THE ROLE OF COMMUNICATION AND ADVOCACY IN RESOLVING CULTURE-BASED CONFLICT: LESSONS FROM EFFORTS TO COMBAT FGM PRACTICES IN KENYA

Christabel Odera¹, Israel Nyaburi Nyadera², Samuel Juma Ouma³

Abstract

This study examines the role of communication and advocacy in resolving culture-based conflicts in Kenya, focusing on the harmful practice of Female Genital Mutilation (FGM). While existing studies on conflicts in Kenya have focused on inter-group violence, such as class, political and ethnic conflicts, few studies have examined how cultural practices constitute violence, and few have offered recommendations on how to deal with cultural conflicts and violence. Culture-based conflicts in Kenya, particularly those related to harmful cultural practices like Female Genital Mutilation (FGM), have been a persistent challenge. While communication and advocacy are often cited as essential in conflict resolution, their application in resolving culture-driven violence in Kenya and many African countries remains low. This study aims to contribute to the growing literature and debates on cultural violence by (1) examining cultural-based violence in Kenya, (2) assessing how communication and advocacy techniques and strategies can be used in FGM advocacy campaigns in Kenya, (3) evaluating the potential impact of these strategies especially in changing attitudes and behaviors towards FGM. The study will conclude with a set of recommendations that are aimed at reducing cultural violence in Kenya through the use of communication and advocacy.

Key words: Communication, advocacy, FGM, Culture-based conflicts

¹ Graduate student at the School of Humanities and Social Sciences, African Nazarene University, Nairobi Kenya, e-mail: bellah.akinyi1@gmail.com ORCID: 0009-0008-0789-9633

² Post doctoral fellow at the Department of Conflict, Development and Peacebuilding, Geneva Graduate Institute, Geneva Switzerland & Lecturer at the Faculty of Arts and Social Sciences, Egerton University, Njoro Kenya, e-mail: invadera@gmail.com, ORCID: 0000-0002-0432-6935

³ Graduate student at St. Paul's University, Nairobi Kenya, e-mail: sammyayal68@gmail.com. RCID: 0000-0002-8445-0898

Introduction

Culture-based conflicts are common in many parts of the world, and Kenya is no exception (Ajayi et al., 2022; Alesina et al., 2021; Song et al., 2021). Understanding culture is the foundation for effectively addressing and resolving cultural conflicts. It promotes awareness, empathy, and communication skills necessary to navigate the complexities of multicultural interactions and encourage harmony and cooperation in diverse settings. According to Foster (2018), culture refers to the shared patterns of beliefs, values. behaviors, customs, and artifacts that characterize a particular group or society. It encompasses the way of life and the social norms passed down from one generation to another, shaping the identity and worldview of individuals within that group. Johnson (2018) further defines culture as what different societies need to learn to function within their society, such as language, dress codes, and rules for social interaction and behavior. Culture includes various elements, such as language, religion, cuisine, art, music, literature, clothing, rituals, and social practices. These components are learned and transmitted through socialization, education, and interaction with others in a specific cultural group (Fata et al., 2020). Culture has been linked to several violent practices worldwide, although in many cases, such violence is often overlooked because culture makes both physical and structural violence appear natural. Examples of how culture has led to violence can be seen from the period of the slave trade when Africans were considered intellectually inferior and perhaps primitive compared to other races. Given the cultural dynamism, and in the context of the above example, culture was manipulated and distorted to justify or perpetuate violence. During the era of the transatlantic slave trade, Europeans held deeply entrenched cultural biases and stereotypes about Africans. These beliefs and biases were not based on scientific evidence but were used to justify the exploitation and enslavement of African people (Sibani, 2018).

European colonial powers, motivated by economic interests and the desire for power, used these cultural beliefs to legitimize the brutal treatment of Africans and the perpetuation of the slave trade. They portrayed Africans as subhuman, justifying their enslavement and dehumanization. These cultural biases and dehumanizing ideologies significantly enabled the violence and cruelty inflicted upon enslaved Africans during that period (Sibani, 2018).

Moreover, the European slave traders took advantage of existing conflicts and power dynamics within African societies, often exacerbating violence and discord to capture enslaved people. They manipulated cultural differences and tensions among African ethnic groups to their advantage, further contributing to violence and instability. The caste system in India is another example of how culture has been used to subject communities to an unending cycle of discrimination and marginalization for hundreds of years (Spear, 2003).

Therefore, culture-based conflict refers to differences in cultural values, beliefs, norms, practices, and traditions between individuals, groups, or communities. These conflicts occur when different cultural perspectives and expectations clash, leading to misunderstandings, tensions, and disputes. Culture-based conflicts can arise at various levels, from interpersonal interactions to broader societal issues, and they can encompass a range of topics, including religion, customs, gender roles, social practices, and more (Ting-Toomey & Chung, 2005).

Unaddressed cultural violence has affected many societies and countries worldwide, leading to prolonged conflicts, widespread suffering, and loss of human lives. These conflicts have affected many communities worldwide, providing ample evidence of how seemingly innocuous cultural practices can cause damage to individuals and communities (Gay, 2018).

One example of cultural violence that this paper seeks to address is Female Genital Mutilation (FGM). According to Serem and UNICEF (2021), FGM is a cultural practice

involving total or partial removal of external female genitalia. FGM among most Kenyan communities is seen as an essential initiation component, often led by senior women. The practice marks a new era of respect and relationships for the initiates depending on one's social, economic, gender, and age status. The initiation process is not only a cultural practice but also considered sacred, with communities that practice FGM, it is a norm that the parents are the ones to decide when and if their child will undergo the initiation.

While culture-based conflict such as FGM remains a challenge, communication and advocacy efforts significantly address the issue. Trenholm (2020) defines communication as exchanging information, ideas, thoughts, and emotions between individuals or groups through various methods such as speech, writing, gestures, body language, or visual and auditory signals. It is a fundamental aspect of human interaction at all levels and plays a vital role in conveying messages, establishing understanding, and building relationships. Communication involves both the transmission and reception of messages. It encompasses the content or information being conveyed and the context (cultural or ordinary setting), tone, and intent behind the communication (Adler et al., 2012). Advocacy is another critical aspect of addressing cultural violence.

Conversely, Parcha and Kingsley Westerman (2020) define advocacy as actively supporting a cause, promoting a particular viewpoint, or influencing public opinion and decision-making processes. It involves speaking up for individuals or groups needing more resources, power, or platform to advocate for themselves effectively. Advocacy aims to bring about or policy changes that benefit the target population or address a specific issue. Resolving culture-based conflicts requires effective communication, mutual understanding, and sometimes a willingness to adapt or find common ground between diverse cultural perspectives. By examining the intersection of culture, conflict, communication, and advocacy, this paper highlights how strategic communication and advocacy efforts have been pivotal in addressing FGM and similar culture-based conflicts.

Background

According to Galtung (1990), cultural violence constitutes those aspects of culture demonstrated in language, religion, art, ideology, and empirical and formal science often used to legitimize and justify structural and direct violence. Some studies (Staub, 1996; Koyuncu & Chipindu, 2020) have elevated the role of culture in conflict by concluding that large-scale violence tends to have a cultural component or culture as an essential driver of that particular conflict. In addition, some have blamed culture for gender-based violence (Merry, 2011; Zinyemba & Hlongwana, 2022). Some also link culture to inter-ethnic conflicts (Susanto & Puryanto, 2022), while other studies have even associated culture with terrorism (Helbling & Meierrieks, 2022; Levitt, 2022).

