ORIGINAL RESEARCH ARTICLE

Female genital mutilation and male involvement: Insights of men and women in two counties in Kenya

DOI: 10.29063/ajrh2022/v26i11.10

Purity Mwendwa^{1*}, Maryjoy Kaimuri², Elizabeth Kalondu², Caroline Karani², Rawnaq Behnam³, Tala Al-Rousan³, Thilo Kroll¹, Aoife De Brún¹, Eilish McAuliffe¹

UCD Centre for Interdisciplinary Research Education and Innovation in Health Systems (UCD IRIS Centre), School of Nursing Midwifery and Health Systems, University College Dublin, Dublin, Ireland¹; School of Nursing, Meru University of Science and Technology, Meru, Kenya²; Herbert Wertheim School of Public Health and Human Longevity Science, University of California San Diego, La Jolla, CA, USA³

*For Correspondence: Email: pumwendwa@ucd.ie

Abstract

This qualitative study, conducted in Meru and Kajiado counties in Kenya, explored the perceptions and attitudes of men and women regarding male involvement in FGM in order to inform the design of male involvement strategies in FGM abandonment. We used focus group discussions to collect the data which was then subjected to thematic analysis. Three main themes emerged from the data: i) culture and the role of men; ii) perceived awareness and knowledge of FGM among men, and iii) credible and customised education and engagement. The study found widespread agreement on the importance of male involvement in FGM abandonment. Culture played an important role in determining the extent of involvement, or lack thereof. We conclude that while culture needs to be respected it ought to be challenged to avoid the continued harm to girls. The potential of men as a collective to bring about change was evident, and policy makers and NGOs should utilise the power of male collectives to support efforts to abandon FGM. (*Afr J Reprod Health 2022; 26[11]: 106-118*).

Keywords: Female genital mutilation, FGM abandonment, male involvement, gender roles, cultural beliefs, social norms

Résumé

Cette étude qualitative, menée dans les comtés de Meru et Kajiado au Kenya, a exploré les perceptions et les attitudes des hommes et des femmes concernant l'implication des hommes dans les MGF afin d'éclairer la conception de stratégies d'implication des hommes dans l'abandon des MGF. Nous avons utilisé des discussions de groupe pour collecter les données qui ont ensuite été soumises à une analyse thématique. Trois thèmes principaux ont émergé des données : i) la culture et le rôle des hommes ; ii) sensibilisation et connaissance perçues des MGF parmi les hommes, et iii) éducation et engagement crédibles et personnalisés. L'étude a révélé un large consensus sur l'importance de l'implication des hommes dans l'abandon des MGF. La culture a joué un rôle important dans la détermination de l'étendue de la participation, ou de son absence. Nous concluons que même si la culture doit être respectée, elle doit être remise en question pour éviter que les filles ne continuent de souffrir. Le potentiel des hommes en tant que collectif pour apporter des changements était évident, et les décideurs politiques et les ONG devraient utiliser le pouvoir des collectifs masculins pour soutenir les efforts visant à abandonner les MGF. (*Afr J Reprod Health 2022; 26[11]: 106-118*).

Mots-clés: Mutilations génitales féminines, abandon des mutilations génitales féminines, implication masculine, rôles de genre, croyances culturelles, normes sociales

Introduction

The benefits of male involvement in reproductive, maternal, new-born, and child health (RMNCH) have long been acknowledged globally in the academic and policy literature^{1.2}. Male involvement refers to the manner in which men identify with reproductive health matters, reproductive rights and behaviour, including educational and advocacy programmes³. Men's significant role as decision makers in the family and as figures of authority in the community suggests their potential influence in decisions that relate to RMNCH including Female Genital Mutilation (FGM). FGM is a cultural practice and refers to "all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons"⁴. At least 200 million

girls and women have undergone FGM and 3 million more are at risk of FGM every year⁵. While the importance of engaging men in the abandonment of FGM is widely recognised^{6,7}, research and programmes on male involvement are still limited or in the nascent stages⁸.

Men have different views about FGM, but there is growing evidence that most would like FGM to end⁹. The negative impact of FGM on spousal sexual relationships motivate men to reject the practice and consequently men would not wish for their daughters to undergo FGM or their sons to marry women who have undergone FGM^{7,10}. Yet the cultural sensitivity surrounding FGM makes it challenging for men to openly denounce the practice or debate the issue with women¹¹ and social acceptance of the practice in certain communities precludes men's willingness to challenge its continuation⁹. Similarly, lack of knowledge about the dangers of FGM may influence men's ability to challenge the continuation of FGM¹². In countries or contexts where FGM is normalised or viewed a prerequisite for marriage, men are likely to be supportive of the practice¹⁰. Strategies that involve men as partners and agents of change in FGM are needed to empower them to engage with and act on FGM abandonment¹³.

There have been concerted efforts to enhance male involvement in RMNCH to promote health outcomes. Some of these have focused on male involvement and maternal health outcomes¹⁴, pregnancy and labour¹⁵, maternal and new-born health¹⁶ and interventions to engage fathers in parenting¹⁷. These interventions have reported positive outcomes in terms of male involvement although some report negative results¹⁸. There has been less of a focus on promoting male involvement in FGM abandonment. Research on men's perceptions of FGM, their influence in the decisionmaking process, including their potential role in ending this practice is mixed and not yet well understood¹⁹. The potential cultural variation among practicing communities could be a key contributing factor. In addition, available evidence is sometimes conflicting in terms of levels of men's knowledge, attitudes and practices²⁰. A number of strategies to promote male involvement in FGM have been suggested; the use of man-to man strategies to engage peers⁸ empowering men

through health literacy²¹ social and digital media, including performing arts^{21,22}. However, dialogue between men and women about FGM and opportunities for both genders to debate the issue have not been sufficient⁹.

