (ii) To identify gaps in media representation of FGM/C.
- (iii) To make recommendations for improved journalistic practices in health communication.

3.4 Study design

This is a qualitative thematic analysis of newspaper text. The selection and application of the analysis is based on the research question, the objectives of the study and the scope of the project. In turn, the scope of this study design is based the on researcher's knowledge, interest and ability to access the materials for the study.

3.5 Study setting

The study was conducted in Kampala from April 2018 to November 2019. Kampala is the capital city and the largest urban area in Uganda. It has a population of about 3 million (UDHS, 2014). As the administrative capital, the city is home to Courts of Law, most of the country's ministries and the Uganda Parliament, where public policies including the Anti FGM/C Act (2010) was passed into law. The two selected newspaper publications are also published in Kampala.

3.6 Sampling procedure and size

This study used purposive sampling based on three reasons; first, the selected newspapers are two of Uganda's leading English dailies read by English literate part of the population. Also in terms of circulation, they record the highest rates with the *New Vision* circulating 28, 451 print copies daily with over 3.8 million page views and 720,000 users monthly. *Daily Monitor* on the other hand circulates 19,052 print copies (New Vision, 2017, Audit Bureau of Circulations, 2016). Although they are not the majority, the readers are the elite class who constitute policy and decision-makers who are the target relevant to this study. Secondly, this information was readily available online, allowing for a desk research with minimal cost implications. Thirdly, the time was selected to limit the study to exploring media coverage of FGM/C to the five-year phase of the UN Joint Programme on FGM/C and keep the amount of material manageable.

3.7 Data collection tool

The researcher developed a Microsoft excel sheet as a tool to collect articles from the two English newspapers. Thirteen columns were created to include number; keyword searched, date of publication, date of download, title of article and link to article. These columns were used for coding and mapping thematic content of the newspaper corpus to select the data set.

3.8 Data collection

Using Google as a search engine, data was collected using a systematic search of articles over a five-year period retrospectively (December 31 2017-January 1, 2013) published on the websites of the two biggest Ugandan English newspapers namely; The *New Vision* www.newvision.co.ug and *Daily Monitor* www.monitor.co.ug. The search included content published in both daily and weekend newspapers with the following words: Female Genital Mutilation, Female Genital Mutilation and Cutting, Female Genital Cutting, FGM, FGM/C and FGC. During the search, it was realized some words were used concurrently in one article. For instance, Female Genital Mutilation was subsequently abbreviated as FGM. To avoid repetition and overlaps, the study focused on Female Genital Mutilation as the main key word as this was used more frequently. The newspaper corpus was collected between April 2018 and August 2018 and captured in matrixes.

A total of a total of 243 articles newspaper consisting of 45.6% ($n=111$) from the *Daily Monitor* and 54.3 % ($n=132$) from *The New Vision* provided the data for this analysis (See Table 1 below).

Publication	Year	Number of articles collected	Publication	Year	Number of articles collected
Daily Monitor (including Weekend editions)			The New Vision (including Weekend editions)		
	2017	$n=18$		2017	$n=26$
	2016	$n=17$		2016	$n=28$
	2015	$n=30$		2015	$n=18$
	2014	$n=31$		2014	$n=20$
	2013	$n=33$		2013	$n=19$
Total number of articles		$n=134$	Total number of articles		$n=111$

Table 1: Newspaper articles published between January 1 2013-December 31, 2017.

Among the articles reviewed, FGM/C was mostly presented as a ‘national’ issues as evidenced with the frequency of mentions in the ‘National news’ categories of both publications (*Daily Monitor*; $n = 36$; *New Vision*; $n = 38$). The ‘Commentary’ and ‘Opinion’ sections were also highly used to cover FGM/C articles (*Daily Monitor*, $n =27$; *New Vision*; $n = 13$). Furthermore, the *New Vision* presented FGM/C in the health category ($n=11$) while *Daily Monitor* placed FGM/C in the “Healthy Living Magazine’ section ($n =2$). *Daily Monitor* presented FGM/C in the ‘Arts and Culture’ category 19 times, while *New Vision* categorized FGM/C in the ‘Lifestyle’ (*New Vision*, $n= 7$) and FGM/C was represented in *Daily Monitor*’s ‘Life Magazine’ ($n=4$). Notably, every year, *Daily Monitor* had at least one editorial writing their position on FGM/C abandonment (see Table 2 below).

Daily Monitor		The New Vision	
Arts and culture	<i>n= 19</i>	Africa news	<i>n=3</i>
Commentary	<i>n= 27</i>	East Africa news	<i>n= 1</i>
Editorial	<i>n = 6</i>	Education	<i>n=3</i>
Elections	<i>n=1</i>	Entertainment	<i>n=1</i>
Healthy Living	<i>n=2</i>	Features	<i>n=1</i>
Heart to Heart	<i>n=1</i>	Health	<i>n=11</i>
Full Woman Magazine	<i>n= 9</i>	Home news	<i>n=1</i>
Letters	<i>n=9</i>	Lifestyle	<i>n=7</i>
Life Magazine	<i>n=4</i>	Muslim community	<i>n=1</i>
National News	<i>n=36</i>	Multimedia	<i>n=1</i>
People & Power Magazine	<i>n= 3</i>	National news	<i>n=38</i>
Special Report	<i>n =4</i>	Opinions	<i>n=13</i>
World News	<i>n = 3</i>	Special feature	<i>n=4</i>
		Sport	<i>n=1</i>
		Supplements	<i>n=3</i>
		Today's pick	<i>n=7</i>
		Travel	<i>n=1</i>
		World news	<i>n=3</i>

Table 2: Newspaper sections where FGM/C article was published.

3.9 Data analysis

An inductive thematic analysis was used to interpret the various aspects of the research topic (Boyatzis, 1998; cited in Braun and Clark, 2006). Thematic analysis is a method for identifying, analyzing, and reporting themes found within a data set (Braun and Clark, 2006). The method was also chosen due to its flexibility and accessibility considering the researchers limited theoretical and technological knowledge of other qualitative approaches (Robson, 2011). Thematic analysis is also applicable to a range of research problems. Thus, the method enabled the researcher to identify and explore key ideas across the dataset. In relation to this study's research question, this method allowed us to better understand how FGM/C is represented in

Ugandan newspapers. Borrowing from Braun and Clark (2006), this study conducted a six-phases of analysis using an inductive approach where codes and themes were derived from the data and research question as follows:

3.9.1 Familiarizing with the data:

The researcher collected the data using a Google search engine with the following key words: Female Genital Mutilation, Female Genital Mutilation and Cutting, Female Genital Cutting, FGM, FGM/C and FGC. At this stage, a content analysis was done to include categorization of articles and an analysis of headlines. All articles in the data set were read three times; first generally and then twice, more critically to identify strategies for placement. Data analysis began at the point of data collection with the researcher taking notes, coding and identifying themes that could constitute the data set.

3.9.2 Coding:

This was done by devising an Excel sheet template where extracts from the data were given codes in a systematic fashion across the data set (Robson, 2011). The entire data set was coded with the research question in mind and identifying the key aspects in the data items that may form the basis of the themes across the data set (Braun and Clarke, 2006). The data was coded by highlighting the text in different colours to differentiate the variables. (See Annex 2) and later presented in a table (Table 2)

Codes	Themes identified
<ul style="list-style-type: none"> • Affirmative action (2) • Discrimination against women and girls (6) • Feminism (1) • Forced /child marriage (51) • Gender (5) 	Gender

<ul style="list-style-type: none"> • Gender based violence /violence against women and girls (60) • Gender equality/inequality (24) • Gender inequality (4) • Gender stereotypes (1) • Girl education (20) • Girl empowerment (7) • Male involvement (9) • Violence against women/girls (20) • Sexual violence (4) • Teenage pregnancies (8) • Women and girl rights (23) • Women empowerment 33) • Women’s participation (4) 	
<ul style="list-style-type: none"> • Human rights (21) • Sexual and Reproductive rights (1) • Stigma (4) 	<p>Human rights</p>
<ul style="list-style-type: none"> • Alternative rites of passage (4) • Child marriages/Forced marriages (51) • Culture (54) • Harmful cultural practices (29) • Patriarchy (4) • Religion (14) 	<p>Culture</p>
<ul style="list-style-type: none"> • Women and girl’s health (44) • Maternal health/Mortality (15) • HIV/AIDS (4) 	<p>Sexual and Reproductive health</p>

<ul style="list-style-type: none"> • Access to justice (5) • Legal frameworks on GBV prevention (68) • Criminalization of FGM/C (35) • Implementation of FGM Act (8) 	Legislation
<ul style="list-style-type: none"> • Call to action to end FGM (38) • FGM abandonment (12) • Media advocacy (60) 	Advocacy

Table 3: Table mapping codes and thematic content of newspaper articles

3.9.3 Searching for themes:

This study used repetitions to identify themes, classifying topics in the corpus that occurred and reoccurred (Robson, 2011). At this stage, codes were critically analyzed to consider how they may combine to form themes. The different codes identified across the data set were then collated and combined into potential themes using a table (See Table. 2). The researcher classified the recurrent themes with the highest frequency generated from the content analysis. A total of 40 of variables were recorded to find a few dominant themes that represent the textual content to include main messages, insights and/or observations. Main themes and sub-themes were then identified and sub-themes created to give structure to large and complex themes (Braun and Clarke, 2006). During this process, it was realized, some codes ended up as main themes. Miscellaneous themes that did not fit anywhere were discarded (Braun and Clark, 2006).

3.9.4 Reviewing themes:

During the review, candidate themes were reviewed and refined. These themes were selected basing on the availability of significant supportive data extracts, ensure they form a coherent pattern and are related to each other (Braun and Clarke, 2006). Due to an overlap, one of the themes was merged within another (culture and human rights) Sub themes were then identified from main themes to give structure and demonstrate the hierarchy of meaning of the larger theme. The entire dataset was then re-read to ensure that the themes work in relation to the data set. During

this process, no new themes were identified. The researcher was also conscious of excessive coding.