One harmful cultural practice in Kenya that has continued for many years is Female Genital Mutilation (FGM). Usually, the average age when one undergoes initiation is between the ages of 5 and 20, making most of those initiated minors. However, the age varies between communities. For example, teenagers are considered eligible for initiation among the Samburu, Nandi, Nyambene, Meru, Muranga, Embu, Garissa and Nyeri. At the same time, among the Kuria and the Kisii, it is done at preadolescence age (Rao, 2018).

According to a study by Van Bavel (2020) that examined the intersection of place, gender, and ethnicity regarding FGM among Kenyan Maasai, the practice was found to be a complex social norm linked to marriageability and community identity and a source of conflict due to its intersection with various factors. Furthermore, Grose et al. (2019) states that in Kenya, the prevalence of FGM among women aged 15-49 is 21%, indicating that many still undergo this procedure. The conflict also arises from the tension between cultural preservation and modern human rights principles. Traditionally considered a rite

of passage, FGM is now viewed through a human rights lens as a harmful practice affecting women's health and rights. Also, FGM as a cultural conflict manifests through generational divides, as younger individuals often lean towards abandoning the practice while older generations cling to it as a cultural heritage.

Graamans et al. (2019) argue that FGM is a cultural norm in many communities and is often shrouded by secrecy and fear. In 2001, the Kenyan government established a national program to eradicate FGM, but the practice is still widespread among some Kenyan communities despite being recognized as harmful and illegal (Im et al., 2020). The prevalence is evidenced by Serem and UNICEF (2021), whose findings show that although nationally, the overall FGM prevalence percentage is 21%, it remains high in counties such as Samburu (86%), Kisii (84%), Somali (94%) and among the Maasai population (78%) (Serem & UNICEF, 2021).

The practice can be linked to many health problems, psychological impacts, physical pain, and suffering (Serem & UNICEF, 2021; Tammary & Manasi, 2023). A cross-sectional study conducted by Im et al. (2020) comprising 143 female Somali youth living in Eastleigh, Kenya, paints a picture of the rampaging effects of FGM. Their study's findings linked FGM with adverse physical and mental health outcomes. Among the notable outcomes of FGM include post-traumatic stress disorder and depressive, anxiety, and somatic symptoms. Furthermore, the study revealed that FGM was responsible for the victims' separation from a parent and poly-victimization experiences. The study noted that FGM and other traumas did not occur singly but were indicative of cumulative adversities, especially for women who were socially vulnerable and marginalized.

In order to address FGM as a cultural conflict, Sood et al. (2020) propose engaging individuals and communities through communication initiatives to raise awareness about FGM's physical and psychological harms, challenge misconceptions, and empower women and girls to make informed decisions. Moreover, communication campaigns can leverage religious, community, and social leaders to influence positive change by emphasizing the cultural and ethical reasons for abandoning FGM. Communication is a powerful tool to create a collective shift in perceptions, behaviors, and norms surrounding FGM, leading to its eventual eradication (Onyango, 2021). On the other hand, Bedri (2013) suggests that evidence-based advocacy is pivotal in ending FGM by using data to inform policies, engage stakeholders, and create awareness. It helps in dispelling myths, challenging norms, and promoting gender equality, all of which are essential for the abandonment of this harmful practice. Moreover, communication and advocacy approaches have played essential roles in social movements for many decades. Many activists and advocates have used these approaches to reduce inter-group and intra-group violence (Mwendwa et al., 2020).

Countries and areas	FGM prev- alence among girls and women	Residence		Wealth quintile				
		Urban	Rural	Poor- est	Sec- ond	Middle	Fourth	Richest
Somalia	99	99	99	99	100	99	100	99
Guinea	95	95	94	95	94	93	96	95
Djibouti	94	94	98	97	96	94	94	93
Mali	89	89	88	87	86	90	90	90
Egypt	97	77	93	94	93	92	87	70

Table 1. Statistics of FGM Prevalence among Girls and Women Aged 15 to 49 Years by Residence and Wealth Quintile (%) in Africa (2012-2020)*

Countries and areas	FGM prev- alence among girls and women	Residence		Wealth quintile					
Sudan	87	86	87	88	82	81	90	92	
Eritrea	83	80	85	89	86	84	83	75	
Sierra Leone	83	76	89	90	90	87	80	72	
Burkina Faso	76	69	78	77	78	78	80	69	
Gambia	73	75	67	65	73	80	76	69	
Mauritania	67	55	79	92	86	70	60	37	
Ethiopia	65	54	68	65	69	69	69	57	
Guinea-Bissau	52	43	59	41	62	70	54	38	
Côte d'Ivoire	37	31	44	50	44	43	34	20	
Sub-Saharan Africa	35	32	37	38	36	36	36	31	
Chad	34	32	35	41	35	35	30	30	
Liberia	32	25	43	48	42	38	22	17	
West and Central Af- rica	27	28	27	29	27	28	28	24	
Senegal	25	21	29	48	30	23	18	15	
Central African Republic	22	12	28	29	27	26	19	9	
Kenya	21	14	26	40	26	18	17	12	
Nigeria	20	24	16	16	18	20	23	20	
Yemen	19	17	19	27	21	13	20	14	
Maldives	89	14	12	14	12	12	15	12	
United Republic of Tanzania	10	5	13	19	10	12	9	4	
Benin	9	5	13	16	14	10	7	2	
Iraq	7	7	8	1	3	3	6	22	
Тодо	3	3	4	4	4	3	4	2	
Ghana	2	1	4	7	2	2	1	1	
Niger	2	1	2	2	2	2	3	1	
Cameroon	1	1	2	1	4	1	1	1	
Uganda	0	0	0	1 JNICEF (2	0	0	0	0	

According to Table 1, in East Africa, Kenya has the highest FGM prevalence rate compared to Tanzania (10%) and Uganda (0%). Uganda and Cameroon have the lowest number of girls and women aged 15 to 49 years subjected to FGM at 0 and 1 percent, respectively. The statistics further reveal that in East Africa, FGM is more prevalent among low-income families in rural rather than urban areas (UNICEF, 2023). According to Kamer (2023), 8.9 million Kenyans live in extreme poverty, with the majority in rural areas. More-

over, 18 percent of Kenya's population lived below 1.90 U.S. dollars per day in 2022, and over 7.8 million Kenyans in rural communities lived on less than 1.90 U.S. dollars daily, 6.5 times higher than the residents in urban regions. The statistics show the connection between low-income families and the practice of FGM.

Kenya as a country is a melting pot of over 40 different ethnic groups, each with its unique cultural practices and traditions. These cultural differences have often led to different forms of conflicts that have resulted in violence, displacement, and loss of life. The factors driving these conflicts are varied, including land disputes, political tribalism, and harmful traditional practices like Female Genital Mutilation (FGM) (Dyer, 2020). As evidenced in Table 1, over 21% of Kenyan women have undergone FGM. While this number may appear low, it is not reassuring to learn that the practice is only concentrated in a few communities (Kakal et al., 2022). In FGM-practicing communities in Kenya, girls are raised by their mothers from a very young age and taught that FGM is part of their culture.