In Kenya, the first anti-FGM Act was passed in 2011, making the practice of FGM illegal²³. Despite legislative changes, FGM is still being practiced with substantial variations across the country ranging from 1 to 98 percent²⁴. FGM prevalence is particularly high, within the Samburu (86.0%), the Kisii (84.4%) and Maasai (77.9%). While communities are aware of the law and the protection it affords to children at risk, it has prompted some of them to conduct FGM covertly to evade prosecution⁷.Kenya has committed to eliminating FGM by addressing social and cultural norms that encourage the practice and supporting women and girls who have undergone FGM²⁵. The government acknowledges the importance of engaging men in anti-FGM interventions in recognition of their role as heads of households in some communities. A number of studies in Kenya suggest the importance of strengthening and sustaining male involvement in RMNCH^{26,27} but few have focused on FGM and male involvement. Brown and colleagues'²⁸ study explored young men's perceptions of strategies to end FGM in West Pokot in Kenya and their potential contribution to shifting social norms around the practice. The study participants were young, mostly educated men which may not be reflective of the general population. Additionally, the study did not seek the views of women, something which may be critical to informing potentially effective anti-FGM strategies. This study aims to address this gap by exploring the perceptions and attitudes of men and women regarding male involvement in FGM in two Kenvan counties in order to inform the design of male involvement strategies in FGM abandonment.

Specific objectives included;

1. To assess men's and women's attitudes regarding male involvement in FGM abandonment

2. To determine men's knowledge regarding FGM and FGM abandonment efforts

3. To identify potentially effective and sustainable approaches to enhance male involvement.

Methods

Setting

This qualitative study was conducted in two counties, Meru and Kajiado. Meru county is located in Eastern Kenya while Kajiado sits in the Rift valley region. According to the 2019 Kenya Population and Housing Census, Meru has a population of 1,545,714 (767,698 males and 777,975 females) Kajiado county 1,117,840 (557,098 males and 560,704 females)²⁹. In 2014 the prevalence of child marriage in Meru and Kajiado was 24.6 % and 18.8%% respectively while FGM prevalence was estimated at 31% in Meru and 78% in Kajiado in 2014²⁴. According to the 2014 national survey, all men and women interviewed in Kajiado county were aware about FGM while in Meru this percentage was smaller among men (98.9 %) compared to women $(99.5\%\%)^{24}$. Given the huge variability in the practice of FGM in Kenya, which is closely tied to ethnic affiliation and cultural variation, we selected Meru and Kajiado counties to help capture convergent and divergent views in relation to male involvement in FGM and FGM abandonment.

Sampling and recruitment of participants

We used a purposive sampling design, based on a maximum variation strategy, to select our study sample³⁰. The aim was to get a broad and diverse representation of views by including a range of community members and representatives from community organizations in our sample. To be eligible, participants had to be men or women 18 years and over with varying education levels from the two counties. This study was conducted during the Covid-19 pandemic and hence persons at risk from Covid-19, those with Covid-19 symptoms or self-isolating where not eligible to participate in the study.

At the start of the project, the primary researcher (PM) met with communities to introduce the project, set up an advisory team, identify key stakeholders and develop a relationship with community groups and potential research participants. With support from the advisory team, forty-three participants were recruited for the study and included men and women from the communities, community health volunteers, antiFGM advocates, *Nyumba kumi* (community policing) representatives, religious leaders and assistant-chiefs. Permission to access community members was sought and obtained from community and local leaders in both counties before participants were contacted. PM then approached potential participants to introduce the project and provided them with written and verbal information about what their participation in the study entailed.

Data collection

This study employed a qualitative methodology using focus group discussions (FGDs). FGDs were used as they are best suited to foster interaction between participants and are particularly useful for exploring participants' experiences and attitudes about a particular topic³¹ which was relevant to our study. The FGDs were moderated by PM with the support of a research assistant. The FGDs were organized one to two weeks in advance, and the decision of where to conduct them was discussed with the advisory team beforehand to determine the most appropriate and conducive environment. A project specific Covid-19 risk assessment was carried out prior to the study and public health guidelines were observed throughout the study period.

Focus group discussions

Seven FGDs were conducted with three groups of men and four groups of women in October and November 2021. Consistent with the literature³² the groups comprised between five and 10 participants. Data collection stopped once data saturation was reached³³. Prior to the study potential participants were informed about all aspects of the study and allowed ample time to ask questions and decide on whether or not they would want to participate in the FGDs. None of the participants declined to partake in the FGDs. A set of semi-structured questions guided the FGDs and the moderator used probes to get detailed responses from participants. The FGDs explored gender-based readiness to engage with and act on FGM but commenced with broader questions around the meaning and significance attached to FGM in the community. The discussion was followed by probing questions about changes that had taken place and what initiatives were instrumental in bringing about the changes. The

Mwendwa et al.

perceived and actual role of men in these initiatives was discussed and strategies to enhance male involvement were explored. The FGDs were conducted in the local languages; Four FGs in Kimeru, and three in Maasai. PM is conversant in Kimeru and hence FGDs conducted in the Maasai language relied on an interpreter. The FGDs lasted between 30 and 50 minutes and all sessions were audiotaped. Participants were compensated for their time and reimbursed for their travel expenses.

