UNIVERSITY OF NAIROBI

DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

THE ROLE OF MEN IN ENDING FEMALE GENITAL

MUTILATION/CUTTING IN MAPARASHA LOCATION, KAJIADO COUNTY

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A project paper submitted to the Department of Sociology in partial fulfillment of the requirement for the award of Master of Arts in Rural Sociology and Community Development in the University of Nairobi.

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DECLARATION

I declare that this project paper is my original work, and to the best of my knowledge, it has never been submitted to any other institution of higher learning for the award of a degree.

Signature ……Date……

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SUPERVISOR'S APPROVAL

This project paper has been submitted for examination with my approval as the university supervisor.

Signature ……Date……

Dr. Robinson Ocharo

DEDICATION

I dedicate this study to all women, who have survived Female Genital Mutilation and who have spent their lives in pain and suffering. This Project Paper is yours.

ACKNOWLEDGEMENTS

I would like to express my sincere thanks and gratitude to the people who have contributed to my projects success. First, I wish to appreciate my supervisor Dr. Robinson Ocharo whose guidance, comments, advice and support has made this project paper a success.

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ACRONYMS AND ABBREVIATIONS

DHS	Demographic and Health Survey
FGC	Female Genital Cutting
FGM	Female Genital Mutilation
KDHS	Kenya Demographic and Health Survey
RH	Reproductive Health

DEFINITION OF MAJOR TERMS

Reproductive Health (RH):

It is the normal functioning of reproductive health system, proper child spacing, delivery and absence of sexually transmitted infections.

Female Genital Cutting:

Female Genital Cutting also known as female circumcision is defined by the World Health Organization (WHO) as all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons.

Clitoridectomy:

Is the partial or total removal of the clitoris or the prepuce.

Excision:

Is the partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.

Infibulation:

Is the narrowing of the vaginal orifice with the creation of a covering seal by cutting and positioning the labia minora or the labia majora.

Fistula:

An abnormal opening between the vagina and the bladder or the vagina and the rectum.

ABSTRACT

The main purpose of this study was to examine the role of men in ending Female Genital Mutilation/Cutting. FGM is a deep rooted culture in some Kenyan communities and as such, has been viewed a retrogressive practice which violates the rights of young girls and women; it is also a threat to their health. The major objective of the study was to determine the role of men in the effort towards ending Female Genital Mutilation/ Cutting. In order to achieve the objective, Maparasha Location in Kajiado County was selected as the area of study because of the high prevalence of Female Genital Mutilation cases by the community that resides in the area. The area is predominantly occupied by the Maasai community. The study selected 115 respondents. The sample was derived from a list of eligible households, obtained from the local administration registration book. Data collection was conducted primarily through an interview schedule, which contained questions that were both open ended and closed ended. The study explored the views, experiences and beliefs of the respondents and thus the data collected was grouped and organized according to the research questions, for easier analysis. Discourse analysis was used in deriving meaning and interpretation of the interview statements, by giving meaning to each text and its functionality in the research. Indeed, respondents indicated an attitude towards FGM, and such information only reinforced the fact that men did not support FGM and they wanted FGM stopped, despite them practicing FGM. The respondents cited reasons for the difference between their attitude and the practice of FGM, relating it to perceived immense consequences and sanctions that they face if their daughters do not undergo FGM. Older men were found to be in support of the practice of FGM because they needed to protect their culture. Some of the reasons they cited for practicing FGM were; to control the sexuality of young girls as a sign of chastity. It was also established that men were not consulted on the decision for their daughters to undergo the cut, neither are such decisions discussed at the community level. Stigmatization of men being involved in FGM matters is predominant in FGM prevalent areas because FGM remains a woman's issue only. FGM, has overtime, evolved in its significance, and therefore the reasons for its practice have become complex. Moreover, the diversity underlying ethnic and cultural traditions and beliefs only serve to underpin the practice of FGM. The study recommendation was that community should be engaged and empowerment through education ; as part of encouraging the participation in FGM abandonment.