Consequently, the practice spreads like a chain reaction, as it becomes another rite of passage for girls after they reach adolescence and are ready to begin developing into adult women. This practice and its persistence indicate that efforts to eradicate it have yet to be achieved. It highlights the need for innovative approaches to resolving culture-based conflicts in Kenya (Dyer, 2020).

Harmful Effects of FGM as a Cultural Practice

FGM is a form of violence against women and girls with severe physical, psychological, and social consequences. In addition, FGM implicates public health, well-being, sexuality, gender empowerment, and gender-based violence. The physical harm caused by FGM can be severe, leading to pain, bleeding, infection, and even death. A recent study in Somalia found that nearly 80% of women who had undergone FGM reported experiencing long-term physical health problems, including chronic pain, infections, and complications during childbirth. Furthermore, FGM is often performed without anesthesia or proper medical equipment, increasing the risk of complications and long-term physical harm (Sadia, 2018).

FGM violates a person's right to life, health, and physical integrity. It is a form of gender-based violence and discrimination that perpetuates harmful gender stereotypes and restricts women's autonomy and agency. The United Nations has declared FGM a violation of human rights, and it is recognized as a harmful traditional practice that must be eliminated (UNICEF, 2023). Despite the widespread recognition of FGM as a human rights violation, the practice continues in many countries, often due to cultural and social pressures. In addition to physical harm, FGM can cause psychological trauma and long-term mental health issues such as anxiety, depression, and post-traumatic stress disorder (PTSD) (Rao, 2018). A recent study conducted in Ethiopia found that women who had undergone FGM were more likely to experience symptoms of PTSD than women who had not undergone the procedure (Köbach et al., 2018). The psychological harm caused by FGM can have long-lasting effects, impacting a woman's mental health and overall well-being.

FGM can also cause sexual harm, interfering with sexual function and causing pain and discomfort during sexual activity. A recent study conducted by Kershaw and Jha (2022) found that women who had undergone FGM were more likely to experience sexual dysfunction and pain during intercourse than women who had not undergone the procedure. FGM can also increase the risk of complications during childbirth, such as prolonged labor, fistula, and hemorrhage, leading to maternal and infant mortality. In conclusion, FGM is a form of violence against women and girls that violates human rights, perpetuates harmful gender stereotypes, and restricts women's autonomy and agency. Furthermore, the study found that FGM can cause severe physical, psychological, and social consequences, including pain, infection, mental health issues, sexual dysfunction, and complications during childbirth. The elimination of FGM requires a comprehensive approach that includes education, advocacy, and legislation to raise awareness, change attitudes, and protect women.

Types of FGM	Time	Impact
 Partial or total removal of the clitoral glans Partial or total removal 	Short-Term Complications	 Excessive bleeding Urinary problems Swelling of the genital tissue Fever Infections, e.g., tetanus Severe pain Wound infections and not healing Injury to surrounding genital tissue Shock Death.
of the clitoral glans and the labia minora 3. Infibulation 4. Other harmful proce- dures to the female genita- lia for non-medical purpos- es, e.g., pricking, piercing, incising, scraping, and cau- terizing the genital area.	Long-term complications	 Experiencing tract infections and pain when urinating. Unending vaginal problems such as itching, discharge, and bacterial vaginosis. Experiencing problems like painful menstruation and trouble in passing menstrual blood. Pain during intercourse and decreased satisfaction. Increased risk of complications during childbirth Can lead to a need for later surgeries due to complications related to birth and Psychological problems include depression, post-traumatic stress disorder, anxiety, and low self-esteem.

Table 2. Short and Long-term Impacts of FGM.

Source: own work.

Complexity and Challenges of Addressing Cultural Violence

Cultural violence is an old phenomenon that has affected communities in many ways. Finding a solution to any form of cultural violence will not happen overnight. It requires sustained efforts, but effective communication and advocacy strategies have been shown to significantly enhance these efforts' impact (Gay, 2018). According to Tri-

dewiyanti (2019), addressing culture-based conflict requires analysis, including identifying the factors contributing to it and developing an acceptable communication approach. A recent literature review highlights several challenges that can hinder the resolution of cultural-based conflicts. One significant challenge is the understanding and respecting of cultural differences. Furthermore, cultural practices deemed unacceptable by one group may be deemed essential by another, making compromise difficult. However, the barrier can be bridged through advocacy efforts.

Another challenge is identifying cultural factors that contribute to the conflict. There are often no clear demarcations between cultural practices and politics or between culture and religion, making it difficult to separate the elements of a conflict. Some conflicts may be driven by economic or political interests rather than culture, making it challenging to identify the cause. In addition, communities may not be willing to communicate about culture-based conflicts due to fear that it will lead to stigmatization (Staub, 1996). Communication and advocacy are often cited as essential tools in conflict resolution (Lee et al., 2022). They are essential in promoting awareness, education, dialogue, and policy change.

Another challenge is the power dynamics that exist between different cultural groups. The dominant group may be reluctant to compromise, while the minority group may feel marginalized and excluded from decision-making (Veldhuizen, 2022). Such a power imbalance can hinder efforts to resolve conflicts. Communication barriers can also pose a significant challenge in resolving cultural-based conflicts. Communication barriers can arise due to language differences, cultural misunderstandings, and mistrust (Veldhuizen). Misinterpreting cultural practices and beliefs can lead to conflict and tension between groups. Therefore, effective communication strategies that are culturally appropriate and sensitive are essential in resolving cultural-based conflicts (Reinholds, 2021).

Finding a balance between preserving cultural traditions and promoting human rights and equality is a significant challenge in resolving cultural-based conflicts. Some cultural practices may violate human rights and perpetuate discrimination and inequality, and finding a balance between respecting cultural diversity and promoting human rights and equality is crucial (Koyuncu & Denise, 2020). In conclusion, resolving cultural-based conflicts requires an understanding and respect for cultural differences, effective communication strategies, and a willingness to find a balance between preserving cultural traditions and promoting human rights and equality. Overcoming the challenges in resolving cultural-based conflicts requires a comprehensive approach involving education, dialogue, and mutual understanding between different cultural groups.

Corresponding to the complexity of cultural perspectives is the challenge of bridging conflicting and opposing views. Accordingly, understanding communication between the two parties requires understanding factors such as worldviews, ideologies, history, social structures, and dynamics that influence a given culture's beliefs and behaviors (Koyuncu & Denise, 2020)

Differences in values and beliefs are another challenge contributing to cultural conflicts. These differences can be deeply rooted and may be difficult to change. FGM as a cultural problem reflects deep-rooted inequality between the sexes and continues to be practiced in many cultures despite being condemned by international health organizations. Changing the cultural values and FGM-practicing community's traditions can be difficult, requiring a deep understanding of the cultural context. A study by Barrett et al. (2020) about transforming social norms to end FGM in the European Union established that cultural values and traditions were a significant barrier.

Fear of social exclusion in some communities has made FGM seen as a necessary part of social acceptance and inclusion, and families may fear social ostracism or exclusion if they do not participate in the practice. This fear can make it challenging to change attitudes toward FGM despite evidence of its harmful effects (Barrett et al., 2020).