3.9.5 Defining and naming themes;

The themes were first defined, then reviewed and refined for analysis. First, quotations from the articles from the dataset regarded as important to fit each theme in relation to the research question were then identified (Javadi and Zarea, 2016). To interpret the data content, the scope and content of each theme was described in an introduction. This was to identify the essence and provide a summary of what the theme is all about. During this stage, working titles were created for each theme coded in the dataset.

3.9.6. Producing the report:

This involved final analysis and writing up of the report. Data extracts were collected and interpreted with vivid examples of provided to demonstrate the prevalence of the theme (Braun and Clarke, 2006). The extracts were first paraphrased and backed up by references from other studies to support the narrative and make an argument in relation to the research question (Braun and Clarke, 2006). During this process, it was realized some subthemes did not have sufficient data and combined.

3. 10. Limitations

Due to the nature of this thesis and considering time and space constraints, this study was not able to analyze variables - to include newspaper headlines, positioning of, and length of articles, use of images, size of stories and actors - which would have enriched the study findings in terms of prominence especially in regards to agenda setting and framing analysis (Mc Combs and Shaw (2004). Secondly, considering that only online articles were analysed, there was a methods limitation, and thus a possibility that some articles that were not uploaded online could have been missed.

3.11. Methodological rigour

An **audit trail**, a full record of all activities was maintained to document all activities while carrying out the study. This include raw data collected in form of downloaded articles, matrixes

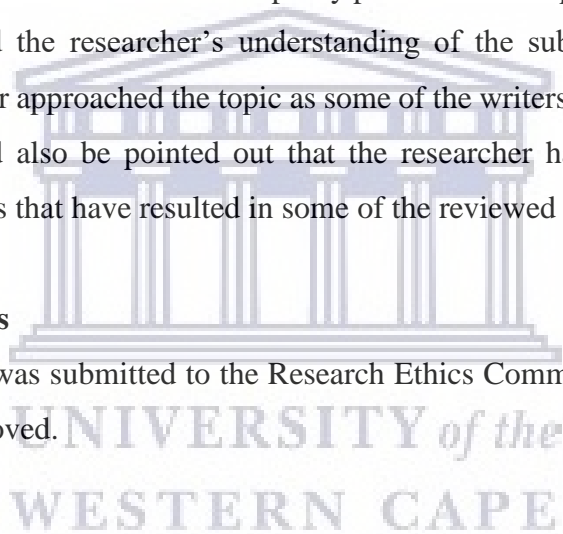
and details of data analysis and a journal and personal thoughts, notes and revised versions of drafts throughout the research process. This, to show how the researcher moved from data to results (Robson, 2012; Constanas, 1992; cited in Greckhamer and Cilesiz, 2014).

Transparency was observed by explicitly documenting and communicating the analysis procedures (Harry, Sturges & Klinger, 2005). This included documentation of the sampling strategy, data collection and individual steps of the analysis process (Braun and Clarke, 2006). Auditability was ensured by availability and storage of all raw data that can be validated to assess the interpretations and follow the reasoning process from data collection to conclusion.

Reflexivity: The researcher's journalistic background and the implications on the study has also be made known by declaring her position as an employee of the UN, the organization that implements the Joint Programme on FGM/C that partly provides the scope of the study. Although this positionality has aided the researcher's understanding of the subject matter, it may also influence how the researcher approached the topic as some of the writers of the articles are known to the researcher. It should also be pointed out that the researcher has also been involved in organizing media field visits that have resulted in some of the reviewed articles in this study.

3.12 Ethical considerations

The study protocol was submitted to the Research Ethics Committee of the University of the Western Cape and approved.



CHAPTER 4: FINDINGS

4.1 Introduction:

The previous chapter dealt with the research methodology. This chapter presents the findings of the study.

4.2 Findings from thematic analysis

This section provides the final analysis and write-up of the report. It unpacks the identified themes and subthemes as represented in the data collected. Using data extracts, this section provides the evidence of the themes within the data by citing excerpts from the newspaper articles to make the arguments in relation to the research question; how is FGM/C represented in the media. Where possible the media findings are placed in context of existing research and policy documents on FGM/C.

4.3 Table of results from the thematic analysis of data set

Theme	Subtheme	
4.4. Sexual and Reproductive Health	4.4.1. A practice that harms women and girls	4.1.1.1. Short and long term consequences 4.4.1.2. Impact on maternal health 4.4.1.3. FGM/C as a driver of HIV transmission
4.5. Gender factors	4.5.1. Unequal power relations between women and men	4.5.1.1. Male control of women's sexuality (Patriarchal repression) 4.5.1.2. Perpetrators for economic gains

		<p>4.5.1.3. Women’s low economic status</p> <p>4.5.1.4. Social and cultural beliefs, stigma and social exclusion</p>
	<p>4.5.2. FGM as a form of violence against women</p>	<p>4.5.2.1. Early/Child/forced marriages</p> <p>4.5.2.2. Teenage pregnancies</p>
	<p>4.5.3. Women’s empowerment and gender equality</p>	<p>4.5.3.1. Male involvement as a tool for changing social and cultural norms.</p> <p>4.5.3.2. Girl child education as a tool for FGM/C abandonment</p>
<p>4.6. A violation of rights or a safeguard of culture?</p>	<p>4.6.1 Rite of passage or violation of rights?</p>	
	<p>4.6.2. Legislation and resistance</p>	

Table 3. Showing results from the thematic analysis of the two newspapers.

During this critical review, it was noted that in both newspapers, coverage of FGM/C registered more frequent around commemorative days like the International Day to End FGM/C (February 6), Women’s Day (March 6), Day of the Girl child (October 11) and 16 Days of activism against Gender based violence (November 25-December 10). Specifically, more reporting was done in February 2013 ($n= 12$). This could be due to the fact that the second phase of the Joint programme had been launched in the same year. (See Fig 2)

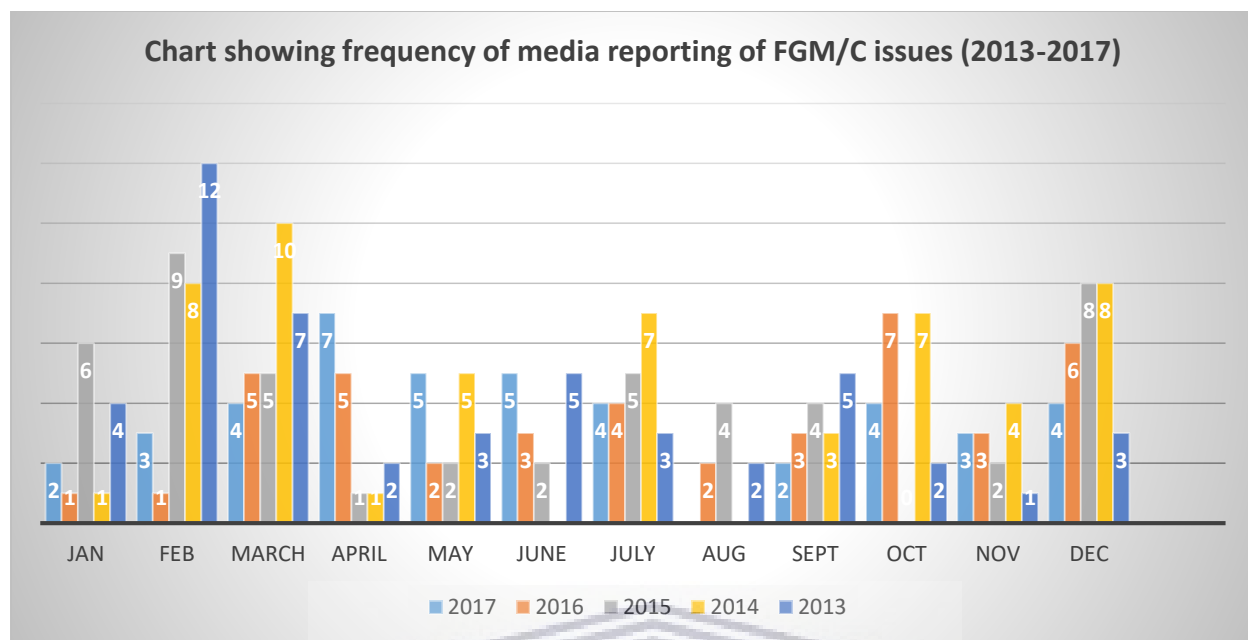


Fig. 2. Chart illustrating frequency of FGM/C representations in the *New Vision* and *Daily Monitor* (2017-2013).

4.4. Sexual and reproductive health

The first key theme identified in the thematic analysis underscored sexual and reproductive health in the context of FGM/C. The International Conference on Population and Development (ICPD) and its Programme of Action. The ICPD defined Reproductive Health as: “... a complete state of physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life and no merely the absence of infirmity. Implicitly, reproductive health enables people to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so.” (ICPD, 1994). Supported by this definition, several of the articles examined underscored the consequences of FGM/C on the reproductive health of women and girls. Here, three themes stand out; First, FGM/C was described as ‘*a practice that harms women and girls*’ mentally, physically, psychologically and emotionally, ‘*The impact of FGM/C on maternal health*’ which presented the consequences of FGM/C on women of reproductive health and lastly, ‘*FGM/C as a driver of HIV.*’ These are discussed below:

4.4.1. 'A practices that harm women and girls'

In the reviewed text for this study, there was no indication to show that FGM/C practice is to the benefit of women and girls. Instead, several articles described FGM/C as “negative cultural values and harmful practices that undermines women.” (Namutebi, 2014). In a book review on FGM/C published in *The Daily Monitor*, the writer had this to say:

“... the book does not only delve into the abyss of physical trauma female genital mutilation subjects its victims to, but it also brings out the emotional suffering they have to endure for the rest of their lives....” (Lubega, 2017).