CHAPTER ONE: INTRODUCTION

1.1 Background Information

Female Genital Mutilation/Cutting (FGM/C) is also known as female circumcision in Africa. The countries that practice it are within the region of Western, Eastern, and North Eastern Africa and parts of Asia and the Middle East. WHO (2010) states that 28 countries in Africa practice FGM and further, it estimates that 140 million women and girls, including 101 million in Africa, have experienced FGM/C. According to WHO, 100-140 million women and girls have undergone Female Genital Mutilation/Cutting, including 92 million girls who are over the age of 10 years in Africa.

The practice of FGM/C has no medical advantages. Contrary to the belief that it has health benefits to women, it has actually proved harmful to girls and women. Part of the harm, includes extreme agony endured amid cutting, harm to surround genital tissue and obstruction of the normal f of function of the body. The long term effects of FGM/C incorporate extreme trauma, urine retention, painful menstruation rete, obstructed labour and still born (WHO, 2010).

The motivation behind circumcision in communities that practice it is that they are profoundly bound in custom; which is additionally in trigged by a complex mix of psychosexual and social reasons, the traditions are explicit to every unique circumstance and continue for many years in progressive generations (Muteshi & Sass, 2005). Further, there is strong belief that the main features that attribute to FGM are aesthetics, social conformity and religion; this is demonstrated by (Mohamud & Yinger, 1999.

In fact, FGM/C isn't endorsed by any religious writings, in spite of the fact that in certain communities, religious translations have been utilized to legitimize the cut.

Cleanliness and hygiene are cited as elements supporting FGM/C, regularly elevated by convictions that the female genitalia is ugly, emanate an awful scent and subsequently can be made increasingly excellent by FGM/C. FGM/C is additionally seen as a passage in the progress of a young lady life into a mature woman, ready to do the jobs allocated to a respectable woman, including marriage and childbearing. FGM/C is additionally

viewed as a practice that controls sexual drive and improves regard for one's social/conventional heritage.

Therefore, although the trends of modernism have steadily but surely replaced the common fabric of African popular culture, the situation in Northern Kenya remains conservative in their socio-cultural practices (WHO, 2010). Further, Female Genital Mutilation /Cutting is a common cultural practice, and also a persistent problem affecting the people of Kajiado (KDHS, 2003).

In many communities, men make major decisions about how their family should run their health care, expenses and the entire welfare of the mother and children. Efforts aimed at mitigating the effects of the practice of FGM/ C have either been ignored or rejected by men. The fact that this practice is cherished and tolerated by elite men of the community who castigate anyone from marrying a girl who has not undergone the cut, and who engage in performing the same to their own daughters, only encourages the continuity of the practice (MOH, 2003).

The mere discussion of Female Genital Mutilation/ Cutting is considered a taboo among these cultural conservatives. It is quite evident that over 99 percent of Maasai women have undergone Female Genital Mutilation/Cutting, thus demonstrating how widespread this cultural practice is (MOH, 1994).

According to UNICEF (2010) FGM/C causes complications and health problems to women immediately the excision is done to long after, when the girl grows up to be a wife. FGM is a violating of human rights and may lead to death. WHO has defined and classified FGM/C as all methods that include partial or total excision of the female outer genitalia and/or damage to the female genital organs for social or some other non-medical reasons. There are various types of FGM/C as classified by WHO depending on the degree and level of harm to the genital organ.

There are four types of FGM/C practiced namely:

a) Clitoridectomy, which is removal of part of the prepuce or totally removing the prepuce and the entire clitoris.
b) Excision, this is excision of the prepuce, the clitoris and the labia minora
c) Infibulation, this is cutting of the clitoris, the prepuce, the labia minora and the labia majora, then sealing together of the two sides of the cut residue of the labia by creating a cover on top. In some instances the clitoris may be intact.
d) Unclassified- other types of harm to the vulva and its surrounding tissue

Maparasha Sub County is located in Kajiado County, south of Nairobi, Kenya. The predominant population living in Maparasha Sub County is the Masaai ethnic group; described as semi-nomadic, pastoralists. FGM is performed by the Masaai community of Maparasha Sub County as part of marking the transition of girls into womanhood and readiness for marriage. FGM is also performed in order for girls to gain the community's recognition, to be accepted by the marrying age, to ensure sexual purity and maintain chastity as they and absorbed into the traditions of that society (Coexist, 2012). Annually, girls between the age of 12 years and 14 years (prior to marriage) undergo FGM/C, after which they are celebrated, for undergoing what is considered an important rite of passage. FGM is carried out during school holidays and also involves shaving of girls' hair, as part of the ritual for transiting womanhood (Equality Now, 2011).