Moreover, poor education and awareness amongst most women and communities practicing FGM remain a big problem. This situation means that many families may not be aware of the harmful effects of FGM or may not understand the risks involved. A lack of education and awareness about the consequences of FGM can make it difficult to change attitudes toward the practice (Kakal et al., 2022). In addition, the lack of effective communication, essential for resolving cultural conflicts, makes it difficult to resolve conflict around FGM. This phenomenon may be due to language barriers, differences in communication styles, and other factors that can make it difficult for people from different cultures to communicate effectively.

Furthermore, historical and political factors also play a significant role. Cultural conflicts may be rooted in historical or political factors, such as colonization, oppression, or discrimination. These issues can be challenging and require significant systemic change (Ajayi et al., 2022).

Consequently, the lack of political will in some cases makes it difficult to resolve conflicts around FGM. With strong political leadership and commitment, efforts to change attitudes toward FGM may receive the necessary resources and support to be successful. Additionally, cultural conflicts may be exacerbated by power imbalances between different groups. For example, conflicts between a dominant and marginalized culture may be more difficult due to power dynamics (Alesina et al., 2021).

According to Barrett et al. (2020), FGM-based cultural conflicts are common because some believe that the practice reduces sexual desire in women, facilitates marriage and childbirth, and retains a woman's virginity before marriage. These three reasons are often intertwined with social norms involving purity and proper sexual function. However, today, there are millions of cases where it is practiced despite not having any functional or medical benefits. Throughout history, FGM has been justified by many myths and reasons. One of the most common myths is that female genital mutilation reduces a woman's sexual desire and provides some protection from "lewd acts." The opposite is true. Women who have undergone FGM are likely to have more sexual partners than women who have not undergone this procedure. FGM is often justified as a way to preserve virginity and, therefore, morality. However, it has been shown that FGM does not promote chastity before marriage or fidelity afterward.

Other myths include the belief that FGM will prevent adultery, which is why women do not want their daughters to undergo it. Though this may seem like a logical reason, it has been shown that women who have been circumcised may be more likely to commit adultery than uncircumcised women. It would seem that having a painful vaginal operation would deter women from cheating on their partners rather than encouraging it (Song et al., 2021).

The rapid pace of globalization and the increasing diversity of societies has led to more frequent cultural interactions, creating more opportunities for cultural conflicts (Koyuncu & Denise, 2020). As people from different cultures come into contact with each other more frequently, it becomes increasingly important to develop cultural intelligence and effective communication skills to navigate these interactions successfully. The challenge of resolving cultural conflicts is common because it arises from fundamental differences in beliefs, values, and norms between individuals and groups from different cultures. FGM is sometimes associated with religious or traditional beliefs, although any major religion does not prescribe it. Challenging these beliefs requires engaging with religious and community leaders, emphasizing the importance of human rights, and promoting alternative interpretations that reject FGM. (Song et al., 2021).

In Kenya, various government and civil society organizations have been working to raise awareness, provide education, and engage communities in dialogue. According to Van Bavel, arguments have been advanced to the effect that the Anti-FGM Act enforced

by these organizations infringes on women's rights to culture, the best attainable health, and gender equality by criminalizing medicalized FGM thus denying willing adult women access to safe and hygienic circumcisions. Furthermore, the Act promotes unfair treatment of women against men who are allowed and encouraged to seek voluntary circumcision. However, anti-FGM activists are against medicalized FGM because it threatens the efforts to eliminate the practice and supports the law criminalizing FGM.

Communication and Advocacy Efforts in Addressing FGM

Communication and advocacy are often cited as essential tools in conflict resolution (Lee et al., 2022). They are essential in promoting awareness, education, dialogue, and policy change. However, there is a gap in research on the effectiveness of these tools in resolving culture-based conflicts in Kenya, especially when efforts to apply these tools are seen as a Western agenda to dilute the local culture (Doucet et al., 2022). The practice of FGM has been linked to adverse effects, including psychological harm and heightened risk for other infections, and communication has been cited as an appropriate tool in mitigating the harmful effects of FGM. However, breaking the perceptions barriers held by members of the communities practicing FGM is still a subject of varied opinion. It requires acknowledging the importance of cultural heritage, establishing trust, and demonstrating cultural sensitivity to open avenues for effective communication. Communication models have much promise in changing attitudes and behaviors toward FGM (Cheruiyot, 2022). Reaching out to communities that practice FGM presents a unique challenge because these communities are often poorly connected to the mainstream media and its channels. They are also very wary of outreach programs by outsiders, as they view them as an invasion of privacy and an attempt to impose Western values on traditional African culture (Igboeli et al., 2020).

Scholars have, however, suggested developing and implementing an effective communication and advocacy strategy to enable communities to abandon their harmful traditional practices by changing their local norms and beliefs (Igboeli et al., 2020). Such a strategy must reflect a multi-stakeholder approach and address the cultural and economic factors that help sustain FGM. Moreover, a factor limiting progress is a lack of understanding about the drivers and nature of support for the practice (Sood et al., 2020; Bedri, 2013). A systemic failure to understand the local FGM phenomena also perpetuates the practice, undermines human rights, and has detrimental physical, psychological, and social consequences for affected individuals and communities. The glaring gap between eradicating this type of cultural violence and its persistence among respondents at the community level suggests a need for an effective communication and advocacy strategy.

Consequently, the strategy must consider various factors that help maintain the practice, as Igboeli et al. (2020) suggested, including cultural and religious beliefs and social norms. However, designing an effective communication and advocacy strategy requires understanding the cultural dynamics of the inter-generational transmission of these norms and the cultural sensitivities that draw women and girls to participate in FGM (Cheruiyot, 2022).

In this respect, cultural communication must focus on understanding and navigating the cultural norms, values, beliefs, and communication styles that shape how communities involved in FGM express themselves and interpret messages. The approach should be based on the understanding that culture shapes communication patterns, influencing language, nonverbal cues, social customs, and expectations (Trenholm, 2020; Adler et al., 2012 & Chung, 2019).

How Communication and Advocacy Efforts Have Impacted FGM Practice in

Kenya

According to a study by Onyango (2021), communication was a critical aspect of advocacy, and both were established to be a requirement for influencing behavior change. Moreover, other studies show that attitude change involves complex processes influenced by communication through education, religion, religious leaders' views, healthcare system performance, media coverage of FGM-related issues, and discourses on FGM in community gatherings (Igboeli et al., 2020).

The Maasai community in Kenya is one of the most well-known communities that practice FGM. FGM is a deeply rooted cultural practice in the Maasai community, with some estimates suggesting that up to 78% of Maasai girls undergo the procedure. Despite FGM's dangers and harmful effects, many Maasai families view the practice as an essential part of their cultural identity and a rite of passage for girls. While progress has ended the practice in some areas, it remains widespread in many Maasai communities. However, communication and advocacy efforts have helped raise awareness of FGM's health risks and negative consequences and promote alternative rites of passage that do not involve FGM. For example, Amref Health Africa has been working with Maasai communities in Kenya to promote alternative rites of passage and provide education on FGM's harmful effects (Mwendwa et al., 2020).

A study by Mwendwa et al. (2020) in Meru County delves into the complex landscape of Female Genital Mutilation/Cutting (FGM/C) within Kenya. According to the study's findings, the initiatives to tackle FGM have demonstrated considerable success, i.e., attitude change. The shame and disrepute that once were associated with those who had not undergone the procedure are shifted to those who still practice, support or enable FGM (change in attitude towards FGM). Key factors critical in this shift include changing gender roles, education, and the role of religious institutions. Notably, the role of advocacy and intervention strategies, specifically focusing on Anti-FGM/C advocates and Alternative Rite of Passage (ARP) initiatives, is associated with the shift.