Another writer describes the physical harm that FGM/C inflicts on women and girls: *“It irreparably damages girls' bodies, inflicting excruciating pain,” (New Vision, 2017).* In an editorial, *The New Vision* defined FGM/C as a life-long experience of distress and shock: *“It (FGM/C) causes extreme emotional trauma that can last a lifetime... (New Vision, 2017).*

One survivor was quoted as saying: *“...it (FGM/C) had "shattered" their lives... (New Vision, 2014).*

Testimonies from women and girls interviewed in the reviewed stories also provide a descriptive picture of the trauma and harm they went through when subjected to the cultural practice. Survivors described as intense, the pain and damage caused when they were cut as young girls:

“It was devastating undergoing the cut, it was horrible and very painful,” (New Vision, 2014)

“We were treated like cows in a slaughter house, forced to lie down, with our heads pressed hard on the ground and our mouths gagged to prevent us from shouting. I lost a lot of blood during the cultural ritual. I would never wish that experience on my child,” Chelengat says.” – (Masinde, 2013)

4.4.1.1. Short and long-term consequences

Under this theme, the short and long term effects of FGM/C are also described. Among the descriptions are “excruciating pain resulting from cutting of the sensitive clitoral tissue without using an anesthetic, shock, loss of blood, difficulties in passing urine and even infections, sometimes leading to death.” (Masinde, 2013, Ariba, 2015). Other long-term physical, sexual and psychological effects are revealed to include extreme discomfort during sexual intercourse, psychological trauma, and sometimes resulting in the death of the baby (Weswala, 2015, New Vision, 2014). Death due to excess bleeding was also documented:

“Sophia Langiro, 17, a resident of Kankingol village, Moroto District, underwent Female Genital Mutilation at the age of 12 years and later got married at the age of 15. Out of 25 girls that were mutilated that day, five of her colleagues died due to excessive bleeding.”
– (Batte, Omongin, 2015).

The reviewed articles further point out the health risks associated with the FGM/C procedure, often performed under unsterile conditions by unskilled cutters who pose a threat to the lives of women and girls in case of complications:

“FGM surgeons do not have a single medical skill, let alone knowledge of the human anatomy....” If the woman is bleeding uncontrollably, many of them have no idea what to do.” (Ariba, 2015)

In the New Vision, Masinde (2013) writes of how FGM/C affects sexual health of women and girls:

“A woman who has undergone FGM loses genital sensitivity as the clitoris (a sensitive area that serves the purpose of providing sexual pleasure) would be replaced by scar tissue.” – (Masinde 2013)

In conclusion, the above excerpts show that FGM/C is represented as life threatening, traumatic and with sometimes fatal health consequences for women and girls.

4.4.2. FGM/C and maternal health

In the reviewed articles, FGM/C is represented as a grave practice that compromises maternal health and complicates childbirth. FGM/C was also associated with adverse maternal health complications such as obstructed labour at childbirth:

“...Science has proved that FGM is associated with adverse health hazards such as obstructed childbirth that can result into fistula, among other health complications....” – (Mutebi, 2015).

The above representations are further qualified through the voice of a health worker, who in an interview with a journalist, testified how and why women who have undergone FGM/C were more likely to have complications like obstructed labor during childbirth:

“We get cases related to FGM and these basically start at the time when the girls are cut, and they eventually culminate into consequences at the time of labour. One of the consequences is that when a girl is cut, her birth canal is reduced which introduces complications such as obstructed labour,” explains Dr Mukasa.” (Batte, Omongin, 2015)

In the *Daily Monitor*, another health worker employed in a community that practices FGM/C was quoted as saying “they are often overwhelmed by the number of expectant mothers presenting with complications related to female genital mutilation...” (Batte, 2015).

“Major complications present during labour when mothers want to deliver naturally. With women who have undergone Female Genital Mutilation, there is narrowing of the birth canal and when a mother is pushing, it becomes difficult for the child to come out. As such, a midwife has to perform an episiotomy (vaginal cut or incision) in order to widen the area so that the baby can come out,” said Sam Chelogoi” – (Batte, 2015).

However, prolonged labour may be fatal to both mother and child leading to rupture of the scar or the uterine cavity and tears on the vulva and perineum (the region between the anus and genital organs). As Masinde (2013) stated in an article in *The New Vision*, difficult childbirth can lead to fetal death and brain damage of the infant. As precaution, one health worker is quoted to have advised pregnant women who have undergone FGM/C to ensure that they attend all antenatal care sessions and deliver at a health center under skilled care.

“Women who have been subject to female genital mutilation are more likely to have complications during childbirth, thus they are encouraged to attend all the antenatal visits.” – (Odongo, 2013)

In summary, the reviewed articles indicate the maternal and neonatal health risks associated with FGM/C.

4.4.3. FGM/C as a driver of HIV transmission

The third subtheme represented as a sexual and reproductive health in the reviewed newspaper articles highlights FGM/C as a cultural practice that increases risks of sexually transmitted infections, including HIV/AIDS (Tumwebaze, 2013). This was concluded on the basis that since FGM/C practice involves cutting and bleeding, exposure increases risks of infections (Muyama, 2013; Ahumuza, 2013; Batte, Omongin 2015; Weswala, 2016). Local surgeons (excisers) who reportedly use the same knives and other instruments to cut on different girls without sterilization processes reportedly transmit these infections.

“...many times the local surgeons do not use sterilized instruments, so given the unhygienic environment and the fact that the circumcision instruments are shared, this can cause infections such as HIV, Hepatitis B and Hepatitis C. (Ariba, 2015).

According to (WHO, 2019), the direct association between FGM/C and HIV remains unconfirmed, although the cutting of genital tissues with the same surgical instrument without sterilization could increase the risk for transmission of HIV between girls who undergo FGM/C.

Diouf and Nour (2012) mention transmission with unsterile equipment as a potential mechanism. However, the authors are quick to add that since incidences of HIV infections in young girls in practicing communities is low, commensal FGM/C in young girls is unlikely to be an important vector for HIV transmission. Monjok, Essien and Holmes (2007) also reveal the transmission of HIV to girls where the same instruments could have been used. According to the authors, FGM/C may predispose women to HIV through blood transfusions due to hemorrhage either when the procedure is performed, at childbirth or because of vaginal tearing and intercourse. Difficult and painful vaginal intercourse in some of these women can also increase HIV risk (Monjok, Essien and Holmes (2007).

In conclusion, the reviewed articles represent FGM/C as a sexual and reproductive health issue by reporting how the practice affects the health of women and girls mentally, physically, emotionally and psychologically. Key is the impact of FGM/C, particularly in terms of maternal and neonatal health as well as HIV prevention.

4.5. Gender factors

The key theme identified as a significant factor in this study was gender, reflecting deeply-rooted inequalities between sexes and an extreme form of discrimination against women. The World Health Organization (2010) recognizes that gender is an important determinant of health in two dimensions: (i) gender inequality leads to health risks for women and girls globally; and (ii) addressing gender norms and roles leads to a better understanding of how the social construction of identity and unbalanced power relations between men and women affect the risks, health-seeking behaviour and health outcomes of men and women in different age and social groups (cited in Men, Frieson, Socheat, Nirmita, and Mony (2011). According to Varol, Turkmani, Black, Hall and Dawson, (2015), men play a passive role in approving FGM/C by refusing to marry uncut women or an active role by initiating the practice. Here, three strong subthemes stood out: *Unequal power relations between women and men, FGM/C as a form of gender based violence; and women's and girl empowerment for gender equality as a key to FGM/C abandonment.*

4.5.1. Unequal power relations between women and men

According to this subtheme, unequal power relations between men and women was correlated to FGM/C in four important ways; *‘Male control over women’s sexuality’* discusses how FGM/C is associated with sexual control of men over women; *‘The commodification of young women (and girls)’s bodies’* discusses economic necessity as a major driver of the procedure; and *‘Women’s low economic and social status’* suggests a relationship between women’s economic dependency and FGM/C; The last subtheme *‘Myths, misconceptions, stigma and social exclusion’* describes how women and girls are forced into undergoing FGM/C for the sake of social acceptance. This theme is also associated with powerlessness and lack of control of women and girls who cannot make decisions about their own health (Phillips, 2005) as detailed below:

4.5.1.1 Male control over women’s sexuality (*Patriarchal repression*)

Several of the examined articles included statements that suggest FGM/C practice persists through manipulation of women’s sexuality, which is subsequently used to sustain male domination and exploitation. The articles also portrayed FGM/C practice as “objectifying” “sexualizing” and “controlling” women’s sexuality for the benefit of men’s pleasure.

“...Objectifying and sexualizing the female body impacts on women in such a way that it normalizes and trivializes violence against women, denies women agency, fosters harmful practices such as female Genital Mutilation and negative sexual experiences in a bid to please men.” – (Nakibuuka, DM, 2017)

The articles further suggest that framing FGM/C as an initiation rite to womanhood, allow culture, tradition and social norms to be used as tools to sustain patriarchy and maintain men’s control over women. Examples of such recurrent statements are in the excerpt below:

“Female Genital Mutilation (FGM) disguised as initiation rites to womanhood in the name of culture is about control of a woman’s sexuality.”- (Mutebi, 2015).

“The practice is rooted in gender inequality and attempts to control women’s sexuality and ideas about purity, modesty and aesthetics. (New Vision, Editorial, 2016).

A study that links patriarchal control and dominance to FGM/C confirmed these findings. The WHO (2010) study *“Investigating the significance on men and women’s perception of the relationship between FGM/C and women’s sexuality in three communities in Egypt”* found that FGM/C is closely associated with sexual control. Support for the practice was reportedly deeply rooted in people’s mind, and the major motivation was a belief that FGM/C was a necessary and effective way of ensuring women’s virtue. In the study, it was also believed that women’s sexual desire resided in the clitoris, and that by cutting it, women’s sexual desire would decrease. FGM/C was believed to be a necessary and useful measure to ensure premarital virginity and marital faithfulness (WHO, 2010). The study further highlights the linkage between patriarchy and women’s sexual health where respondents who had undergone FGM/C said they experienced considerable discomfort during sexual intercourse.