The Maasai in Maparasha perform Type II incision (Population Council, 2007) to their girls. It has been observed by the Population Council Report of 2007, that young girls are vulnerable and at risk of FGM/C as they are under the supervision of their guardians who make decisions on their behalf. According to DHS (2008-9), not all women may clearly recall when they were cut, majority do not even know the kind of cut that was performed on them. However evidence from the traditions show that many girls are cut before the age of 15 year.

According to UNFPA and UNICEF (2014), women who have undergone FGM are at high risk of child birth related complications. They are more likely to have still births, and further, obstructed labor caused by FGM can result in damage to the brain of infant's.

FGM also causes complications to the mother, such as fistula formation which is a destructive opening between the urethra and the vigina. It causes urine incontinence (UNFPA and UNICEF 2014).

FGM survivors also suffer psychological effects ranging from anxiety to severe depression and psychosomatic illnesses. FGM is likely to also increase the risk of HIV infection (UNICEF 2013). Often, the same unsterilized instrument is used on several girls at a time, increasing the chance of spreading HIV or other communicable diseases. There is the implication that if the parent or the guardian is not informed on the negative impact of FGM/C, then the child will undergo FGM/C.

It is observed that in order to stop FGM/C, the entire community must be involved in support of interventions. Indeed community support can be encouraged through dialogue and education. Further, interviews conducted with men in Northern Sudan showed that men have no clear understanding of what FGM is and it is until they get married that they get to understand the effects of FGM from their wives. (UNICEF 2013). According to UNICEF, men observed similarly, being casualties of the results of FGM. (Berggren V, Ahmed SM, Hernlund Y, Johansson E, Habbani B, Edberg A-K 2006).

Despite the fact that ladies seem, by all accounts, to be at the pivot of the propagation of FGM, there is some proof that men might contribute part in its continuation, as dads, spouses, leaders and religious pioneers (Davis G, Ellis J, Hibbert M, Perez RP, Zimbelman E , Mil Med. 1999 Jan; 164(1):11-6).

FGM/C has been a big problem in communities that conduct the cut and women are considered as playing the role of mentoring young girls into adulthood by following traditions that are passed on from their parents (WHO, 2010). FGM/C is one of these traditions, and women would seem to have perpetuated the practice of FGM/C, from one generation to another. Stakeholders and government agencies have worked together to mitigate FGM/C through various methods of communication and sensitization. Despite these efforts, there are still pockets of communities practicing FGM/C, with traditional

healer’s benefiting from the fee they levy per initiate. . Evidently, FGM is cherished and upheld by the elites and some of the community leaders, with the full knowledge of local health workers, thus, encouraging the perpetuation of the practice.(MOH, 2003). This current study acknowledges the fact that the efforts towards ending Female Genital Mutilation in Africa may face challenges without the support of men.

UNICEF (2003:57) states that majority of households in African culture are headed by men, who also make up to 90 percent of leaders in the community. It is therefore crucial to create dialogue and involve men in decision making towards ending FGM. In Yemen, a UNICEF study found that an absence of knowledge was increasingly unavoidable, with 45 percent of spouses revealing that they were uninformed of their accomplices' stand on FGM/C (UNICEF 2003:64). This information recommend that numerous couples don't consider FGM/C a proper subject to talk about and maybe, men may dither to propose the point since it is generally considered a 'ladies' issue.

Men in their roles as dads, spouses, leaders and religious pioneers can utilize their position to end FGM. UNICEF (2013; 64) showed that in 16 African nations, the level of men who need to stop FGM is higher than the rate of ladies who need to stop FGM, the case is separate in Sudan and Nigeria.

There is the suggestion that when men are informed about the negative effects, and the non-benefits of FGM/C, they are able to make informed choices on parenting, and in turn influence the mindset of women who allow the cut on their girls. Indeed, according to UNICEF (2013,59) , in Eritrea, critical contrasts were found between the extents of adults unsure of the benefits of FGM/C, men being almost multiple times more averse to show a firm conclusion than ladies. It points out that men may, in specific settings, be critical operators of progress. This further recommends discourses about FGM/C ought to include not just ladies, yet additionally the whole society, including men, especially in settings where men take an interest in the leadership process. Open discourse about FGM/C may, hence, serve to diminish ignorance and impart a challenge to the prevailing social expectations around FGM/C.