Another initiative is advocacy and leveraging social media communication. Matanda et al. (2023) reviewed the effective FGM intervention strategies in their study. They found that advocacy initiatives have demonstrated the favorable role legislation can play in advancing the process of social change (enabling environment). Also, radio shows on the rights of women and girls positively impact norms related to FGM. The prevalence of FGM among girls aged 15–19 years declined in 10 of the 17 countries (Kenya included) because of communication initiatives, according to a report by UNFPA–UNICEF (2014), as cited by the study. Furthermore, public declarations of FGM abandonment are paramount in signaling a commitment and readiness to abandon FGM. The study further found that mass and social media and other forms of communication have played a central role in amplifying public declarations and, in turn, encouraged other communities to abandon FGM.

The Pokot community in Kenya also practices FGM, with some estimates suggesting that up to 95% of women and girls in the community have undergone the procedure. Communication and advocacy efforts can help challenge the beliefs and attitudes that perpetuate FGM in Pokot communities and promote alternative rites of passage and education on the health risks of FGM. One example of such efforts is the work of the Samburu Girls Foundation, which has been working to end FGM and promote girls' education in Pokot and other communities in Kenya (Van Bavel, 2021).

Also, Kenya's Somali community practices FGM, with estimates suggesting that up to 97% of women and girls in the community have undergone the procedure. Communication and advocacy efforts can help challenge the cultural beliefs and attitudes that perpetuate FGM in Somali communities and promote alternative rites of passage and education on the health risks of FGM. One example of such efforts is the organization Pastoralist Child Foundation, which has been working to end FGM and promote girls' education in Somalia and other communities in Kenya (Van Bavel, 2021).

Therefore, the examples of the Maasai, Pokot, Meru, and Somali communities in Kenya demonstrate how communication and advocacy can be crucial in addressing cultural violence related to FGM. Using effective communication strategies to raise awareness and promote positive alternatives, engaging with community leaders to shift cultural norms and attitudes, reducing the prevalence of harmful cultural practices, and promoting more gender-equitable approaches to social and cultural issues is possible (Cheruiyot, 2022).

Research Approach: A Systematic Review

The research approach of this study can be classified into three phases:

Phase 1

The goal of interrogating existing literature was first to identify the trends, topics, and thematic areas of concern for researchers in conflict resolution and communication. In addition, a review of existing literature also provided invaluable insight into methodological, conceptual, communication, and advocacy strategies used to address cultural conflicts emanating from harmful practices like FGM. This information was useful in helping position this study in the existing literature. In this phase, the review of existing literature was guided by questions such as the qualitative and quantitative literature on the role of communication and advocacy in resolving culture-based conflicts in Kenya, particularly those related to FGM. What are the contributions and main objectives of existing studies? Which theoretical frameworks have emerged (new or modified), as well as the definitions of key concepts in conflict resolution and communication? Importantly, this phase also evaluated the link between the research question and existing literature. In Kenya, which cultural issues did researchers find worthy of consideration in their studies?

Phase 2

In this phase, we focused on identifying relevant literature that will be included in our study on the role of communication and advocacy in resolving conflict: Culture-Based Conflicts in Kenya, FGM. To achieve this goal, we used the inclusion/exclusion criteria presented. The search was limited to academic publications (mainly journal articles, policy reports, conference proceedings, and books) in specific disciplines such as communication, conflict resolution, cultural studies, advocacy, and gender studies. We deliberately ignored disciplines that would have produced a high volume of technical studies unrelated to our study areas, such as medicine, engineering, and physics.

Phase 3

Phase three of our research focused on examining the impact of communication and advocacy in resolving conflicts relating to Female Genital Mutilation. We gathered information from academic and government sources to understand communication strategies and techniques used in FGM advocacy campaigns in Kenya. We evaluated the effectiveness of these campaigns in changing attitudes and behaviors toward FGM. Our goal was to identify gaps in current communication and advocacy efforts, provide recommendations for future campaigns, and inform policy formulation on resolving conflicts around FGM. Understanding the relationship between communication and advocacy in conflict resolution is essential in addressing the issue of FGM. The phase sought to demonstrate how communication and advocacy are critical tools in raising awareness and mobilizing action against the harmful practice.

Discussion: Communication, Advocacy, and Potential Merits for Resolving Cultural Violence

Communication and advocacy are essential in changing attitudes and behavior toward FGM and promoting alternative practices that respect the rights of women and girls. Effective communication strategies, such as community education programs, mass media campaigns, and social media outreach, can help increase awareness about FGM's harm and the need to abandon the practice. Advocacy efforts and working with community leaders can help to create an enabling environment for the abandonment of FGM. A study by Kandala and Shell-Duncan (2019), which examined the implementation of one advocacy program in Senegal, concluded that communication and advocacy efforts could significantly impact behaviors related to FGM. However, planning these efforts in close cooperation with the community is necessary to avoid unintended consequences.

Mwangoka (2022) states that communication and advocacy efforts unite various stakeholders, including government agencies, NGOs, healthcare professionals, and community-based organizations. This collaboration allows for sharing resources, expertise, and best practices. By pooling their efforts, these stakeholders can significantly impact addressing FGM and providing support services for survivors. Also, effective communication and advocacy can influence policymakers and lawmakers to enact legislation and policies that protect women and girls from FGM. Advocacy efforts can lead to the introduction of legal frameworks that ban FGM and enforce penalties for its practitioners. These policy changes provide a strong foundation for protecting the rights of individuals and act as a deterrent to the continuation of the practice.

One way in which communication and advocacy can be effective in resolving culture-based conflicts is by promoting awareness and education (Sood et al., 2020). By educating communities on the negative effects of harmful cultural practices like FGM, people can understand the need for change and take steps to eradicate these practices. This education can take various forms, including public campaigns, workshops, and community dialogues. Advocacy can also be an effective tool in resolving culture-based conflicts by engaging community leaders. Community leaders play a critical role in promoting change in their communities. They can use their influence to promote alternative cultural practices that do not harm women and girls. They can also use their influence to push for policy change that supports eradicating harmful cultural practices.

Empowering women and girls is another crucial aspect of resolving culture-based conflicts. Women and girls are often the most affected by harmful cultural practices like FGM. Empowering them to speak out against these practices can be a powerful tool in promoting change. This empowerment can come in many forms, including education, training, and providing access to resources such as survivor support services where counseling, healthcare, economic empowerment, and safe spaces for survivors are initiated (Sood et al., 2020).

Examples of Communication and Advocacy Strategies Used in Kenya

Pushing for Increased Community Involvement: Community involvement is an essential strategy used in FGM advocacy campaigns in Kenya. By involving the community in the advocacy process, advocates can build trust and gain the support of community members. This undertaking is significant given that FGM is deeply ingrained in many communities in Kenya and is often seen as a rite of passage for girls. Community involvement can take many forms, including community meetings, door-to-door campaigns, and engaging with local leaders and influencers. One example of successful community involvement in FGM advocacy campaigns in Kenya is the work of the NGO Amref Health Africa. The NGO uses a community-led approach to advocate against FGM, with community members taking the lead in sensitization efforts. Through community meetings, door-to-door campaigns, and engagement with local leaders and influencers, Amref Health Africa has reached thousands of community members and encouraged behavior change (Shell-Duncan et al., 2017). According to Muhula et al. (2021), the community-led alternative rite of Passage (CLARP) initiated by AMREF has realized an FGM decline by 24.2% among girls, an increase in girl schooling years by 2,5 years, and reduced teenage marriages and childbirth. Moreover, there has been an increase in school retention and completion.