Data analysis

The audio data were transcribed verbatim and translated from the local languages into English and identifiers were removed or aggregated by using pseudonyms. A thematic analysis approach was adopted to identify, analyse, and report patterns (themes) within data ³⁴. We employed an inductive as opposed to deductive approach and hence the themes identified were strongly linked to the data themselves ³⁵. And while the analysis adhered to the six phases as provided by Braun & Clarke ³⁴, the analytic process was iterative, and involved repeatedly working through the data to identify patterns of meaning in the data. Thematic analysis was conducted manually by MK, EK, CK and RB and resulting themes discussed and agreed.

Results

Participants' demographic characteristics

Prior to the FGDs each participant provided their demographic information (age, gender, marital status, number of children, and occupation). A total of 22 women and 21 men from Meru and Kajiado counties in Kenya participated in the FGDs as seen in Table 1. The participants represented the Meru and Maasai ethnic groups. The age range of the women was 21 to 77 years and 25 to 76 years for men. Education level ranged from none to College education; The majority of participants (12) had no education and nine of these were women and most (7) were from Kajiado. One female from Kajiado had a college education and three men from Kajiado had attained Diploma level education. Most participants (21) were peasant farmers, 12 were self-employed or in business and four were unemployed. There were four pastors, one teacher and one civil servant. Most participants (39) were married and participants' number of children ranged from 0 to 12. Thematic analysis generated three main themes namely; culture and the role of men; perceived awareness and knowledge of FGM among men; and credible and customised education and engagement.

Culture and the role of men

This theme was associated with two sub-themes: (i) Culture as a determinant of male involvement in FGM and (ii) The importance of male involvement in FGM abandonment. There was a consistent theme across all FGDs that men are not traditionally involved in FGM and subsequently not part of FGM abandonment efforts as it is considered a women's issue.

Culture as a determinant of male involvement in FGM

Culturally, issues pertaining to the sexual and reproductive health of girls in these communities are considered the responsibility of women. FGM and associated ceremonies or anti-FGM campaigns are deemed a woman's responsibility, and men's involvement is neither expected nor considered culturally appropriate.

"You see the man is responsible for his son's circumcision for us we are now engaging the girls in the 'circumcision through words' so you see we cannot mix these two together and they cannot involve us either." (Female,7)

"In the past, it was women who were involved in preparing the girl for circumcision and men would not be involved in any way. So, men today also assume that women, because they have been involved with this issue for a long time, are best equipped to handle it." (Male, 22)

The cultural sensitivity surrounding FGM means that men and women rarely debate this issue together. Men feel that they have been side-lined and neglected in terms of involvement in FGM abandonment. Both male and female participants noted that interventions aimed at fighting the practice have predominantly targeted women and girls.

"In terms of involving men in this issue, what I can say is that sometimes women find this issue

sensitive and hence do not feel free talking to men about it. Others may think that men will not accept to be involved in such a matter." (Male,15)

"What I can add is that generally men seem to have been side-lined and been neglected. And if you look at the seminars offered by the government, the focus has been on the youth and women... Men have been left behind... So, I can say that men have been neglected, left behind and no organizations talk to them, and this goes all the way down to the boy-child." (Male,22)

The importance of male involvement in FGM abandonment

Despite the lack of male involvement in FGM and FGM abandonment, the importance of their involvement was stressed by most participants. There was a perception that the lack of male involvement in FGM may lead to a daughter undergoing FGM without the father's knowledge. It was suggested that if men get the right information about this practice, even those who still support it will change. Likewise, it was felt that if males became involved in fighting the practice it would facilitate abandonment in these communities. The importance of men and women working together towards abandonment of FGM and male inclusion in anti-FGM campaigns was highlighted in FGDs.

"So even in these campaigns like 'circumcision through words,' I think it is important for men to be made aware or involved because it can happen that the wife is one of those women who still believes that the daughter should be circumcised and could do it without the husband's knowledge" (Female, 8)

"It would be a great idea to include men in these campaigns because...if men were more involved this practice would have ended a long time ago" (Male,19)

Perceived awareness and knowledge of FGM among men

This theme was associated with two sub-themes; (i) *Men have* not been sensitized about FGM and (ii) Some men are knowledgeable about the negative consequences of FGM. All male participants in this study had heard about FGM and know that FGM is an issue in their community.

Men have not been sensitized about FGM

While some may have heard about the need to stop the practice, most did not understand why girls should not be circumcised as they had little awareness about the potential risks associated with the practice.

"You know if you ask most men why girls should not be circumcised, they will not know why because they have not been sensitized about the dangers that come with this practice." (Male,13)

"Until now we have not been educated about this issue, we just see campaigns happening in the community and most of the time we do not even know what is happening. This is my first meeting to hear that 'so men get involved in this issue of FGM?" (Male, 16)

Some men are knowledgeable about the negative consequences of FGM

Yet, there was a perception that some men are knowledgeable about FGM and the associated negative consequences. According to some female participants some spouses know the potential dangers of FGM although they do not express this openly.