1.2 Problem Statement

In Kenya, there are 45 ethnic groups, out of which 37 groups practice FGM (Population Council 2007). The 2014 Kenya Demographic and Health Survey (KDHS) indicate 21% of women and girls undergo FGM. However, there has been a notable decline of 6.9 percent from the 2008/09. Due to legislation and public backlash of the practice, in Kenya, there has been an increase in the practice by unscrupulous health professionals, attributed at 40 percent. This occurs, despite the medical code of ethics on protecting health by "doing No Harm".

Kenya is among the countries that ratified the Africa Union Women's Rights Protocol in 2010. In line with its commitment to Article 5 of the protocol, Kenya has a national law enshrined in the Children's Act of 2001, which bans the practice of FGM on anyone below the age of 18 years, which is the age of consent in Kenya. Further, Article 44 (3) of the Constitution of Kenya (2010) provides that a person shall not compel another person to perform, observe or undergo any cultural practice or rite.

In the recent past, Kenya government has banned the practice of Female Genital Mutilation. The act prohibits anyone from undertaking FGM or assisting, counseling or abetting someone else to undergo FGM, further it is illegal to make derogatory remarks or call names to women who are uncut (Prohibition of Female Genital Mutilation Act No. 32, 2011).

Despite these laws, many women and girls still go through the cut secretly with no arrests made. There are only few reported cases to the court of law for purposes of prosecution and low conviction rates across the country have been recorded. A report in 2014 by the Inspector General of Police, indicated that, between 2011 and 2014, only 71 cases were taken to court and only sixteen cases of those resulted in convictions (eighteen were acquittals, four cases were withdrawn and thirty three cases were pending).

This suggests a gap that must be urgently addressed and perhaps there is need to re-emphasize and implement re- existing laws as well as looking into new and efficient ways of ending FGM/C. In spite of the fact that women are the ones that procure FGM, it is clear that the practice is carried out to benefit men and to enable men have control over the female body (UNICEF 2013: 59). Since WHO (1975) brought up FGM/C as an important health issue ,the dominance and control of women, by men, has never been taken seriously , especially in the important role it plays in perpetuating FGM/C (Almroth et al. 2001; O'Neill 2013).

This current study examined men's influence on the decision-making process of FGM being performed on women and the actual role that they play in the abandonment process. The results of this study will demonstrate implications for research and intervention programs to empower men, in order to make the decision to abandon FGM .FGM can only be tackled after determining the knowledge, attitude and influence of men in Kajiado on FGM.

1.3 Objectives

1.3.1 Broad Objective

The broad objective of the study was to determine the role of men in the effort towards ending Female Genital Mutilation/ Cutting in Maparasha sub-location of Kajiado County.

1.3.2 Specific Objectives

The specific objectives were as follows:

1. To establish the attitude of men towards FGM.
2. To establish the knowledge that men have about the effects of FGM.
3. To determine the involvement of men in deciding if their daughters should undergo FGM as a rite of passage to adulthood.

1.4 Research Questions

1. What is the attitude that men hold about FGM?
2. What knowledge do men have about FGM/C including its effects on women?

3. How are men, involved in deciding if their daughters' should undergo FGM as a rite of passage to adulthood?

1.5 Justification

Female genital mutilation is still being practiced, despite the various approaches and efforts made by the government agencies and non-governmental organizations to stop it. FGM has been outlawed in Kenya since 2001. However, a public health survey conducted in 2009, found that 27 percent of women had been subjected to FGM. Among some ethnic groups, the figure is much higher, e.g. Somalis (98 %) and Masaai (73%) Instead of abandoning FGM, the traditional practitioners, have adapted new ways of performing FGM, in order to escape law enforcement agencies. (UNICEF: 2011). Indeed, the practice has "gone underground". Given this secrecy in operation, many girls are still vulnerable, and victims of FGM are suffering long term complications caused by FGM, as they dare not seek medical attention, in case they draw the attention of the authorities, to the practitioner. It is therefore important for the study to consider men as a crucial part of decision making in the home. Men also play an integral part in the society as leaders in the homes and society and therefore they cannot be ignored in the fight to abandon FGM. Therefore, this study seeks to assess how men are involved in Female Genital Cutting practice among the Maasai in Maparasha sub-location of Kajiado County.