Use of Social and Mass Media: Mass media is another key strategy used in FGM advocacy campaigns in Kenya. Mass media can reach a large audience and can be used to raise awareness about the harmful effects of FGM and the importance of ending the practice. Mass media can take many forms, including radio, television, and social media. One example of using mass media in FGM advocacy campaigns in Kenya is the "Tunza Mama" campaign by the NGO Equality Now. The campaign uses radio dramas and talk shows in Kiswahili to raise awareness about FGM and encourage behavior change. The campaign has successfully reached a large audience and increased awareness about the harmful effects of FGM (Mwanza et al., 2021). Notably, the "Tunza Mama" campaign focused on an empowering approach by highlighting the importance of ending the practice and encouraging community members to take action. The campaign shifted the narrative towards empowerment, human rights, and positive change. It also highlighted the potential for personal growth, education, and opportunities for girls and women when protected from FGM.

Use of Social Norms Approaches: Social norms approaches are another critical strategy used in FGM advocacy campaigns in Kenya. The social norms approach focuses on changing the norms and beliefs that underpin harmful practices such as FGM. Social norms approaches can take many forms, including community dialogues, role-playing exercises, and the use of peer educators. One example of using social norms approaches in FGM advocacy campaigns in Kenya is the "Alternative Rite of Passage" (ARP) program by the NGO Samburu Girls Foundation. The ARP program provides an alternative to FGM by providing girls with education, life skills training, and a ceremony to mark their transition to womanhood. The program has successfully changed the social norms around FGM in the Samburu community and has significantly reduced the practice (Takayanagi, 2017).

Personal stories are another critical strategy used in FGM advocacy campaigns in Kenya. Personal stories can be a powerful tool for raising awareness about the harmful effects of FGM and encouraging behavior change. Personal stories can take many forms, including testimonials from survivors of FGM and stories from community members who have decided not to practice FGM. One example of using personal stories in FGM advocacy campaigns in Kenya is the "I Will End FGM" campaign by the NGO Safe Hands for Girls. The campaign features personal stories from survivors of FGM and community members who have decided not to practice. According to a study by the NGO Open Society Foundations, personal stories have effectively raised awareness about FGM and encouraged behavior change (Waigwa et al., 2018).

Advocacy Campaigns in Changing Attitudes and Behavior toward FGM

The effectiveness of FGM advocacy campaigns in changing attitudes and behaviors towards the practice in Kenya has been debated among scholars and activists. While some studies suggest that advocacy efforts have significantly reduced the prevalence of FGM in the country, others argue that progress has been slow and that more needs to be done to end the practice. Several studies have shown that FGM advocacy campaigns in Kenya have positively impacted changing attitudes toward the practice. For example, a study by Shell-Duncan et al. (2017) found that the percentage of women in Kenya who support the continuation of FGM decreased from 49% in 1998 to 32% in 2008. The study attributed this decline to various factors, including advocacy campaigns that have helped raise awareness about the harmful effects of FGM on girls and women.

Another study by Cheruiyot (2022) that assessed the contribution of participatory communication in the fight against FGM found that advocacy campaigns significantly impacted changing attitudes towards FGM among the Marakwet community in Kenya, with participants reporting increased knowledge about the practice and a greater willingness to speak out against it. However, while FGM advocacy campaigns have successfully changed attitudes toward the practice, their impact on actual behavior change has been more limited. According to the study, while awareness of the harmful effects of FGM has increased in Kenya, the practice's prevalence has remained relatively unchanged. The study found that while most women and men in Kenya were aware of the harmful effects of FGM, only a small percentage had stopped practicing it.

Furthermore, some studies suggest that FGM advocacy campaigns may have unintended negative consequences, such as reinforcing harmful gender stereotypes and stigmatizing communities where the practice is prevalent. For example, a study by Nam (2021) found that FGM advocacy campaigns also stigmatized communities where the practice was prevalent, resulting in increased resistance to behavior change. While FGM advocacy campaigns in Kenya have positively impacted changing attitudes toward the practice, their impact on behavior change has been more limited. In order to be more effective in ending the practice of FGM, advocacy efforts should be combined with other interventions, such as improving health and education systems, to promote a positive environment and increased access to information. In addition, advocacy efforts should be

In order to be more effective in ending the practice of FGM, advocacy efforts should be combined with other interventions, such as improving health and education systems, to promote a positive environment and increased access to information. Additionally, advocacy campaigns should be implemented in conjunction with national and international organizations that aim to combat FGM by promoting sex education, promoting respect for women's rights, funding research into the effects of FGM on individuals and broader society, and working towards eliminating FGM. Additionally, advocacy campaigns should be designed to avoid unintended negative consequences, such as stigmatization and reinforcing harmful gender stereotypes.

Recommendations

Despite the successes of advocacy campaigns against FGM in Kenya, gaps still need to be addressed in future campaigns. Here are some recommendations for addressing these gaps:

There is a need to recognize the diversity within communities practicing FGM and tailor communication strategies to specific target audiences. Different age groups, genders, and cultural subgroups respond differently to messaging. It is, therefore, paramount to understand their needs, beliefs, and concerns and adapt communication approaches accordingly to resonate with them effectively (Chege, 2001). The approach can help communicate and advocate for girls and women's health rights when they resonate with the message (Mwendwa et al., 2020).

Communication and advocacy efforts must also focus on empowering women and girls to speak out against FGM. Providing them with information, education, and skills helps build their self-esteem and confidence to resist pressure to undergo the practice.

These initiatives often include mentorship programs, support groups, and training sessions to equip girls and women with knowledge and resources to make informed decisions. Communication and advocacy efforts are instrumental in pushing for anti-FGM law enforcement. By working with lawmakers, human rights organizations, and legal experts, advocates can influence the strengthening and implementation of laws and policies that address FGM and provide support to survivors (Onyango, 2021).

Advocacy campaigns should be monitored and evaluated to determine their impact on attitudes and behavior change toward FGM. Such an evaluation will enable stakeholders to assess the campaign's effectiveness and make adjustments where necessary. Monitoring and evaluation can be done through surveys, focus group discussions, and other feedback mechanisms. Building sustainable solutions: Advocacy campaigns should be designed to promote sustainable solutions for eliminating FGM (Barrett et al., 2020). The actionable areas include supporting the development of alternative income-generating activities for women and girls, promoting education and awareness, and empowering them to make informed choices about their bodies. Thus, communication and advocacy are crucial in resolving culture-based conflicts in Kenya, particularly in the fight against FGM. While progress has been made in reducing the prevalence of FGM in Kenya, there is still work to be done to eliminate this harmful practice. By addressing the gaps identified in current campaigns and implementing the recommendations provided, stakeholders can work towards achieving sustainable solutions for eliminating FGM in Kenya (Mwendwa et al., 2020).