"The fact that they do not ask about girl's circumcision means that they are also not in support of it. The husband does not tell you 'Well, our daughter is now ripe for circumcision,' they don't tell you that and it means that they have also realised that there has been a shift in this issue." (Female, 8)

In addition, some men demonstrated a high level of knowledge about FGM and the potential dangers. They expressed that sensitization programmes about FGM delivered through the church had influenced most young men's decisions to marry uncircumcised girls. Some participants noted that even young boys now know that circumcision presents several difficulties for example during childbirth.

"There is a time we were being taught about this issue and even men today do not want to marry circumcised girls...young people today are well informed about many things, and most would not marry a girl who has been circumcised because they understand what happens once a girl has been circumcised." (Male, 23).

Table 1: Themes related to FGM and Male Involvement

| Themes | Illustrative quotes |
|---|---|
| 1. Culture and the role of men | "When it comes to circumcising girls in the Maasai culture, men are not involved in this issue." (Female, 9) |
| | "I cannot say that men and women sit together to discuss this issue, it's only a small percentage that do this, say 5%." (Female, 2) |
| | "So even in these campaigns like 'circumcision through words,' I think it is important for men to be made aware or involved because it can happen that the wife is one of those women who still believes that the daughter should be circumcised and could do it without the husband's knowledge" (Female, 8) |
| 2. Perceived awareness and knowledge of FGM among men | "Most men are not aware about this issue we are discussing here today and those who are they do not know how to act on it. It is like they have been completely side-linedand if you look at the seminars offered by the government, the focus has been on the youth and women. In terms of funding, this mostly focuses on the youth, there is a women enterprise fund, but nothing for men. Men have been left behind; I do not know exactly why men are treated this way. Men are hardly ever involved in many aspects of society; they are note educated about important issues in the community." (Male, 22) |
| 3.Credible and customised education and engagement | "The other issue is that like in this group we have discussed a lot. We should now go and spread this word to other people who might not be knowledgeable about this by trying to show them that this practice has no benefits at all, so that if they are still practicing it or planning to do so they can stop." (Male,17) |
| | "So, if this message is delivered by their own people, then they are likely to accept the information and act on it. So, the campaigns are driven by the local community." (Female, 4) |
| | "so I would urge especially those leaders in the church, to talk about this issue in churches and take this issue seriously by educating people about our culture as it is today so that this issue can be a thing of the past." (Male, 15) |
| | "So, these organizations need to start their work at the family level because if you start with the family, the family includes the father, mother and the children. If you start that way, then move to the elders in the community and nowadays we have the <i>Nyumba Kumi</i> initiative in each community, these people should also be sensitized about this issue." (Male, 16) |
| | "organising seminars for them so that they can understand issues properly is important, but also social media; they can also create a WhatsApp group and this information can be shared through these groups." (Female,7) |
| | " there is need to use the media to talk about this issue through TV, or drama to highlight their lack of involvement in family matters. This might help highlight the issue" (Female,3) |

"I would say that churches should continue holding seminars with young people during school holidays about this issue. Also, as we discussed, seminars with women to tell them that this practice has no benefits. There is a saying in Kimeru that if you want to uproot a tree you have to start at the roots. But also, we need to realise that change will take time. One seminar may not be enough, so educating these groups slowly by slowly is important and as they mingle with others in the community, they soon start realizing that this practice is of no benefit at all to the girls." (Male,19).

"Most campaigns are led by the church, so the church forms groups and they go to the villages to spread the message about the need to abandon this practice, because community members here tend to listen more to their own people, as opposed to people from outside the community." (Female, 4)

It was noted in the FGDs that some women would not speak up against the practice for fear of being judged by others in the community. Some participants talked of the importance of using credible external educators to educate women about the dangers of the practice.

"The reason why I said we should educate women about this issue is because if a woman from this community volunteers herself and says that girls should not be circumcised, mothers who have circumcised their daughters will say that this woman is trying to taint their daughter's image because the volunteer has not circumcised her daughter. That is why I think women who are not from this community, like the interviewer here, should help educate these women about this practice. These talks can be organised through the chiefs and the church..... It is very easy to end this practice by educating women. These talks can run over 3 months, and I believe by that time the message will reach many women and this practice will end." (Male,24)

There was a discussion about how these seminars should be delivered, considering the cultural sensitivity surrounding the practice. Some called for joint seminars (including men and women together) to make possible for the issue to be debated openly. However, other participants argued for separate seminars in keeping with the culture.

"I think the best way forward is to hold joint seminars with men and women about this issue. Such a joint forum would make it possible for men and women to debate and suggest the best way forward to ending this practice. The biggest challenge is our culture and that is why these joint discussions are needed." (Male, 20)

"In our culture it is shameful for men to discuss circumcision with women and girls. The best way is to talk to men separately about this issue and women and girls separately, because a joint session? ... no... no... this is not good." (Male, 16)

Participants reiterated the need for sensitization approaches to be locally driven and gender inclusive.

"I would say that in these organizations that are working to end this practice, men should have representation. There should be a gender balance within these organizations so that when these representatives go into the communities to raise awareness, people in the community can feel that they identify with them, but if the organization is just made up of women their messages will not reach everyone." (Male, 19)

Family-oriented approaches

There was consensus across FGDs that most men are physically removed from the home setting leaving family responsibilities to women and making it difficult to involve them in fighting FGM.