4.5.1.2. The commodification of young women (and girls)’s bodies

Another sub-theme identified in the reviewed text associated perpetration of FGM/C with economic reasons. Specifically, this theme explores the links between FGM/C and bride price in practicing communities. Mbaye and Wagner (2017) define bride price payment as the money or wealth transfer given by or on behalf of the groom to the bride and her family upon the marriage of the couple. Explicitly emphasized are gains of bride price from fathers forcefully marrying off their daughters after circumcision to fulfill cultural obligations and economic gains. *The New Vision* reports how Pokot fathers are more interested in marrying out their girls to fetch a dowry of not less than 50 cows (New Vision, 2014). Another article in the same newspaper reaffirms this:

“The allure of getting over 40 cows as bride price for a circumcised girl as compared to less for the uncircumcised ones as revealed in the study continues to push parents to engage in the practice as a way of increasing their livestock.” – (Nakajubi, 2017)

In the reviewed text, it is revealed, only do circumcised girls fetch higher bride prices, but so do younger girls, a factor that promotes early marriages. In this aspect, bride price is a key mechanism of wealth transfers in practicing communities.

“The fathers consider the fact that the younger their daughter is, the more cows she will earn him, we need to show them that there are other ways of making money,” Sentumbwe said.”- (Emodok, 2015).

This subtheme underscores bride price as a driver to sustaining FGM/C. Literature supplementing the findings describes bride price as a practice with implications on gender relations in different socio-cultural contexts. Bride price is mostly determined by the men folk, who also participate in discussions that determine how much and how such payments are made (Kaye, Mirembe, Ekstrom, Kyomuhendo and Johansson). However, this practice has come under criticism stemming from the view that the practice has dire consequences including far-reaching health, economic, social, human rights and legal implications on the rights and status of women and girls (Wakabi, 2000). One study indicates how bride price is a major contributing factor to unequal power relations and violence in the home. According to the 2015 study *‘Implications of bride price on domestic violence and reproductive health in Wakiso District, Uganda’*, the major finding of the study is that respondents perceived a strong connection between bride price payment and domestic violence, age differentials between spouses, early marriage, poor sex negotiation, contraceptive non-use, high fertility, unwanted pregnancy and induced abortion. Bride price payment was also perceived to worsen existing gender inequalities and inequities, especially regarding reproductive health decision-making (Kaye, Mirembe, Ekstrom, Kyomuhendo and Johansson) and strongly associated with sudden episodes of explosive anger, experiencing excessive anger and severe psychological distress among women (Rees, Mohsin, Tay, Thorpe, Murray, Savio, Fonseca, Tol and Silove, 2015). Bride price is also associated with encouraging child/forced marriages and teenage pregnancies, subthemes that will be explored in a subsequent section. The findings in this study linking FGM/C and bride price confirm the findings in existing literature which illustrate the role of bride price payment in continuing gender inequities.

4.5.1.3. Women's low economic and social status

Economic inequalities between women and men in FGM/C practicing communities is a cause of unequal gender relations, as suggested by some of the reviewed articles in the study. According to the articles, the disadvantaged economic position of women in these communities facilitates the practice of FGM/C in two main ways. The first is through the dependence of women who perform FGM/C on the income they derive from the practice, and the second is the dependence of young women on marriage in order to secure their financial security.

Culturally, FGM/C is carried out by elder tribal leaders/traditional female excisers also known as 'cutters' or 'surgeons' who depend on the practice as a source of livelihood. The voices of these 'surgeons' extracted from the articles highlight the economic dependency associated with abandoning the practice without alternative sources of income. In one of the articles reviewed, a former 'surgeon' - who has since renounced the practice - testified to benefit from FGM/C as a source of livelihood for over two decades, while another article narrates economic hardships as the force that prompts 'surgeons' to continue the practice amidst sensitizations on the dangers of FGM.

"Daniel Koram, a VHT of Kakingol village, Moroto District says that FGM acted as a source of income to most of the local "surgeons" and so it is hard for them to completely abandon it. 'They still do it in private because sometimes a woman takes her daughter to the "surgeon" with a basin of sorghum. That is food to her and it is really very hard for her to turn down the offer,' Koram says" – (Batte, Omongin, 2015).

Practicing FGM/C as a source of livelihood may not be a matter of choice as other reviewed articles suggest. There is evidence to show that excisers were willing to abandon the practice had they an alternative source of income. Sargent (1991) points out that economic dependency and the importance given to the institution of marriage also play a crucial role in perpetuating the practice of FGM/C. The author argues that as women in most societies that subscribe to FGM/C are typically denied property rights, relatively low levels of education and limited opportunities, options for sources of livelihood are limited. As suggested in Lancet, (2018), the goal would be to find alternative income sources for these women and reinvent their roles as guardians of traditional culture as exemplified in the excerpt below:

“Female Genital Mutilation practitioners in Sebei region have asked the Government to provide them with alternative sources of income if the illegal practice is to stop...Presenting the findings to Members of Parliament at a workshop at Imperial Royale Hotel, Everse Ruhindi, a consultant, said the people who carry out FGM in Bukwo and Kapchorwa said that if they are not given alternative sources of income, the practice would continue.” – (Namutebi, 2014).

While FGM/C is meant to improve the desirability of women for marriage with concomitant promises of resources, safety and security, in reality these women and girls have limited decision-making and live with significant trauma and fear. They are also not economically empowered as documented below:

“There are reports of many other young women who were mutilated, and physically and psychologically hurt so much that they still live in a state of fear. They won’t speak out because they don’t feel empowered or courageous enough to do. (Weswala, 2015).

In line with the above, researchers cite a constant relationship between the increase in female education with a decrease in FGM/C and a woman’s decision to have FGM/C practiced on her daughter (Monahan, 2018). A study by Karmaker, Kandala, Chung and Clarke (2011) also revealed that women with better financial resources or household affluence were less likely to be circumcised. Findings of this study are supported by a subsequent subtheme that shows how educating girls and empowering women socially and economically can be one way of eliminating the practice.

This subtheme highlights how women and girls low economic and social status are key drivers to sustaining the FGM/C practice.

4.5.1.4. Social and cultural beliefs stigma and social exclusion

In the reviewed articles, FGM/C practice centered on social and cultural beliefs as a means of sustaining unequal relations between the sexes. Stigma and social exclusion were also reported as tools for sustaining the practice. Social acceptance was the most commonly cited reason for continuing the tradition. As writes Weswala (2015), “...they (women) do not want to be subjects

of ridicule by their peers or husbands.” It was also revealed that uncircumcised women were often times associated with promiscuity, lack of social respect and face prejudice in their daily lives (Muyama, 2013). Other identified myths included the underlying belief that uncircumcised women are adulterous and may fail to get married, and that they are unclean and promiscuous (Mafabi, 2014). In the *New Vision*, Ariba (2017) reveals how uncircumcised women are even not allowed to collect food from the granary or gather cow dung to plaster mud-and-wattle huts, while in the *Daily Monitor*, Mafabi (2014) narrates how some communities restrict uncircumcised women from serving their husbands or even appearing at village meetings. These forms of discrimination serve as:

“Mind-games and emotional blackmail [which] are some of the biggest tools used to lure the women into FGM/C...” - (Ariba, 2015).

Other misconceptions are around controlling a woman’s sexuality as discussed in an earlier theme. It is believed that FGM/C is the only way to control a woman’s sexual urge and keep her chaste (Nakajubi, 2017):

“Among the Sabiny, there is a belief that circumcision is the only way to control a woman’s insatiable and irresponsible sex drive, and if not mutilated, the woman’s clitoris will grow to the size of a penis. This is terribly untrue, superstitious and uncouth,” Chelangat says.” - (Mafabi, 2015).

Additionally, in the deeply- entrenched culture, the mindset of the Tepeth (one of the practicing communities) is the notion that a girl will only be recognized as a woman after she has undergone FGM/C. Short of circumcision, she is not a woman. Therefore, to be recognized as a woman, girls (between 11 to 14 years of age) have to undergo a rite of passage to womanhood by having all or a portion of their external genitalia removed (Kisembo, 2014). Others are influenced by peer pressure:

“Some girls are driven by peer pressure from the colleagues who have undergone the ritual. And because they fear to be labelled ‘incomplete women’, they succumb to the pressure.” (Masinde, 2013).

Women who resist the practice risk being subjected to community pressures and ostracized by their communities with parents finding difficulty within their community marrying off their daughter (Todkari, 2018). Subsequently, some women are forced to marry off their daughters to avoid this stigma and social exclusion:

It (FGM/C) is usually initiated and carried out by women, who see it as a source of honour, and who fear that failing to have their daughters and granddaughters cut will expose the girls to social exclusion. – (New Vision, Editorial, 2016).

Furthermore, some sections of the communities defend FGM/C as a cultural tradition and a way of ensuring that a woman is clean, chaste, and ready for marriage. Uncircumcised married women are finally forced to give in due to the pressures as the only way to save their marriages and be accepted in the community (Cherop, 2013). In the *New Vision*, Nakajubi (2017) writes of ‘ridicule’ and ‘rebuke’ that uncircumcised women go through in communities:

“It was revealed that uncircumcised women attracted ridicule and rebuke from their in-laws and co-wives who consider them to be dirty.... The co-wives might even refuse their husbands enter their huts citing the need to protect themselves from exposure of the smell from the uncut woman.” – (Nakajubi, 2017)

“Steven Anguria, the chairman of Bukwo Elders Association, says culturally, it is believed that if a woman gets married without first undergoing circumcision, she is likely to suffer from various illnesses for a lifetime. Therefore, due to fear of the curse, some women accept to undergo FGM.” – (Masinde, 2013)

Even where a girl has defied the odds of circumcision at a young age, husbands, relatives and in-laws who consider them unclean, and outcasts of culture unless they abide by the norms reportedly force some into the practice after marriage:

“Uncircumcised girls are also considered a shame to the family. For fear of social exclusion, in the name of saving the family honor, mothers and grandmother are forced to indulge their daughters in FGM/C.” - (Mafabi, 2014).