1.6 Scope of Study

This study covered specifically Maparasha sub-location of Kajiado County. The study focused on FGM and the involvement of men in the practice. The study analyzed men's beliefs about FGM, and how these beliefs influence the decisions appertaining to FGM being practiced. The study also examined men's role during FGM. The study examined the knowledge that men have in regard to the effects of FGM on women, and also analyzed how men are directly and indirectly affected by FGM. Although women are the practitioners of FGM, it is men who are thought to be the beneficiaries, gaining control over the female body (UNICEF 2013: 59). The study was cognizant of the WHO (1975) report which brought up FGM/C as an important health issue, and noted the dominance

of men, and their control of women , as serious factors to consider in the perpetuation of FGM /C (Almroth et al. 2001; O'Neill 2013).

The study focused on why men need to be involved in the abandonment of FGM, citing possible reasons why men do not get involved in the fight against FGM.

The study considered Female Genital Mutilation as all 4 types of FGM, procedures that involve partial or total removal of any part of the vulva tissue or damage to the female external genital for non-medical reasons, irrespective of the reasons that influence the cut.

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.0 Introduction

The term female genital mutilation (FGM) is defined as : the act of excision of parts of the external female genitalia (WHO, 2010).The anatomical extent, of the excision of the external genitalia, varies with the community concerned and may include the labia majora, labia minora, the clitoris or any combination of the three anatomical structures (WHO, 2010). FGM is carried out during the adolescent period of the female child and is based on religious and traditional beliefs in communities that practice it (UNICEF, UNFPA (2011).

In recent years, the adverse effects of FGM have been appreciated in many countries, and public awareness campaigns mounted and several legislations. However, the role of the male gender, which it is believed as the main proponents of this practice have not been sharply focused upon, and therefore, their recruitment into the anti FGM drive has not been well grounded. (KDHS, 2003).This current study sought to define men's role in the propagation of the practice and hence to define measures for recruiting men, and directing them to be effective proponents of the campaign against the practice of FGM/C.

2.1 The origins of FGM /C

Across board, the predominant school of thought, FGM originated in ancient Egypt and then spread to East Africa. The earliest record of the custom was by Strabo, the Greek geographer and historian, in 25BC, reporting excision on Egyptian girl (Dickemann: 1979 and 1981).

According to Ortner et al (1996), FGM and other harmful practices on women began in conditions of outrageous asset disparity, for example, girls marrying men of higher social strata. He further says that, in ancient empires, there were very few rich men, compared to the majority of the men who were poor. These few rich men could obtain multiple female concubines due to their economic strength. So marrying multiple female

concubines by the elite males tended to demand fidelity in their companions, often sanctioning fidelity-control practices. In China, for instance, women had to undergo foot-binding so as to enforce chastity; it was believed that such binding limited the physical mobility of women. In Southwest Asia, the seclusion of women and the imposition of modest dressing were adhered to by all women, so as to enforce fidelity. In Africa, clitoridectomy was performed so as to suppress female desire and infibulation was also performed as a mechanism to enforce virtue. In the Roman Mediterranean territory, female honor and respect was upheld.

Mackie (1996 and 2000) theorizes that the act of FGM/C, similar to that of foot binding, may have begun and developed in the setting of the presence of female slavery, in an exceedingly stratified domain in which the ruler and a couple of nobles , were interested in controlling the fidelity of their female consorts.

Inevitably, where the ruler required a loyalty control practice as a prerequisite to marriage or a courtesan, families in second and lower strata of the general public embraced the control practice so as to move their little girls into the head's royal residence. This progressively moved down the to the poorest in the community therefore valuing women on the basis of how chaste and faithful they were as their pass into marrying into a higher strata. These practices were eventually adopted by families and community at large, progressively. Later, the practice become so concentrated that society constrained every family to buy in to the misrepresented practice so as to wed even in one's own stratum. The control turned into a regular essential of marriageability, by all the intermarrying ages, and the practice was preserved, even hundreds of years after.