"You know family responsibilities were left to women, for example if you attend a school meeting most of those in attendance will be women. I mean in most instances where children are concerned you will only find women, it is like they are the sole parents. Because of the way men have distanced themselves from the family that is why the situation is the way it is and that is why this issue of involving men in fighting this practice gets a bit difficult. Unless we try as much as

possible and God willing, we can bring these parents together." (Female,5)

The need for family members to work together was noted as key to male involvement. Participants urged organizations promoting FGM abandonment to take on a family-oriented approach. Participants talked of the need to engage not just women and girls, but the entire family in these discussions.

"I think it will be easy to solve this problem if these organizations took a more familyoriented approach, get the family together, the parents and try to find out where the problem really lies. If both parents have one voice in relation to this issue, it will be very easy to end it." (Male, 17)

Some participants highlighted the need for the government and NGOs to play a greater role in terms of male involvement in family matters.

"Most men would not even sit at the table with their wives and children for a meal or to hold a discussion... There is a big responsibility on the part of the government and other organizations working on this issue to educate men about the family because their lack of involvement impacts other family matters like the circumcision of girls." (Female,3)

"It would be advisable for even NGOs to offer seminars or workshops targeting men and educating them about community issues. These seminars would help men learn that they also have a part to play in bringing up their children, including girls, and that this is not just a responsibility for the wife." (Male,22)

However, some participants decried that the involvement of the government in family matters was ineffective advocating instead for the church to continue playing a greater role.

"Churches would be the best avenues to sensitize men and raise awareness about this issue. It would be good to sensitize pastors about this issue first and this will make it easy for them to communicate this information to men as opposed to the chief talking to the men. Because the interaction between the chiefs and men most often does not go that well. This will also be a faster avenue compared to going through the chiefs because the approach from the government will be more like force, and if you force men to do something you will not succeed." (Male,18)

Holistic community-driven approaches

The importance of engaging 'whole' communities as opposed to men on their own was discussed. The need to build on previous and existing community structures to create opportunities to broach the topic was deemed important. It was suggested that the topic could be raised during celebrations such as weddings or through community conversations.

"But what might help this issue is what used to happen in the past. Even before Christianity or education became widespread people used to hold meetings to discuss issues affecting the community. Men would come together and discuss issues affecting men, young people, and girls likewise. Women would sit with girls and discuss this issue and other issues. But the situation is very different now, people have become very busy." (Male,15)

"I think these NGOs should come back and sensitize the whole community, because it seems like sensitizing girls and women alone is not working." (Male,16)

Participants called on community engagement to be an ongoing process for the desired change to be realized.

"Educating communities about this issue should be an ongoing process, through NGOs, church pastors, and meetings with parents should be held to educate them about this issue" (Female,9)

Some participants acknowledged that not all traditional cultural practices are harmful. The importance of engaging with community members to promote beneficial cultural practices instead of focusing solely on denouncing negative practices was highlighted.

"In terms of culture there are some things that are still good, FGM and early marriages are wrong. So, I think these organizations should not just focus on these negative cultures, I think there needs to be an effort to build and promote good cultures.

NGOS need to adopt a more holistic approach to this issue, not just focus on the negatives." (Male, 18)

Social and digital media

The use of social and digital media was seen as integral to sensitizing men to the issue. Participants maintained that given that most people, including men, have access to smartphones, radios, or television sets, even in rural communities, this approach is feasible. It was suggested that the government and other organizations could optimize these avenues to sensitize men. Participants argued that this way of communication was not only widespread but would be effective in communicating on such a sensitive topic.

"We would have to employ an approach that does not make women feel embarrassed amid men because it is not easy for women to open up in front of men. May be showing a video in which someone else is talking about this issue or even a radio programme, yes something that would not embarrass women. People who are not part of that meeting talking about this issue may be less embarrassing for women." (Female,6)

"Through music, songs that touch on that issue of circumcising girls and the negative impacts because there are some men who enjoy listening to music. Music can be a great source of education." (Female, 2)

Discussion

Given the lack of male involvement in FGM has been identified as a key barrier to FGM abandonment⁸, this study sought the views of both men and women regarding male involvement in FGM and FGM abandonment. The study provides insights into some of the factors that influence men's willingness and readiness to get involved in FGM abandonment and women's perceptions regarding male involvement. The study was conducted in two counties with variable FGM prevalence. The perceptions and attitudes of men and women regarding male involvement in FGM in both counties did not differ, and all participants were supportive of male involvement in FGM abandonment. The study highlights some potentially effective strategies identified by those

in the affected communities which could inform the design of targeted interventions to promote male involvement in efforts to eliminate the practice of FGM in Kenya and beyond.

Men's and women's attitudes regarding male involvement in FGM abandonment

Whilst previous research on men's attitudes to, and potential influence in ending the practice of FGM has been mixed¹⁹, the current study found widespread agreement for the importance of men's involvement in FGM abandonment. Participants felt that culture played an important role in determining the extent of male involvement, or lack thereof, in these issues as traditionally, FGM has been seen as a women's issue and therefore under the purview of other women. The cultural sensitivity surrounding FGM means that men and women rarely debate this issue together. Men feel that they have been side-lined and neglected in terms of involvement in FGM abandonment. Both male and female participants noted that interventions aimed at fighting the practice have predominantly targeted women and girls. This resonated with research that has reported that the cultural sensitivities around FGM present a key barrier to even engaging in open discussions of issues such as FGM, never mind challenging the practice¹¹. Participants reported there has been a lack of dialogue in the community between men and women about the issue and thus, men are not as educated about the issue. Consequently, there have been a lack of opportunities for male involvement in anti-FGM campaigns. This echoes previous reports which have acknowledged a lack available community platforms of and opportunities to discuss and share learning and knowledge about FGM and efforts at the abandonment of the practice9. Despite the traditional lack of involvement however, participants in this study consistently emphasised the necessity of such engagement strategies to support and promote effective male involvement in FGM abandonment with some calling for joint forums.