Finally, a man married to an uncircumcised woman is considered not fit to officiate during cultural activities like male circumcision ceremonies. Traditional male circumcision is a common practice among the Sebei. It is estimated that 80 percent of Sebei men are circumcised (Sarvestani, Bufumbo, Geiger and Sienko, 2012).

Giving birth before undergoing FGM/C is also considered a taboo (New Vision, 2014). These cultural beliefs further exacerbate the pressure for a man to have his wife circumcised to fit in society:

“...cultural attachment to male circumcision is still a very strong and has implications for FGM because a man can only preside over such ceremonies only if his wife’s genitalia is cut. - (Namutebi, 2014)

In summary, the social and cultural beliefs surrounding FGM/C justify the practice. Women who are not circumcised are not considered as women but rather referred to as girls, not marriageable, and often times associated with promiscuity, not allowed collecting food from the granary or even cow dung to plaster mud-and-wattle huts. Men married to uncircumcised women are also ridiculed by society. These myths and misconceptions often lead to stigma and social exclusion and have the effect of promoting FGM/C.

In conclusion, this theme highlights unequal power relations between women and men as a key factor that sustains FGM/C in practicing communities. Men’s control over women’s sexuality, sustaining FGM/C practice for economic gain in form of bride price were identified as key factors. The findings also show how women’s low economic status prevents them from making

decisions about their own health as well as engaging as key players in an activity known to be harmful. Myths and misconceptions, stigma and fear of social exclusion are also identified in this theme.

4.5.2. FGM/C as a form of violence against women and girls

Another theme identified from the dataset represented FGM/C as a form of violence against women and girls. To put this into context, the definition of violence against women is defined as: “any act of gender based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life (UN, 1994, WHO, 1997). This definition further classifies forms of violence against women to include, but not limited to, “physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry related violence, marital rape, *female genital mutilation* and other traditional practices harmful to women.” (UN, 1994, WHO, 1997).

In the reviewed text, FGM/C is repeatedly classified as a form of violence against women and girls as excerpted below:

“...*Psychological abuse, forced and early marriage, female genital mutilation, and the denial of resources and services are all forms of violence against women.*”
(Malac, 2017)

In *The New Vision*, Namutebi (2017) described FGM/C as “an extreme case of violence against women and girls,” while in *Daily Monitor*, Babatunde (2015) states: “Violence against women and girls includes domestic and sexual violence, human trafficking and harmful practices, such as forced child marriage, gender-based infanticide and **female genital mutilation**. Based on the definitions above, FGM/C was represented through two subthemes; first, *Early/child/forced marriage* all which manifest as violence against women and girls through FGM/C practice and ‘*Teenage pregnancies*’ as a consequence of FGM/C.

4.5.2.1. Early/child/forced marriage

In the reviewed articles, early marriages, child marriages and forced marriages are used interchangeably. The UN Children’s Fund (UNICEF) defines child marriage as a marriage of a girl or boy before the age of 18 and refers to both formal marriages and informal unions in which children under the age of 18 live with a partner as if married. Forced marriages are marriages in which one and/or both parties have not personally expressed their full and free consent to the union. A child marriage is considered a form of forced marriage if one and/or both parties have not expressed full, free and informed consent (OHCHR, 2019).

In the articles reviewed, FGM/C and early/child/forced marriage are associated as similar and inseparable. Unequal gender norms are often considered the prime reason for the prevalence of child marriage (Hodgkinson, 2016). The author further suggests that economic arguments are key, and that child marriage would not occur if families were economically secure. Poverty is regarded a major driver of child marriage especially where dowry and bride price is involved (Hodgkinson, 2016). As illustrated in an editorial in *Daily Monitor*, FGM/C is allied as a key driver for early/forced marriage, teenage pregnancy, school drop outs and the vicious cycle of poverty:

“The girls subjected to FGM are in many cases the ones often at high risk of early forced marriage. This in turn leads to early pregnancy and eventual dropout of school. It seriously curtails the girls’ education and eventually, their ability to avoid poverty.” – (Daily Monitor, 2017).

“FGM also blights girls’ and women’s lives, as they suffer for the rest of their lives from the physical, emotional and sexual effects... ...Married girls that drop out of school and get pregnant young are less able to take up economic opportunities, which have a negative impact on economic growth.” – (Hutcheon, 2015).

From a social determinant of health perspective, the socio-economic impacts of child marriage are formidable. According to a 2017 Global Synthesis report titled ‘*The economic impact of child marriage*’, child marriage negatively affects health of mothers and their children, and on educational attainment for girls and their children. The report also shows how child marriages reduces women’s education and thereby expected earnings and household welfare by curtailing

future opportunities for them to compete for well-paying jobs. Finally, child marriage may directly or indirectly reduce agency for women and increase other risks such as that of intimate partner violence.

Evidence also shows that girls who are married under age are less likely to complete primary school, are more at risk of sexual abuse and violence and are more likely to have unwanted pregnancies. It is also underlined that girls married early are more likely to have complications in pregnancy and childbirth since they are physically or mentally ready (UNFPA, 2013). They are also less able to put off pregnancy and practice contraceptive use (Hodgkinson, 2016).

4.5.2.2. Teenage pregnancies

A second subtheme identified as a form of violence against girls in the context of FGM/C is teenage pregnancy and its consequences. Prevalence of teenage pregnancy in FGM/C practicing communities was reported at 25 percent (Nakajubi, 2017). The health risks associated with teenage pregnancy in the context of FGM/C are presented in the text below as one health worker testified:

“When children at 10 years and above undergo FGM, society automatically assumes they are ready for marriage and some of them are still too young to even give birth. The pelvis is not wide enough to accommodate a child or to handle a natural delivery. We lost a 14-year-old who failed to give birth and died...” – (Batte, 2015).

According to UNFPA *State of the World Population Report (2013)*, in developing countries, nine out of 10 births to adolescent girls occur within a marriage or a union and that 70,000 adolescents die annually of causes related to pregnancy and childbirth. According to the report, health problems are more likely if a girl becomes pregnant too soon after reaching puberty. The risk of maternal death for mothers under 15 in low and middle-income countries is also double that of older females (UNFPA 2013). In Uganda, maternal death rates among young women aged 15-19 years are twice as high as for older women (UNFPA, 2017). When the mother survives, early pregnancy can bring many complications such as obstetric fistula (UNFPA, 2013, Hodgkinson, 2016). On the social front, teenage mothers are more likely to get divorced and girls born to teenage mothers are more likely to be teenage mothers themselves (UNFPA, 2017).

In conclusion, this theme portrays FGM/C as a form of violence against women and girls, specifically identifying early/child/forced marriages as drivers and consequences of the practice. The subtheme also highlights the social and health risks associated with teenage pregnancy and child marriage to include high school dropout rates, poor maternal health outcomes thus aggravating women and girls social and economic status and health outcomes.

4.5.3. Women's empowerment and gender equality

In recognition of the power imbalances between women and men, some of the articles reviewed provide solution-based remedies, highlighting women and girls' empowerment as a way of promoting gender equality for FGM abandonment. As supported by the claim by Ndugbu (2018), the more socially and economically empowered a woman is, the more she is able to appreciate and understand the hazards of FGM/C, and sees it as an unnecessary procedure, subsequently refusing it on herself or daughter. In backing of this argument, two subthemes were identified; '*Male involvement as a tool for changing social and cultural norms*' which promotes advocacy initiatives for male engagement in FGM/C abandonment programs, and; '*Support for girl child education*' component for women and girl's empowerment and gender equality.

4.5.3.1. Male involvement as a tool for changing social and cultural norms

For this thesis, male involvement will refer to the promotion of the role of men and boys in confronting and transforming their own male privilege, power and status that perpetuates gender based violence/violence against women and girls. This includes mobilizing men in their different positions as rights holders and duty bearers to prevent and respond to cases of violence (MOGLSD, 2017). This sub-theme was highly illustrated through voices from key actors and civil society organizations acknowledging the role of men in FGM/C abandonment for better health outcomes. Based on the argument that while FGM/C is regarded a 'women's issue', long-term solutions to prevent and respond to the practice must include the participation of men and boys. The articles highlight that engaging men and boys in their roles as father, brothers, husbands and community leaders as one way to change social and cultural norms and uphold gender equality, elevate the status of women and girls and render the practice socially unacceptable. An example is heightened below:

“Civil society organizations have embarked on a campaign to recruit men in the fight against female genital mutilation (FGM) and child marriages. The groups under their umbrella body of Men Engage Alliance...say the vice can only stop if men take part.” – (Kirunda, 2015).

Other articles underscored calls to action to men and boys to help change social and cultural norms, promote gender equality and sexual reproductive health. It is believed, through advocacy initiatives, male support is key in accelerating abandonment of the practice. An example is cited below:

“A United Nations agency has called on boys and men to join the war against Female Genital Mutilation (FGM) in a strategy dubbed ‘Working with Men and Boys for the Promotion of Gender Equality and Sexual Reproductive Health’; - (Emodok, 2015).

As discussed in an earlier theme, men as their role as fathers, husbands, brothers and community leaders play a critical role in the continuation of FGM/C. However, a systematic review on the role of men in the abandonment of FGM/C also showed that many men wished to abandon the practice because of the negative effects it has on women. According to the review, support for abandonment was influenced by notions among others, social obligations, religion, age, education and understanding of the negative consequences of FGM/C (Varol, Turkmani, Black, Hall and Dawson, 2015). The authors concluded that the level of education was one of the most important indicators for men’s support for FGM/C abandonment. The authors also agree that advocacy by men and collaboration between men on women’s health may be important steps towards abandonment. There are also other studies to show that involvement of men in sexual and reproductive health promotion has been a successful strategy (Sternberg and Hubley, 2014). A recently published study *Interventions addressing men, masculinities and gender equality in sexual and reproductive health and rights: an evidence and gap map and systematic review of reviews* recommends strengthening of research and programming in the engagement of men and boys to promote a gender transformative approach to address gender inequality in programming and promote sexual and reproductive health and rights outcomes. (Ruane-McAteer, Amin, Hanratty, Lynn, Corbijn van Willenswaard, Reid, Khosla and Lohan M (2019).