In China, in the second millennia, the practice of foot binding and female honor and modesty were imposed as fidelity-control devices. Foot binding begun in the sovereign's royal residence, around a thousand years prior, and more than a few centuries later it diffused down social strata and to the edges of the domain (Ko 2005 and Levy 1992).

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As traders moved from one location to the other, fidelity-control practices were integrated and widely spread differently into other cultures. “After a while, people in this culture begin to draw the false inference that women must be excessively cruel to require such scrupulous guarding of their honor” (Mackie 2000: 263).

2.2 FGM Practices Performed on Girls and Women

FGM is carried out on girls before the age of 15 and often in infancy or early childhood. WHO (1995 & 2007) provides an FGM typology developed by type as below:

Type I: This is the excision of part of hood and the clitoris as referred to as clitoridectomy. It is also known as Sunna in the Muslim community which means a duty.

Type II: This refers to partial or total removal of the clitoris and labia minora. The intensity of damage on type 11 is deeper than type 1.

Type III: It involves stitching together of both edges of the right and left labia to form a covering seal; this is after completely cutting off the labia minora and labia majora, the hood together with the clitoris. As the cut heals, it seals off the urethra. This kind of cut is called infibulation. defibultion is done to open way for sex and labour. Re-infibulation is when infibulation is repeated to seal the vagina again to make it tighter.

Type IV: These are various non-therapeutic modifications or interference to the normal appearance and tissue of the vulva by use of various methods. These could include symbolic circumcision and aesthetics. Albeit symbolic circumcision is still very questionable, it has been proposed as an option in contrast to progressively serious types of FGM performed.

2.3 Men’s Perception of FGM

According to Abdel-shahid and Campbell (2015), female circumcision mirrors the pride of guardians or family heads and the practice is connected to a little girl's development and procurement of her mature status. Further, non-circumcision is viewed as an

obstruction to good marriage prospects and such young ladies are considered unbridled. In societies where FGM is a norm, it is noted that FGM shields a girl from participating in promiscuity after she is married. In communities practicing FGM/C, it is also noted that it is hard to veer off from the tradition, for fear of dismissal from the society. Men feel honored and respected in the community, if their daughters remain virgins until they are married, and thereafter, remain faithful to their husbands. It is therefore evident, that parents may think that it's hard to veer off from the convention, dreading dismissal from the community and indeed suggests why they would want to continue with the practice, even though they may believe it is against their religion.

One of the effects of FGM/ C is lack of sexual response; while this is deemed inconvenient and disturbing to men as husbands, they still find FGM/C, important in ensuring fidelity in marriage, thus allowing a husband's feeling of security regarding his wife's fidelity.

Ortner (1996) and Betzig (1986) note that amongst older men, FGM/C is viewed as a mandatory practice, driven by religion and culture, and would seem to be the equivalent of male circumcision. FGM/C is also viewed as a way of preventing women from promiscuity after marriage; reducing sexual desire in young girls" (Gruenbaum 2001). In this respect, FGM/C in some communities, helped men to maintain polygamy, and because they had the resources to maintain several women, they could keep the women from being promiscuous. The argument here was that FGM/C reduced the likelihood of girls engaging in premarital sex.

According to UNICEF (2010), men perceive FGM/C as a rite of passage for young girls, important for preparing girls for marriage, and therefore a woman is deemed to be ready and attractive to men when she has undergone FGM/C.

A window of opportunity for change is found among the generation of younger men who may have a change of attitude and perception, due to being better educated, informed and knowledgeable on the effects of FGM/C on women. It is clear that moral l obligations, men's level of education, and economic status are the main aspects determining the continuation or abandonment of the practice of FGM/ (UNICEF: 2011).