Men's knowledge regarding FGM and FGM abandonment efforts

Knowledge about FGM and the rationale for abandonment varied. While some may have heard

about the need to stop the practice, most did not understand why girls should not be circumcised as they had little awareness about the potential risks associated with the practice. Yet, there was a perception that some men are knowledgeable about FGM and the associated negative consequences. According to some female participants some spouses know the potential dangers of FGM although they do not express this openly. Some male participants demonstrated a high level of knowledge about FGM and the potential dangers. They expressed that sensitization programmes about FGM delivered through the church had helped education young men and boys. These findings support earlier reports that education is a decisive contributor to raising awareness and increasing knowledge in FGM. An older study from Guinea demonstrated that with each additional year of formal education that men had received, the support for continuing FGM would decrease³⁶. Many men are simply not aware of the health implications of FGM for women. This lack of awareness in the present study is consistent with what others had previously found. A large-scale study from Gambia showed that nearly threequarters of the men included in the study were unaware of the negative effects of the practice¹⁹. An interview study from Northern Sudan also revealed the lack of understanding of FGM among men. Many only learned about it when they married and realised the impact of the practice for their wives³⁷. Yet, educational programmes, such as a six-months community-focused women's health programme in Senegal showed that men's approval and intention to get their daughters circumcised can be influenced when they know more about the long-term health implications³⁸. Our study highlights the importance of building on existing community-based structures for example religious institutions to enhance FGM education, and for male involvement strategies to be led locally led, a finding consistent with others in the FGM literature⁸.

Effective and sustainable approaches to enhance male involvement

Participants expressed the cultural sensitivity around male involvement in FGM yet recognised the importance of involving them to bring the practice to an end. Male participants expressed the need to identify male champions/ambassadors in the communities, sensitize and educate them about FGM and why the practice should be abandoned and empower them to sensitize other men in their communities. Our study also highlighted the importance of family-oriented approaches and communication about FGM. The lack of open communication about issues related to RMNCH between women and men and between generations is well established. This leads to false assumptions between partners and members of the older and younger generations. Women often believe that men want the practice to continue. Nearly, ten years ago a report by UNICEF9 showed that in some African countries (Chad, Guinea, Sierra Leone) the support for abandoning the practice was indeed greater among men than women. In many other countries on the continent as many men as women supported to stop the practice. A study by O'Neill and colleagues³⁹ in Belgium, The Netherlands and the United Kingdom also showed that the lack of communication between female and male family members is a contributing factors for the practice to continue. A USA-based study highlights the importance shifting from individual to couple based approaches to promote sexual and reproductive health outcomes⁴⁰. Consequently, more efforts need to be undertaken to support ways which communication on sexual in and reproductive issues can be generally strengthened between partners and parents.

The FGDs pointed to the role of social and digital media in raising awareness among men about FGM consistent with other studies²².In several African countries, projects are underway that use radio, TV as well as social media channels to elevate the profile of FGM as a continued problem. In Kenya, the Men End FGM foundation (https://menendfgm.org//) draws on social media such as Twitter to broadcast male testimonies and messages. They also use podcasts and traditional radio programming to convince men to take a against FGM. Similarly, stance HeforShe (https://www.heforshe.org/en) in The Gambia uses radio and TV to reach out to men and women about FGM issues. Yet, little is known how well these campaigns and digital media platforms work in swaying attitudes and changing behaviours.

Limitations

The voice of those who have undergone FGM is not specifically elicited, though clearly some of the

women will have been subjected to the practice. In addition, our study does not address different perceptions that may exist amongst different age cohorts.

Ethical consideration

The study was reviewed and approved by two ethics committees: University College Dublin, Ireland- Human, Research Ethics Committee (LS-21-38-Mwendwa) Kenya Methodist and University, Scientific and Ethical Review Committee (SERC) (KeMu /SERC/MUST/13/2021/RNW). A research license (NACOSTI/P/21/9102) was granted by the National Commission for Science Technology and Innovations (NACOSTI), Kenya. Before the study commenced, participants had an opportunity to ask questions about the research and then provided verbal informed consent which was audiorecorded.

Conclusions and recommendations for policy

Our study suggests that men have been side-lined by policy makers and educators when it comes to issues that affect them more generally and those that affect the family such as FGM. Perception of cultural norms is continuing the practice of segregating "women's issues", yet the participants are aware of the value of mixed-sexed and familyoriented approaches. This raises the question as to whether NGOs and educators are being too sensitive to culture. Similar lack of involvement of males existed in countries such as Ireland but challenging this has helped the development of a more inclusive and equitable culture. Culture needs to be respected but not at the expense of continued harm to girls in the community. Challenging culture is key to development as a society. The potential of men as a collective to bring about change is a key message, and policy makers and NGOs should utilise this to engage with groups of men to support efforts to abandon FGM.