Conclusion

Communication plays a vital role in raising awareness about the harmful effects of FGM on the physical and mental well-being of girls and women. In order to reach a wider audience, advocacy campaigns must utilize various communication channels, such as community gatherings, radio programs, television, social media, and community influencers. The focus is on disseminating accurate information, debunking myths, and promoting alternative rites of passage (Kandala & Shell-Duncan, 2019). According to Graamans et al. (2019), engaging with community leaders, including religious leaders, elders, and influential individuals, is crucial in addressing entrenched cultural practices sensitively. Advocacy efforts involve dialogue and collaboration with these leaders to change mindsets, challenge harmful traditions, and gain their support in advocating against FGM. Their endorsement can significantly influence community attitudes and behaviors.

Grassroots organizations and NGOs play a crucial role in advocating against FGM. They must work closely with affected communities, providing education, counseling, and support to families, girls, and women. These services can enhance resilience and foster positive relationships with community members. Proponents of the practice are more likely to turn against their traditions if they perceive themselves as outsiders of the tradition and a threat to community identity. By linking with local organizations, grassroots NGOs can gain more knowledge about the specific needs of affected communities. For instance, organizations such as AMREF and UNICEF may target marginalized or vulnerable women abandoned by their families after experiencing violence or other traumatic events (Kandala & Shell-Duncan, 2019).

Resolving culture-based conflicts is a long-term endeavor. Therefore, communication and advocacy efforts must be sustained to bring about lasting change. Continuous monitoring, evaluation, and adaptation of strategies are necessary to ensure effectiveness. Building local capacity and empowering community members to take ownership of the advocacy efforts is also crucial for sustained progress (Sood et al., 2020).

References:

ADLER, R. B., RODMAN, G. R., & DUPRÉ, A. (2012). Understanding Human Communication (p. 528). New York, NY: Oxford University Press.

AJAYI, C. E., CHANTLER, K., & RADFORD, L. (2022). The Role of Cultural Beliefs, Norms, And Practices in Nigerian Women's Experiences of Sexual Abuse and Violence. *Violence Against Women*, 28(2), 465–486.

ALESINA, A., BRIOSCHI, B., & LA FERRARA, E. (2021). Violence Against Women: A Cross-Cultural Analysis for Africa. *Economica*, 88(349), 70-104.

BARRETT, H. R., BROWN, K., ALHASSAN, Y., & LEYE, E. (2020). Transforming Social Norms to End FGM In The EU: An Evaluation of The REPLACE Approach. *Reproductive Health, 17*(1), 1-16.

BEDRI, N. (2013). Evidence-based advocacy for ending FGM/C in Sudan. *The Ahfad Journal Women and Change, pp. 30,* 9–21.

CHERUIYOT, T. K. (2022). Assessing The Contribution of Participatory Communication in the Fight Against Female Genital Mutilation Among the Marakwet Community (Doctoral Dissertation, University of Nairobi).

CHUNG, L. C. (2019). Crossing Boundaries: Cross-Cultural Communication. Cross-Cultural Psychology: Contemporary Themes and Perspectives, pp. 375–397.

DOUCET, M. H., DELAMOU, A., MANET, H., & GROLEAU, D. (2022). Beyond the Sociocultural Rhetoric: Female Genital Mutilation, Cultural Values and the Symbolic Capital (Honor) of Women and Their Family in Conakry, Guinea–A Focused Ethnography among "Positive Deviants." *Sexuality & Culture, 26*(5), 1858-1884.

DYER, O. (2020). FGM: Nearly 3000 Girls Are Paraded in Kenya as the Pandemic Hinders Control Efforts. *BMJ: British Medical Journal (Online), P. 371.*

FATA, I. A., GANI, S. A., & HUSNA, N. (2020). Cultural elements: A textbook evaluation in Indonesia. *International Journal of Language Studies*, 14(4).

Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change. (2013). *Reproductive Health Matters*, *21*(42), 184–190. https://doi.org/10.1016/s0968-8080(13)42747-7

FOSTER J. D. (2018). Culture And Society. Gale Cengage Learning. Retrieved June 12, 2023.

GALTUNG, J. (1990). Cultural Violence. Journal Of Peace Research, 27(3), 291-305.

GAY, W. C. (2018). The Role of Language in Justifying and Eliminating Cultural Violence. In *Peace, Culture, And Violence* (Pp. 31–63). Brill Rodopi.

GRAAMANS, E., OFWARE, P., NGUURA, P., SMET, E., & TEN HAVE, W. (2019). Understanding Different Positions on Female Genital Cutting Among Maasai and Samburu Communities in Kenya: A Cultural, Psychological Perspective. *Culture, Health & Sexuality, 21*(1), 79-94.

GROSE, R. G., HAYFORD, S. R., CHEONG, Y. F., GARVER, S., KANDALA, N. B., & YOUNT, K. M. (2019). Community influences on female genital mutilation/cutting in Kenya: norms, opportunities, and ethnic diversity. *Journal of health and social behavior*, 60(1), 84–100.

HELBLING, M., & MEIERRIEKS, D. (2022). Terrorism and Migration: An Overview. British Journal of Political Science, 52(2), 977-996.

IGBOELI, C., BARTHLOMEW, C. E., & ORAKWELU, O. O. (2020). Media Advocacy Use in Creating Awareness against Female Genital Mutilation in Rural Communities: A Prescriptive Study. *Ntatvc Journal of Communication, 4*(1), 231-239.

IM, H., SWAN, L. E., & HEATON, L. (2020). Polyvictimization and Mental Health Consequences of Female Genital Mutilation/Circumcision (FGM/C) among Somali Refugees in Kenya. *Women & Health*, 60(6), 636–651.

KAKAL, T., HIDAYANA, I., KASSEGNE, A. B., GITAU, T., KOK, M., & VAN DER KWAAK, A. (2022). What Makes A Woman? Understanding The Reasons for And Circumstances of Female Genital Mutilation/Cutting in Indonesia, Ethiopia and Kenya. *Culture, Health & Sexuality, 1-17.*

KAMER, L. (2023, June 19). Extreme Poverty Rate in Kenya from 2016 to 2030. *Statista*. Retrieved June 22, 2023, From https://www.statista.com/statistics/1227076/extreme-poverty-rate-in-kenya/

KANDALA, N. B., & SHELL-DUNCAN, B. (2019). Trends in Female Genital Mutilation/Cutting in Senegal: What Can We Learn from Successive Household Surveys in Sub-Saharan African Countries? *International Journal for Equity in Health*, *18*(1), 1–19.

KERSHAW, V., & JHA, S. (2022). Female Sexual Dysfunction. The Obstetrician & Gynaecologist, 24(1), 12–23. Köbach, A., Ruf-Leuschner, M., & Elbert, T. (2018). Psychopathological Sequelae of Female Genital Mutilation and their Neuroendocrinological Associations. *BMC Psychiatry*, *18*(1), 1-12.

KOYUNCU, A. G., & DENISE CHIPINDU, R. (2020). How Cultural Differences Influence Organisational Conflict:

A Near East University Case Study. International Journal of Organizational Leadership, 8(1), 112-128.

LEE, H., ZHANG, X. A., SUNG, Y. H., LEE, S., & KIM, J. N. (2022). Symmetry, Inclusion, and Workplace Conflicts: Conflict Management Effects of Two Leadership Strategies on Employee Advocacy and Departure. *Journal Of Communication Management, (Ahead-Of-Print).*

LEVITT, M. (2022). *Hezbollah Finances: Funding the Party of God. In Terrorism Financing and State Responses* (Pp. 134–151). Stanford University Press.