4.5.3.2. Girl child education as a tool for FGM/C abandonment

The underlying subtheme here is that educating the girl child is a strong component for preventing FGM/C practice. While the status of the girl child is also regarded key to achieving women's equality and dignity (Kabayimbi, 2016), lack of education was cited as a key factor that increases risks of FGM/C. FGM/C prevalence was also reported highest in areas where education is low. Lack of education is considered both a cause and consequence of child marriage (Hodgkinson, 2016). Symptomatically, many girls' in FGM/C practicing communities are either not in school or their education was cut short in preparation for marriage. In lieu of this, child marriage is now also unambiguously noted in the Sustainable Development Goals under Goal 5.3: "Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation." (UN, 2015). UNFPA's State of the World Population Report (2013) further highlights how education reduces the likelihood of child marriage and delays childbearing, leading eventually to healthier birth outcomes (SWOP, 2013). As Ndugbu (2018) states, lack of awareness of the public health hazards of female genital mutilation practice is traceable to the evident lack of empowerment among the women and girls. The argument brought forward is that empowered girls are less likely to be subjected to FGM/C and its consequences as one article in the Daily Monitor illustrates:

"Ayivu County MP Benard Atiku said scaling up women empowerment will help end the vice. 'Support education of the girl-child. An empowered girl-child will not suffer from such vices,' he said." – (Wandera, 2016).

Hodgkinson (2016) reinforces this argument further by analyzing the relationship between education and the prevalence of child marriage. According to the author, girls in education may come from families with higher household wealth, meaning they have the financial resources to send their girls to school so the economic incentives for marrying off their daughters at an early age are not so important. In the context of FGM/C, this point is in line with bride price as a socio economic determinant of the practice as discussed above. This argument is further emphasized in the following quote:

“Increase in efforts to educate children of the affected population will lead to the demise of this criminal culture. We must invest massively in education of the Sabiny, Pokot and Tepeth if we are to realize significant strides in eliminating FGM.” – (Sebowa, 2013).

Additionally, according to UNFPA’s State of the World Population Report: “Girls who remain in school longer are less likely to become pregnant. Education prepares girls for jobs and livelihoods, raises their self-esteem and their status in their households and communities and gives them more say in decisions that affect their lives.” (SWOP, 2013: vi). The linkage between education and empowerment in the context of FGM/C is further illustrated below:

“Empowering women economically involves putting capital in their hands and allowing them to earn an independent income and in this way contribute financially to their households, communities and the nation at large. Empowering women economically also means, first and foremost, education for all, girl children included, so that literacy and numeracy are universal.” – (Museveni, 2016).

As Hodgkinson (2016) states, child marriage reinforces the cycle of poverty and gender inequality as girls married off early are unable to engage in skilled or professional employment, thus becoming economically dependent, lack social and economic mobility and often unable to negotiate in household decisions.

In conclusion, this theme advocates for women and girl’s empowerment as an instrument for FGM/C abandonment. The subthemes commend increasing access to education for women and girls in FGM/C practicing communities and male involvement in sexual and reproductive health promotion to realize significant steps in eliminating the practice.

4.6 A violation of rights or a safeguard of culture?

A third frame generated from the analysis significantly brought out in the media is the clash between human rights verses cultural rights in the context of FGM/C. Two sub are realized; *FGM/C as a violation of rights* which strongly subjects FGM/C to scrutiny considering it a cultural practice that violates the human rights of women and girls. The second theme *‘Legislation and*

resistance’ reveals how practicing communities are resisting the anti –FGM/C law in an effort to sustain their culture.

4.6.1. FGM/C as a violation of rights

Several reviewed articles condemn FGM/C, describing it as ‘a violation of human rights’, ‘a backward cultural practice which must be stopped’, ‘an injurious practice’ and ‘cruelty hiding under the façade of culture’ as excerpted below:

"It is not culture, it is a violation of human rights," FGM survivor Kakenya Ntaiya said at the launch of the campaign." – (New Vision, 2014)

"While assenting to the law in 2010, Mr. Museveni described FGM as crude, outdated and an infringement on the rights of girls." – (Mafabi, 2015).

A 2008 UN Interagency statement defines FGM/C as violation of human rights, a form of discrimination based on gender and a form of violence against girls (WHO, 2008). The World Health Organization, UNFPA, UNICEF, World Bank and the World Health Assembly have all expressed FGM/C should be eradicated for human rights reasons reflecting deeply-rooted inequality and an extreme form of discrimination against women (WHO, 2008). The African Union’s Maputo Protocol (2003) and the Sustainable Development Goal 5 describe FGM/C as harmful cultural practice that must be eliminated. The practice is also regarded a violation on the rights of the child (UNFPA, 2004). WHO (2008) further asserts that FGM/C is a violation of every girl and woman’s right to the highest attainable standard of health, and that it violates the right to life when the procedure results in death. Several of the articles asserted this further:

"This crime, which partially or totally removes the external female genitalia for non-medical reasons, is meting violence against women. This injurious practice is a violation of the human rights of girls and women. Worse, this is forced upon girls, especially minors, and violates the rights of children." - (Daily Monitor, Editorial 2015).

“FGM is outdated. It is a health risk, inhumane and an abuse of rights of every girl and woman.... During the 30th Sabiny Cultural day at Boma grounds in Bukwo last year, the executive director of REACH, Beatrice Chelangat, stated that the purpose of drama is to fight FGM, which is a violation of human rights.” – (Weswala, 2016).

In *Daily Monitor* (Mutebi, 2015) described FGM/C as a denial of women and girl’s rights and attempts to control their lives. Citing Article 5 of the Universal Declaration of Human Rights, Weswala (2016) states how no one shall be subjected to torture or cruel, inhuman or degrading treatment or punishment such as FGM/C. In an Opinion, Babatunde (2014) takes to analyzing the impact of FGM/C from a human development approach, showing how the practice obstructs the process of enlarging the freedoms and opportunities and improving the livelihoods of women and girls. A countervailing approach to FGM/C is about the right to make choices and create environments for people to develop their full potential and having reasonable chance to live productive and creative lives as this statement explains:

“It is unacceptable that these human rights violations continue to threaten the lives and futures of so many women and girls. It is an affront to their human dignity, an assault on their health and an impediment to the well-being of their families, communities and countries. Human development cannot be fully achieved as long as women and girls continue to suffer from this human rights violation or live in fear of it....” (UNDP, 2015)

In the reviewed articles, there was no mention of support for FGM/C practice in the name of culture. However, some articles elucidate, although the right to practice culture is fundamental to human dignity and identity, aspects of it considered to be harmful –like FGM/C - should be outlawed. The term ‘alternative rites of passage to womanhood’ and ‘alternative ways of promoting cultural values’ is used to explain this:

“The Sabiny have a rich culture, we appreciate and encourage you to preserve it, however FGM should be dropped, it traumatizes the lives of girls and women,” Ntagali said. He challenged the elders to shun the practice look for alternative ways of promoting cultural values....” (Mutegeki, 2017).

“In one of the interventions, UNFPA is encouraging people in Sebei and Karamoja to preserve the meaningful and positive aspects of their culture and give up FGM because it is a violation of the rights of girls and women.” – (Weswala, 2015).

“The Archbishop of Church of Uganda, Stanley Ntagali, said ...Sabiny elders should seek alternatives to FGM as a rite of passage but urged them to preserve other positive cultures.” – (Chemitai, 2017).

This subtheme portrays FGM/C as a violation of the rights of women and girls. It also recognizes culture as a human right, but states that practices that affect the rights of women and girls should be abandoned to increase opportunities and choices for women and girls through human development. These dimensions of human development include long and healthy life, knowledge and decent standards of living, human security and rights as well as gender equality (UNDP, 2015).

4.6.2. Legislation and resistance

The second subtheme identified highlights the effectiveness of legislation as a tool for FGM/C abandonment, with focus on the Prohibition of the Female Genital Mutilation Act (2010) that declared FGM/C punishable by law. In the reviewed articles, ignorance of the law, community resistance of the law, weak implementation of the law and harassment of law enforcement officers were reported as emerging issues related to criminalization of FGM/C as a tool for abandonment. Some articles cited that the practice was reportedly going underground and carried out in hiding or across the border in neighboring Kenya. In *The New Vision*, Okoth (2015) reported an increase in the cases reported on FGM/C amidst an enacted law:

“Experts have revealed that Female Genital Mutilation/Cutting (FGM/C) of girls in the Karamoja and Sebei regions is on the rise, five years after a law was passed by parliament to curb the vice. Data collected by the United Nations International Children Emergency Fund (UNICEF) in 2014 shows an increase in the cases reported on FGM/C. – (Okoth, 2015).

However, it is reported, community resistance has also exasperated implementation of the law. In the *Daily Monitor*, Mutebi (2014) reported a case where a Grade I Magistrate had received death threats for handing down various sentences to six people in the outlawed practice. In avoidance of the law, the practice went underground making it difficult to contain. A study conducted in Amudat, one of the FGM/C practicing districts in the Karamoja region, FGM/C is informed by highly valued social practices that “despite the negative effects girls and women have devised ways of beating the system thus crossing over to Kenya to undergo the ritual...” writes Nakajubi, (2017) in *The New Vision*. This situation is further magnified in the excerpt below:

“Following the passing of the Act, FGM perpetrators developed new tactics, mutilating girls and women at night in Sebei’s hard-to-reach valleys and hills. Apprehending culprits has thus been, according to the Kapchorwa District Police Commander (DPC), Mr Patrick Odokonyero, a hard task....” - (Mutebi, 2015).