According to WHO (2010), FGM/C is practiced for the benefit of men, and it has no health benefits to the woman, nor does it deter women from being promiscuous. The practice of FGM more likely deters women from living a fully human life because it is dangerous to their health and bodily integrity. However, once men marry, they face the consequences of FGM/C because of its effects on marital obligations. In some marriages, for instance, men experience the negative effects of the practice of FGM/C, specifically the physical and psychosexual complications and the lack of sexual response of their wives during intercourse. According to UNICEF (2014), most women undergo pain during sex, have frequent infections and sometimes have complications during delivery that lead to maternal deaths (UNICEF; 2014). UNFPA and UNICEF (2014) underscore the fact that women who have undergone FGM are at high risk of child birth related complications. They are more likely to have stillbirths, and further, obstructed labor caused by FGM can result to the damage of the infants' brain. FGM also causes complications to the mother, like fistula formation, which is an abnormal opening between the vagina and the bladder or the vagina and the rectum, which can lead to incontinence. FGM survivors also suffer psychological effects ranging from anxiety to severe depression and psychosomatic illnesses. FGM is likely to also increase the risk of HIV infection (UNICEF; 2013).

A review by UNFPA and UNICEF (2014) indicates that men, within the context of fatherhood, husbands, community and religious leaders may play a pivotal part in the continuation of female genital mutilation (FGM). However, the research on men's' views of FGM and their potential role in its abandonment are not well described. The review also states that the level of education of men, urban lifestyles, and wealth are associated with disapproval of FGM. Social obligation and the lack of dialogue between men and

women were two key issues that men acknowledge as barriers to abandonment. This systematic review therefore suggests that the level of education of men is one of the most important indicators for men's support for abandonment of FGM. Advocacy by men and collaboration between men and women's health and community programs may be important steps forward in the abandonment process.

2.4 The Place of Women in the Practice of FGM

Gordon et al (1991) asserts that the perils of FGM have been overly exposed beyond boundaries, and have exposed African women to be passive victims of FGM through their ignorance and submissiveness despite the pain and agony that they have to undergo to maintain position in the society. This observation is corroborated by this current study which demonstrated that the awareness on FGM/C complications, in the community is unknown to men. FGM is mainly practiced in societies where men virtually dominate important positions in the community. In such communities then, Berggren et al (2006), men play primary roles in politics, moral authority and social privilege as well as controlling property. In a study carried out in 2013, by WHO, it is argued that survivors might be ignorant of the particular customs performed on them, and in such settings it might be socially unseemly to make inquiries about such issues, as culture does not allow questioning (WHO: 2013).

Eligibility of women in such communities, for marriage, requires that the girl be virgin. The practice is closely and strongly associated with virginity of a woman and any woman that is not circumcised has no place in such families. Accessing land and other resources in the family depends on her having undergone FGM (Perez and Zimbelman; 1999).

WHO, observes that in majority of communities practicing FGM, inheritance of property is dependent on whether the woman in question has undergone the practice. Also, such communities believe that once a woman is married, the union is not only between the two but rather of the lineage between the two communities (WHO: 2010). FGM therefore, plays an important role not only to the husband but also to the communities enjoined in the union.

It has been noted that the role of women in communities where FGM/C is prevalent continues, even though the practice is harmful to the initiates. The continuation is considered a social obligation and also as a way of fulfilling societal demands. The practice thus is assumed beneficial to the initiates. It is thus not difficult to understand why majority of the traditional circumcisers and advocate for FGM. Evidently, girls are persuaded persistently by their own female relatives- aunties, grandmother, and their mothers, to undergo FGM/C (WHO; 2010).

2.5 Culture and Religion

One of the most commonly cited reason why FGM/C is practiced is religion. Religious approval gives direct commitment to practicing of FGM/C as a way of life that should be adhered to FGM/C (Abdi 2007and Hady 2003). Regardless of the interpretation, no religious sacred texts require FGM/C, FGM/C is a measure considered necessary in making a young lady profoundly unadulterated.

Information on religious interpretation is hard to decipher, especially if it is intertwined with tradition and chastity .An investigation in Somalia for example, delineates that for a few, the idea of a girl to undergo FGM/C is commitment to religion. "Religion," "to remain a virgin in order to be married," and "tradition" are "not fundamentally different," because "infibulation creates a barrier that preserves virginity, which Muslims consider the will of God and therefore religious" (Gruenbaum 2001, Dirie and Lindmark 1991).