Competing interests

The authors declare that they have no competing interests.

Acknowledgements

The research presented in this article was funded by the Irish Research Council (Project ID: GOIPD/2019/406). The findings in this article are those of the authors and do not necessarily represent the funder's views. We would like to acknowledge all those who participated in the study and organisations that supported the fieldwork.

Authors' contributions

PM and EM conceptualized the study. PM collected the data, led the analysis, and wrote the initial draft. MK, EK, CK and RB conducted the analysis. TA, TK, ADB and EM drafted the discussion and concluding sections and all authors read and approved the final manuscript.

References

- Nurse-Findlay S, kuruvilla S, Festin M, Bloem P, Svanemyr J and Vogelsong K. Engaging men and boys in RMNCH knowledge summary: women's & children's health [Internet]. Partnership Maternal Newborn Child Health; 2013 p. 1–4. Available from: https://cdn1.sph.harvard.edu/wpcontent/uploads/sites/2413/2017/05/ks26.pdf
- Roth DM and Mbizvo MT. Promoting Safe Motherhood in the Community: The Case for Strategies That Include Men. Afr J Reprod Health Rev Afr Santé Reprod [Internet]. 2001 [cited 2022 Jun 12];5(2):10–21. Available from: http://www.jstor.org/stable/3583426
- UNFPA. Male involvement in reproductive health, including family planning and sexual health. 1995;no. 28. Available from: https://digitallibrary.un.org/record/645023?ln=en
- 4. World Health Organization. Eliminating Female Genital Mutilation: An interagency statement, WHO, UNFPA, UNICEF, UNIFEM, OHCHR, UNHCR, UNECA, UNESCO, UNDP, UNAIDS, WHO [Internet]. Geneva; 2008. Available from: https://www.who.int/news-room/factsheets/detail/female-genital-mutilation
- World Health Organization. Female Genital Mutilation: Key Facts [Internet]. 2022. Available from: https://www.who.int/news-room/factsheets/detail/female-genital-mutilation
- Akweongo P, Jackson EF, Appiah-Yeboah S, Sakeah E and Phillips JF. It's a woman's thing: gender roles sustaining the practice of female genital mutilation among the Kassena-Nankana of northern Ghana. Reprod Health [Internet]. 2021 Mar 1;18(1):52. Available from: https://doi.org/10.1186/s12978-021-01085-z

- Mwendwa P, Mutea N, Kaimuri MJ, De Brún A and Kroll T. "Promote locally led initiatives to fight female genital mutilation/cutting (FGM/C)" lessons from anti-FGM/C advocates in rural Kenya. Reprod Health [Internet]. 2020 Feb 28 [cited 2020 May 7];17(1):30. Available from: https://doi.org/10.1186/s12978-020-0884-5
- Varol N, Turkmani S, Black K, Hall J and Dawson A. The role of men in abandonment of female genital mutilation: a systematic review. BMC Public Health [Internet]. 2015 Oct 8;15(1):1034. Available from: https://doi.org/10.1186/s12889-015-2373-2
- UNICEF. Female genital mutilation/cutting: A statistical overview and exploration of the dynamics of change [Internet]. New York; 2013. Available from: https://data.unicef.org/resources/fgm-statisticaloverview-and-dynamics-of-change/
- Abdelshahid A and Campbell C. 'Should I circumcise my daughter?'Exploring diversity and ambivalence in Egyptian parents' social representations of female circumcision. J Community Appl Soc Psychol. 2015;25(1):49–65.
- Gele AA, Johansen EB and Sundby J. When female circumcision comes to the West: Attitudes toward the practice among Somali Immigrants in Oslo. BMC Public Health [Internet]. 2012 Aug 27 [cited 2021 Apr 16];12:697. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC35 19553/
- Axelsson TK and Strid S. Minority migrant men's attitudes toward female genital mutilation: Developing strategies to engage men. Health Care Women Int. 2019;41:709–26.
- Mohammed ES, Seedhom AE and Mahfouz EM. Female genital mutilation: current awareness, believes and future intention in rural Egypt. Reprod Health. 2018 Oct 17;15(1):175.
- Yargawa J and Leonardi-Bee J. Male involvement and maternal health outcomes: systematic review and meta-analysis. J Epidemiol Community Health. 2015;69(6):604–12.
- Ayebare E, Mwebaza E, Mwizerwa J, Namutebi E, Kinengyere AA and Smyth R. Interventions for male involvement in pregnancy and labour: a systematic review. Afr J Midwifery Womens Health. 2015;9(1):23–8.
- 16. Tokhi M, Comrie-Thomson L, Davis J, Portela A, Chersich M and Luchters S. Involving men to improve maternal and newborn health: A systematic review of the effectiveness of interventions. PloS One. 2018;13(1):e0191620.
- 17. Panter-Brick C, Burgess A, Eggerman M, McAllister F, Pruett K and Leckman JF. Practitioner Review: Engaging fathers – recommendations for a game change in parenting interventions based on a systematic review of the global evidence. J Child Psychol Psychiatry [Internet]. 2014 Nov 1 [cited 2022 Jun 12];55(11):1187–212. Available from: https://doi.org/10.1111/jcpp.12280
- 18. Aguiar C and Jennings L. Impact of male partner antenatal accompaniment on perinatal health outcomes in developing countries: a systematic literature review. Matern Child Health J. 2015;19(9):2012–9.