In light of the above, some articles questioned whether criminalizing a cultural practice is the most effective tool for behavior change for FGM/C abandonment. An editorial in *Daily Monitor* proposed sensitization of communities and education of the girl child as more effective approaches to FGM/C abandonment:

“Clearly crafting laws is not enough. More has to be done. Female genital mutilation is part of culture of the said tribes and can, therefore, only be stopped gradually through constant sensitization and education, especially of the girl-child. Communities, apart from being threatened with imprisonment and fines, must continually be sensitized about the demerits of this and other illegal and unhealthy practices.” (Daily Monitor, Editorial, 2016).

Another article proposed for a multifaceted approach, arguing that communities were not yet sensitized enough to understand the purpose of the law and the negative health consequences of the cultural practice:

“Rose Toskin, a local councilor at Mantingot village in Kapchora which had nearly 10 of its residents charged with FGM, says that a lot more than just the law could help. “First of all, do the people even know this law in detail?” she asks. “Have you educated them about FGM in detail? You know, like just building more schools.” She blames illiteracy, lack of exposure and ignorance, fueled by peer pressure, to the continuation of the practice.” – (Okoth, 2015).

However, this theme also highlights challenges caused by socio-economic factors that stand in the way of FGM/C abandonment programmes. In one article, it was revealed, the two main challenges encountered in implementing the law on FGM/C included the harsh terrains that make patrolling difficult while attempting to implement the law, and lack of communication channels to disseminate abandonment messages to the communities:

“Tete Chelangat Everline, who is Woman MP Bukwo county, noted that a number of challenges stand in the way of fighting FGM, especially in her district: ‘These areas are very inaccessible with no communication networks as radios, TVs and newspapers, so people do not even know that a law was passed against FGM,’ she revealed.” – (Nakajubi and Aujo, 2013)

While human rights-based approach is used as a tool to eradicate FGM/C in many practicing countries, studies show, available literature shows divergent views with questions being raised about the effectiveness of legislation. Some maintain that laws will accelerate abandonment of FGM/C, while others view regulations as coercive and likely to derail local efforts to end the practice (Shell-Duncan, Wander and Moreau, 2013; cited in UNFPA, 2013). Results from a rapid assessment of stakeholder interventions in Kapchorwa district, Eastern Uganda suggested a strong feeling that the law is too harsh. The report revealed that the biggest challenge in the implementation of the Prohibition of FGM Act (2010) is that a section of the Sabinu apparently still strongly cherish the practice and continue to cut the girls in hiding (CEHURD, 2015). Scholars like Williams-Breault (2018) interrogates the use of laws in FGM/C abandonment programmes arguing that while criminalizing harmful cultural practices like FGM/C is necessary, it can equally generate rebellion, geared towards evading or resisting the law. The author suggests education and

community empowerment as preferred over other rights based approaches like legislation. Critics also argue that legislation may discourage treatment of women and girls who have undergone FGM/C especially in cases of medical complications due to fear of being denounced (UNFPA, 2013). This example is highlighted in excerpts below:

“The fear of exposing their mutilated genitals has forced many expectant mothers in Sebei sub-region to deliver at home, escalating maternal mortality rates, the Kapchorwa district health officer has said. Dr Michael Mwangi said the number of women and children who die during birth in the district is about 520 per 100,000 live births. – (Mafabi, 2015).

Another article reported, because of the law, pregnant women were choosing to deliver at home or with the help of with Traditional Birth Attendants who did not have the right skills to handle complicated cases:

“For fear of stigmatization due to FGM, many expectant mothers here now deliver at home with the help of traditional birth attendants and coupled with the remoteness and terrain of this area, accessibility to health services has become difficult,” Dr Mwangi told Saturday Monitor on Wednesday.” – (Mafabi, 2016)

In conclusion, this theme highlights the clash between human rights and cultural rights. It portrays FGM/C as a violation of the rights of women and girls, not only affecting their health, but denying them the right to freedoms, choices and opportunities for progress and ensuring gender equality.

4.7. Summary:

This chapter presents findings from an analysis of articles of media representations of FGM/C in two Ugandan national English daily newspapers. Three key themes and several subthemes were identified. The themes are women’s sexual and reproductive health, gender, culture and human rights. The next chapter will provide an overall picture of the findings of the study and the understanding that the media representations convey to the public about FGM/C.

The chapter will also discuss the findings of the study based on the literature reviewed, and attempt to analyze the implications of portraying FGM/C as the findings demonstrate.



CHAPTER V:

DISCUSSION

5.1. Introduction:

This section presents the impressions and implications of these findings. It analyses how use of news values – to include influence and relevance, prominence, interpretation and analysis, enterprise and reporting - impacted on the levels of agenda setting and framing of FGM/C in the news.

5.2. Impressions of the findings

In this study, sexual and reproductive health, gender factors, and human rights verse culture were the three themes identified as representations of FGM/C in two of Uganda's daily newspapers. In terms of framing, FGM/C was presented as a harmful cultural practice that undermines the rights of women and girls. The public was made to understand that FGM/C is exacerbated by unequal power relations between women and men, and that the practice is illegal and punishable by law. From a sexual and reproductive health and rights perspective, the thematic analysis was able to identify the linkages between FGM/C and health, and how the practice increases women and girl's vulnerability to HIV, psychological harm, and adverse obstetric and prenatal outcomes. In the review, voices of women affected by FGM/C reported the mental, physical, psychological and emotional harm and risks associated with the practice. From a gender viewpoint, the analysis illustrated how FGM/C is a result of gender inequalities -caused by unequal power balances between women and men and limiting opportunities for women and girl's empowerment. However, based on the concept of news values that may determine the ability of the media to set the agenda, frame the news and the role of the media in the policy-making process, the following were observed:

In terms of **influence** and **relevance** from the reviewed articles, there is evidence to show that FGM/C was considered an important issue to be reported. This was demonstrated in the trends in publication of FGM/C articles in forms of news stories, features, editorials and even opinions. As shown in Table 2, on average, the media published at least one article on FGM/C per month in the five-year period covering the study. However, basing on the definition by Mc Combs and Shaw (1972), safe to say, FGM/C was not covered as frequently and prominently to qualify as an agenda setter and remains statistically insignificant. As Barabas and Jerit (2009) state, the more coverage a topic receives in the news, the more likely it is to be a concern to the

public. In the same light, the issues not mentioned by the media are likely to be ignored or receives less attention. Considering FGM/C was mostly reported during or ahead of commemorative days also revealed sporadic reporting of the issue, thus undermining significance.

In terms of news value, **prominence** reflects the degree of importance given by journalists and/or editors to determine news worthiness (Shultz, 1982). This prominence can be operationalized by a news stories' length and placement. However, considering that data for this study was collected online, variables to inform prominence such as page placement and length of story could not be measured (Boukes, Jones, Vliegthart, 2020). Nonetheless, in this study, prominence was measured in terms of categorization of articles (sections) and the headlines as shown in Table 2. Notably, in both newspapers, prominence was given to FGM/C in the 'national news' than any other category (n=72) counting for 32% of articles. 'Opinions' and 'editorial' sections were also highly allocated (n=40) counting for 16% of the articles published. In terms of news value, headlines are critical as they enable readers to select news stories which interest them most. Readers also need to understand what they can expect from a news story or article by scanning the headlines (Spencer –Thomas Owen, 2020). However, the reviewed articles reveal, this prominence is limited considering that only a third (78 out of 243 articles) carried the word 'Female Genital Mutilation', 'FGM' or FGM/C in their headline. Proximity could have also impacted on media's coverage of FGM/C, in this context to include cultural, geographical and economic. Boukes, Jones and Vliegthart, (2020) state how the media reports what is close to audiences. First, considering that FGM/C is practiced by 0.4 percent of the population, the challenges caused by the practice may not be felt by the majority. Secondly, geographically, for instance, the distance from the capital Kampala to the Sebei region is approximately 289 km apart. This also poses challenges economically in terms of access. Consequently, by giving less prominence to the issue, the ability for FGM/C to influence the agenda becomes limited.

Another observation presented in the findings is the limited levels of **interpretation and analysis** of articles. Generally, while the media was able to identify the social determinants of health, the articles in this study fell short of interpretation and analysis. In comparison to the literature reviewed for this study, there are weak linkages between the media representations and the social determinants of FGM/C, thus limiting the ability to trigger impact and/or influence policy. To illustrate this better, the public health defining metaphor – the upstream/downstream

factors may be borrowed to illustrate how reporting of FGM/C remained downstream with the traditional reporting style of the Who, What, When, Where, Why and How (5Ws and H) model of basic news reporting (Singer, 2008). For instance in the reviewed text, the media barely gives a sense of context of women's lives that undergo the procedure, how FGM/C impacts on access to education for girl or the significance of economic empowerment for women in terms of FGM/C abandonment.

In a study, Bou-Karroum, El-Jardali, Hermadi, Faraj, Ojah, Shahrour, Darzi, Ali, Doumit, Langlois, Melki, Abouhaider, Akl, (2017) suggest that media interventions may have a positive impact when used as accountability tools leading to prioritizing and initiating policy discussions as well as tools to increase policy makers awareness, influence policy formulation and adoption by analyzing how existing or intended policy or policy options are perceived to feed into policy-making activities (Paalman, 1997). NAS (2003) also states how policy makers get their first information on a problem or its agency from the press. Therefore it is the media that puts information on the policy-making process. However, according to the findings, interpretation and analysis and dissemination of relevant FGM/C policies in the reviewed articles was limited. For instance, the media short of analysis of the legal and policy framework on FGM/C. As a matter of fact, in the reviewed articles, the policy frameworks are merely a mention. This limited the media's function to support identification of problems, devise solutions, policy adoption, implementation and evaluation (Mon, 2013).