MATANDA, D. J., VAN EEKERT, N., CROCE-GALIS, M., GAY, J., MIDDELBURG, M. J., & HARDEE, K. (2023). What interventions are adequate to prevent or respond to female genital mutilation? A review of existing evidence from 2008–2020. *PLOS Global Public Health*, *3*(5), e0001855.

MERRY, S. E. (2011). Gender Violence: A Cultural Perspective. John Wiley & Sons.

MUHULA, S., MVEYANGE, A., OTI, S. O., BANDE, M., KAYIAA, H., LESHORE, C., ... & CONRADI, H. (2021). The impact of community-led alternative rite of passage on eradicating female genital mutilation/cutting in Kajiado County, Kenya: A quasi-experimental study. *PloS one*, *16*(4), e0249662.

MWANGOKA, A. (2022). The Effectiveness of the Gender Desks in Addressing Gender-Based Violence Against Women and Girls in Kilosa, Tanzania (Doctoral Dissertation, the Open University of Tanzania).

MWANZA, A. M., NAMANDE, B. W., & OWANO, A. (2021). Knowledge Sharing Opportunities on Safe Delivery of Children for Birth Companions in Kakamega County, Kenya.

MWENDWA, P., KROLL, T., & DE BRÚN, A. (2020). To stop# FGM, it is important to involve the owners of the tradition, aka men": An Exploratory Analysis of Social Media Discussions on Female Genital Mutilation. *J. Afr. Interdiscip. Stud, 4*, 34-47.

MWENDWA, P., MUTEA, N., KAIMURI, M. J., DE BRÚN, A., & KROLL, T. (2020). "Promote Locally Led Initiatives to Fight Female Genital Mutilation/Cutting (FGM/C)" Lessons from Anti-FGM/C Advocates in Rural Kenya. *Reproductive Health, 17*(1), 1-15.

NAM, Y. (2021). Learning Through Social Interaction: Kenyan Women Against Female Genital Cutting in Kenya. *Culture, Health & Sexuality, 23*(6), 840–853.

ONYANGO, Q. (2021). An Evaluation of Communication Strategies for Eradicating Female Genital Mutilation (FGM): A West Pokot, Kenya Case Study.

PARCHA, J. M., & KINGSLEY WESTERMAN, C. Y. (2020). How Corporate Social Advocacy Affects Attitude Change Toward Controversial Social Issues. *Management Communication Quarterly*, 34(3), 350-383.

RAO, A. (2018). The Politics of Gender and Culture in International Human Rights Discourse. *In Women's Rights Human Rights* (Pp. 167–175). Routledge.

REINHOLDS, F. (2021). Abolishing Female Genital Mutilation by Cultural Renewal? An Assessment of Alternative Rites of Passage in Kenya.

SADIA, I. H. (2018). Knowledge And Perceptions of Complications Associated with Female Genital Mutilation/ Cutting Among Somali Community in Wajir County, Kenya (Doctoral Dissertation, University of Nairobi).

SEREM, D., & UNICEF. (2021). Case Study on the End Female Genital Mutilation (FGM) Programme in the Republic of Kenya https://www.unicef.org/esa/media/8926/file/kenya-case-study-fgm-2021.pdf

SHELL-DUNCAN, B., GATHARA, D., & MOORE, Z. (2017). Female Genital Mutilation/Cutting in Kenya: Is Change Taking Place? Descriptive Statistics from Four Waves of Demographic and Health Surveys.

SIBANI, C. M. (2018). Impact of Western Culture on Traditional African Society: Problems and Prospects. *Journal of Religion and Human Relations*, 10(1), 56-72.

SONG, Y., ZHANG, J., & ZHANG, X. (2021). Cultural or Institutional? Contextual Effects on Domestic Violence against Women in Rural China. *Journal Of Family Violence, Pp. 36*, 643–655.

SOOD, S., KOSTIZAK, K., LAPSANSKY, C., CRONIN, C., STEVENS, S., JUBERO, M., ... & OBREGON, R. (2020). ACT: An Evidence-Based Macro Framework to Examine how Communication Approaches can Change Social Norms Around Female Genital Mutilation. *Frontiers in Communication, 5*, 29.

SPEAR, T. (2003). Neo-Traditionalism and the Limits of Invention in British Colonial Africa. *The Journal of African History*, 44(1), 3–27.

STAUB, E. (1996). Cultural-Societal Roots of Violence: The Examples of Genocidal Violence and Contemporary Youth Violence in the United States. *American Psychologist*, *51*(2), 117.

SUSANTO, D., & PURYANTO, S. (2022). The Necessity of Implementation by Local Values: Historical Study Of Ethnics Conflict In Sampit Central Kalimantan Indonesia. *PERSPEKTIF, 11*(3), 878-883.

TAKAYANAGI, T. (2017). The Power of Informal Learning and Literacy for Women in the Maasai Community,

Kenya (Doctoral Dissertation).

TAMMARY, E., & MANASI, K. (2023). Mental and sexual health outcomes associated with FGM/C in Africa: a systematic narrative synthesis. *Clinical medicine*.

TING-TOOMEY, S., & CHUNG, L. C. (2005). *Understanding intercultural communication* (p. 352). New York: Oxford University Press.

TRENHOLM, S. (2020). Thinking Through Communication: An Introduction to the Study of Human Communication. Routledge.

TRIDEWIYANTI, K. (2019, November). Female Genital Mutilation as Sexual Violence against Women. In the First International Conference on Islamic Development Studies 2019, ICIDS 2019, September 10, 2019, Bandar Lampung, Indonesia.

UNICEF. (2023, August). *Female Genital Mutilation - UNICEF Data*. UNICEF Data; UNICEF. https://data.unicef. org/topic/child-protection/female-genital-mutilation/

UNITED NATIONS POPULATION FUND. (2014.). www.unfpa.org

VAN BAVEL, H. (2020). At the intersection of place, gender, and ethnicity: changes in female circumcision among Kenyan Maasai. *Gender, Place & Culture, 27*(8), 1071-1092.

VAN BAVEL, H. (2021). The 'Loita Rite of Passage': An Alternative to The Alternative Rite of Passage? SSM-Qualitative Research in Health, 1, 100016.

VAN BAVEL, H. (2023). Is Anti-FGM Legislation Cultural Imperialism? Interrogating Kenya's Prohibition of Female Genital Mutilation Act. *Social & Legal Studies*, *32*(3), 378–398. https://doi.org/10.1177/09646639221118862

VELDHUIZEN, E. (2022). Navigating Power Dynamics: An Anthropological Perspective on Employees Working with Female Genital Cutting in the Netherlands (Master's Thesis).

WAIGWA, S., DOOS, L., BRADBURY-JONES, C., & TAYLOR, J. (2018). Effectiveness Of Health Education as An Intervention to Prevent Female Genital Mutilation/Cutting (FGM/C): A Systematic Review. *Reproductive Health*, *Pp.* 15, 1–14.

ZINYEMBA, K. G., & HLONGWANA, K. (2022). Men's Conceptualisation of Gender-Based Violence Directed to Women in Alexandra Township, Johannesburg, South Africa. *BMC Public Health*, 22(1), 1-12.