- Kaplan A, Cham B, Njie LA, Seixas A, Blanco S and Utzet M. Female genital mutilation/cutting: the secret world of women as seen by men. Obstet Gynecol Int. 2013;2013.
- Abdalla M, Omer A and Elmusharaf K. Female genital mutilation (FGM) in Sudan: what do men think? Contraception [Internet]. 2012 Mar 1 [cited 2018 Nov 26];85(3):317. Available from: https://www.contraceptionjournal.org/article/S0010 -7824(11)00682-2/abstract
- 21. Mwendwa P, Kroll T and De Brún A. 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. Journal of African Interdisciplinary Studies (JAIS). 2020;4(1):14.
- Spadacini B and Nichols P. Campaigning against female genital mutilation in Ethiopia using popular education. Gend Dev. 1998;6(2):44–52.
- GoK. Prohibition of Female Genital Mutilation Act [Internet]. Oct 4, 2011. Available from: http://kenyalaw.org:8181/exist/kenyalex/actview.xq l?actid=No.%2032%20of%202011
- 24. Kenya National Bureau of Statistics. Kenya Demographic and Health Survey 2014 [Internet]. 2015. Available from:
 - https://dhsprogram.com/pubs/pdf/fr308/fr308.pdf
- 25. GoK, NCPD, UNFPA. The State of Kenya Population 2020 Zero Harmful Practices –Accelerating the Promise of ICPD25 [Internet]. Nairobi; 2020. Available from: https://kenya.unfpa.org/sites/default/files/pubpdf/state_of_kenya_population_report_2020.pdf
- 26. Ditekemena J, Koole O, Engmann C, Matendo R, Tshefu A, Ryder R and Colebunders R. Determinants of male involvement in maternal and child health services in sub-Saharan Africa: a review. Reprod Health [Internet]. 2012 Nov 21;9(1):32. Available from: https://doi.org/10.1186/1742-4755-9-32
- 27. Lusambili AM, Muriuki P, Wisofschi S, Shumba CS, Mantel M, Obure J, Nyaga L, Mulama K, Ngugi A, Orwa J, Luchters S and Temmerman M. Male Involvement in Reproductive and Maternal and New Child Health: An Evaluative Qualitative Study on Facilitators and Barriers From Rural Kenya. Front Public Health [Internet]. 2021;9. Available from: https://www.frontiersin.org/article/10.3389/fpubh.2 021.644293
- 28. Brown E, Mwangi-Powell F, Jerotich M and le May V. Female Genital Mutilation in Kenya: are young men allies in social change programmes? Reprod Health Matters. 2016 May;24(47):118–25.
- 29. KNBS. 2019 Kenya population and housing Census: Volume III. Distribution of population by age and sex [Internet]. Nairobi: Kenya National Bureau of Statistics; 2019. Report No.: III. Available from: https://www.knbs.or.ke/?wpdmpro=2019-kenyapopulation-and-housing-census-volume-iiidistribution-of-population-by-age-sex-andadministrative-units
- Silverman D. Starting Out-Selecting a Case. Doing Qualitative Research. 2005;

- 31. Kitzinger J. The methodology of Focus Groups: the importance of interaction between research participants. Sociol Health Illn [Internet]. 1994 [cited 2020 Jul 4];16(1):103–21. Available from: http://onlinelibrary.wiley.com/doi/abs/10.1111/146 7-9566.ep11347023
- Kitzinger J. Qualitative Research: Introducing focus groups. BMJ [Internet]. 1995;311(7000):299–302. Available from: https://go.exlibris.link/KyZLKTzd
- Strauss A and Corbin J. Basics of qualitative research techniques. 1998;
- 34. Braun V and Clarke V. Using thematic analysis in psychology. Qual Res Psychol [Internet]. 2006 Jan 1 [cited 2020 Oct 5];3(2):77–101. Available from: https://www.tandfonline.com/doi/abs/10.1191/1478 088706qp0630a
- 35. Patton MQ. Qualitative evaluation and research methods. 2nd ed. Thousand Oaks, CA; 1990.
- Gage A and Van Rossem R. Attitudes toward the discontinuation of female genital cutting among men and women in Guinea. Int J Gynecol Obstet. 2006;92(1):92–6.

- 37. Berggren V, Musa Ahmed S, Hernlund Y, Johansson E, Habbani B and Edberg AK. Being victims or beneficiaries? Perspectives on female genital cutting and reinfibulation in Sudan. Afr J Reprod Health. 2006 Aug;10(2):24–36.
- Diop NJ and Askew I. The effectiveness of a communitybased education program on abandoning female genital mutilation/cutting in Senegal. Stud Fam Plann. 2009;40(4):307–18.
- 39. O'Neill S, Dubourg D, Florquin S, Bos M, Zewolde S and Richard F. MEN SPEAK OUT PROJECT. 2017
- 40. El-Bassel N, Gilbert L, Goddard-Eckrich D, Chang M, Wu E, Goodwin S, Tibbetts R, Almonte-Weston M and Hunt T. Effectiveness of a couple-based HIV and sexually transmitted infection prevention intervention for men in community supervision programs and their female sexual partners: a randomized clinical trial. JAMA Netw Open. 2019;2(3):e191139–e191139.