Furthermore, the reviewed articles demonstrated limitations in **enterprise** in terms of creativity, self-initiative and research. Articles reviewed created the impression that journalists depended more on organized field trips by the UN Joint programme to gather stories than taking personal initiatives. Consequently, the media focused more on reporting on events rather than the underlying issues presented by FGM/C. There is also limited investigative reporting that provide details, facts and sources which could have otherwise been an accountability tool to trigger debate and action towards policy formulation and/or implementation and evaluation processes. Similarly, contextualization is also limited in terms of presenting background information and statistical data. However, this lack of enterprise may be attributed to the changing face of technology and timeliness with information travelling faster and influencing the criteria that journalists use to influence a news story. This advancements in technology has altered the collection, assembly and dissemination of news which needs to be reported fast (Spencer-

Thomas, 2019). With daily schedules and strict deadlines, journalists are under pressure to produce material faster and with fewer sources and have less time to research issues in-depth and as a result, compromising quality of content. Saraisky (2015) explains how media content is produced within constrained environments, prompting for shorter, dramatic stories rather than those that are longer and nuanced.

Leask, Hooker and King (2010) describes this as an attempt to balance between depth of the article and news worthy quality.

According to Saraisky (2015), media coverage is theorized to both reflect and create public policy and public opinion. However in terms of **reporting**, coverage of FGM/C in both newspapers remained more fragmentary than consistent, reactive than proactive and often concentrated around activities on commemorative days. This finding is backed by a study by T-Sung-Jen Shih, Wijeya & Brossad (2008) who found that coverage of public health issues was highly events-based with increased news coverage corresponding to important events. While dependency on events could be attributed to either challenges in access (due to harsh terrains and lack of infrastructure) or mere lack of interest due to proximity issues, time constraints, access to resources and technical expertise also come out as major issues in reporting on FGM/C (Leask, Hooker and King 2010). More to that, the reviewed articles also fell short on giving voices from those affected by FGM/C in practicing communities and more on actors and anti-FGM activists such as donors, legislators and civil society. This is in contrary to the objective of the media campaign that sought to let the communities and individuals speak for themselves. (UNFPA/UNICEF, 2015).

In the study, **media advocacy** is illustrated in the ability of the two newspapers to provide space in the editorials and opinion pages to advocate for FGM/C abandonment. This advocacy function is further illustrated through the identified theme of 'Women's empowerment and gender equality', and subthemes 'male involvement as a tool for changing social and cultural norms', and 'advocating for the girl child' which emphasized public support geared towards abandonment of the practice. Generally, none of the newspaper articles reviewed appeared defensive of the practice, an indication of the media's role in advocacy for health.

In conclusion, it is safe to say, while policy making is sympathetic to the prohibition of FGM/C, the media was limited by significant constraints to reporting from a policy oriented perspective by structuring and describing information from a public policy issue. As described by

Soroko, Lawlor, Farnsworth & Young (2012) many of the stories did not provide enough context to understand contentious policy. Other barriers are proximity (lack of interest, distant from capital city where policymaking happens), limited access due to harsh terrains, lack of technical training (limited skills and knowledge in interpretation and analysis), and time constraints of news production, and technological advancements (like new media).

5.3. Implications for research and policy

This analysis was limited due to time and the nature of this thesis. It was therefore challenging to fully evaluate the meaning of the identified themes and to what extent it influenced policy processes considering the multiple factors to be considered involved. However, this thematic analysis can inform researchers, programmers and advocates interested in understanding the interaction between the media and the policy world while considering media as tools for policy change. Researchers can also conduct better designed research studies using data collected from new media channels given the rise of social media channels to disseminate news. However, further research can be done with better analysis on how news is made in terms of editorial policies, layout and structural organization, actors, language (Jorgensen and Phillips, (2002). Future research could also focus on the influence of the media on health policy-making in diverse areas in the context of public health apart from FGM/C.

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CHAPTER VI: CONCLUSION AND RECOMMENDATIONS

6.1. Conclusions

In conclusion, the thematic analysis of the 243 newspaper articles has represented FGM/C as a public health problem aggravated by a multiplicity of socio-cultural and socio-economic factors. However, reflections from the findings, backed by evidence from different scholars as reviewed in the literature, limited use of journalistic news values such as influence and relevance, prominence, interpretation and analysis, enterprise and reporting compromised the medias agenda setting and framing functions to support policy making processes for FGM/C abandonment.

6.2. Significance of findings

The findings of this study bear significance for the following reasons:

- (i) The findings show that while media representations play a crucial role in informing public policy and opinions about the causes and solutions to promoting health, the media's decision on what to cover –through agenda setting and framing effects - and what to ignore can have policy implications.
- (ii) These findings also provide insights for advocates on how news is made; what influences news content and what does not in the context of policy processes.
- (iii) The findings provide knowledge and an awareness on how to work with the media including an understanding of the circumstances under which journalist work and what influences the news. Similarly, it informs advocates and programmers on the key issues to consider when designing advocacy strategies for health.
- (iv) The reflections could also support future research in this area and provide resource for those seeking to develop a common policy agenda to reduce FGM/C and enhance public health's advocate's ability to use the media to promote public health policy.

6.3. Possible recommendations and areas of future research

In order to better understand the role of the media in policy processes, the following recommendations are outlined:

1. Further thematic analysis of newspaper articles on public health campaigns focusing on the social determinants of health to inform development, design and modification of media campaigns for better public health outcomes.
2. Considering globalization and its impact on FGM/C and the increasing influence of social media, research should investigate how media represents FGM/C on social media platforms as a tool for social change.
3. Bearing in mind that cultural modes of communication and circulation of news in FGM/C practicing communities is not through newspapers, there is need for comparative media research on how FGM/C is represented on local media channels targeting practicing communities.



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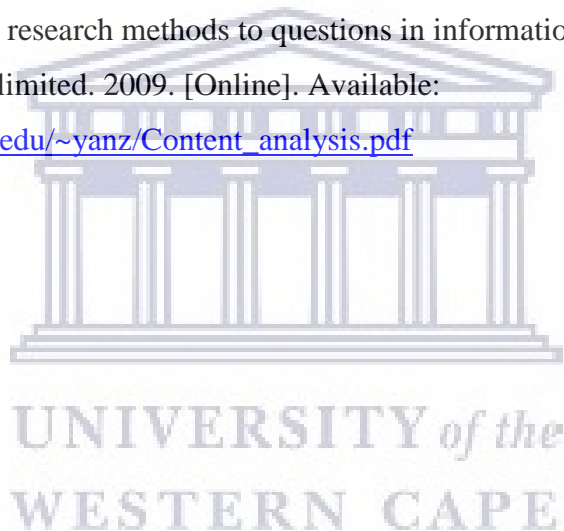
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Appendix One: Data collection matrix for The Daily Monitor

Appendix 3: List of codes identified in *Daily Monitor* and *New Vision* newspaper text.

No	Code	2017	2016	2015	2014	2013	Total
1.	Culture	3+4=7	4+3=7	5+7=12	7+5=12	14+2=16	54
2	Advocacy/Media advocacy	3+9=12	3+1=4	14+8=22	6+2=8	10+4=14	60
3	Human rights	3	3	13	2	3	21
4.	Gender Based Violence	6+9=15	1+5=6	8+3=11	1+2=3	3+2=5	40
5	Forced/ Child marriage/Ending	6	3+6	7 +4	2+4=7	2	19
6	HIV/AIDS			1	1	3	4
7.	Harmful cultural practices	2+3=5	3	3+5=8	1+3=4	9	29
8.	Girl empowerment	1+2=3	1+1=2	1		1	7
9.	Religion	3+2=5	1+5=6	2+3=5	1	1	14
10	Legislation/legal framework	5+8=13	6+4=10	8+2=10	13+4=17	13+5=18	68
11.	Politics	2					2
12	FGM prevalence	1	1	1			3
13	Access to justice	1	1	2	1	1	5
14	Women empowerment	3+1=4	3+5=8	3+3=6	5+3=8	4+3=7	33
15	Male involvement	1	1+1=2	1+1=2	1+2=3	1	9
16	Violence against women/girls	1+5=6		4	3+3=6	3+1=4	20
23	Sexual objectification /sexuality	1	1	2			4
24	Gender stereotypes	1					1
25	Feminism	1					1
26	Health financing	1					1
27	Donor policies	1					1

28	Global health	1					1
17	Maternal health/mortality	$1+2=3$	2	$5+1=6$	3	2	15
18	Affirmative action	1	1				1
19	Women's participation	1	1	1		1	3
20	IWD	1	1	1	1	1	5
21	Cross boarder cutting		1				1
22	Criminalization of FGM	4	$1+7=8$	$5+5=10$	$5+2=7$	8	35
23	(Ending) FGM		5	1			6
24	(Girl child) education	1	$4+2=6$	$2+1=3$	2	$7+1=8$	20
25	Sexual and Repro health	3	$3+4=7$	$4+2=6$	$2+2=4$	$4+1=5$	25
26	Early/forced/child marriage	$3+10=13$	$1+9=10$	4	$1+3=4$	2	33
27	Teenage pregnancies	4	1	2	1		8
28	Media		1				1
29	Implementation of FGM law	1		$3+1=4$	$1+1=2$	1	8
30	(Women and girls) health complications, consequences	5	$5+5=10$	$5+5=10$	$3+3=6$	$7+5=13$	44
31	Patriarchy			$1+1=2$		2	4
32	Reproductive rights			1			1
33	Community participation			1			1
34	Women and girl (human) rights	$5+2=7$	1	$3+1=4$	$1+2=3$	$7+2=9$	23
35	Gender equality	4	$2+2=4$	$1+2=3$	$3+1=4$	$1+4=5$	20
36	Gender inequality	1	1		$1+1=2$		4
37	FGM abandonment	1			$4+1=5$	6	12
38	Alternative rites of passage	1			2	2	4
39	Sexual violence		1	1	2	1	4

40	Discrimination (against women and girls)				1	2	3
41	Gender				2	3	5
42	Community awareness/sensitization	7		2		4+1=5	14
43	Stigma	1				3	4
44	Violence against children					4	4



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