Reviews demonstrate the various diverse reasons why FGM is identified and implicated with a number of reasons – religion, wellbeing, aesthetics, and custom, and control of the sexual pleasure function of females , this is just to mention but a few as purposes behind the FGM. (Daffeh, et al. 1999) and (Hernlund, et al. 2007) explain that FGM/C is bound to be polished with the goal for ladies to be acknowledged, respected and given family honor in the community. One special case to this speculation is the evidence in some diaspora immigrants who want to retain their ethnic identity and pride in troubled conditions thus misrepresenting their cultural conventions, adding an extra rationale to

clarify the continuation of FGM/C. Foot binding for instance in San Francisco in the US, was practiced for longer periods among the Chinese of than in urban China (Hady, 1998).

The reasons why some communities circumcise their women is on the grounds that they are profoundly established in custom and they are driven by a mind boggling mix of psychosexual and social reasons which are explicit to every specific situation and go down the ages (Muteshi & Sass, 2005).

2.6 Marriageability

Cultural norms, rather than marriageability, is normally the most ordinarily referred to explanation behind FGM/C, without a doubt, Yoder et al (2004) noted that this reason was offered in a given community where respondents were questioned as to why they trust FGM/C should proceed. Ironically, to most families who take their girls for FGM/C do not have any information on the origins or the actual reasons for FGM/C other than their girls should be taken through the ritual in order to get married , in other words this is the tradition..

It is suggested that in a majority of communities where FGM is practiced, inheritance of property depends on whether the woman in question has undergone the practice. Also, such communities believe that once a woman is married, its, not only a union between the two but a lineage between the two communities (WHO, 2010). FGM therefore, plays an important role not only to the husband as it assures the chastity of his daughter, but also assures the community that an obligation has been maintained.

According to UNFPA and UNICEF (2014), many communities assume that FGM is a way of curtailing promiscuity in women. Indeed, this is one of the main reasons why FGM is carried out on women: to minimize desire for sex in women. Some societies require women to be virgin in order to qualify for a decent marriage. Extramarital sex/ promiscuity often results in severe punishment or penalties and therefore the need to safeguards the morality of women.

UNICEF (2014) observes that FGM is often also considered a necessary part of raising a girl properly and preparing her for marriage/adulthood. FGM thus, is often motivated by beliefs about what is considered proper sexual behavior including the association with cultural ideals of femininity and modesty. Social pressure to adhere to the norms of the community, which vary from one community to the other, may thus increase the prevalence of FGM. The norms may pertain to certain religious requirements and obligations, acquisition of family honor in the community through pre-marriage virginity of little girls, the conjugal devotion of spouses and aesthetics (UNICEF 2014)

Hardy (2003) argues that young women are persuaded to undergo FGM out of fear of exclusion from resources and opportunities. Such opportunities include a good marriage. Men may support FGM by declining to marry ladies who have not undergone FGM/C, or they may play an active role by initiating the practice.

2.7 FGM as a Human Rights Violation

Acknowledged under the preview of International Human rights law, FGM was also classified as a form of violence for both women and girls at the 1993 Vienna World Conference on Human Rights. Similarly, FGM/C was defined as a form of torture, s under the Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment. Further, given that FGM/C is regarded as a traditional practice prejudicial to the health of children and is, in most cases, performed on minors, it violates the Convention on the Rights of the Child.

The classification of FGM as a violation of women and girls rights, has led to enactment of laws restricting FGM/C, at all ages, in a dominant part of African nations. In Burkina Faso, for example, it is an offence for a medical practitioner to perform FGM. It is also an offence for any individual not to report any known procedures of FGM being performed or will be performed or in the process of being performed. WHO: 2011).

In 2011, Kenya extended the 2001 prohibition on FGM/C among minors to apply to women over the age of 18 year and included an extraterritoriality provision, stretching out limitations to residents who perpetrate the wrongdoing outside the nation's outskirt (Prohibition of Female Genital Mutilation Act No. 32, 2011).

Reports of arraignment or captures in cases including FGM/C have happened in Burkina Faso, Kenya and Egypt. FGM thus has been identified as a human rights violation, and a gender injustice to girls and women.

2.8 FGM in Modern Day

Today FGM/C is rehearsed in many diverse ethnic communities, and maybe is more heterogeneous in structure and importance than foot-binding. Perceptions towards purity and fidelity vary widely across groups that practice FGM/C. Loyalty differs broadly in different communities that undertake FGM/C. To date, FGM/C is preserved for male control and held up by dominance of men over women. However, in many cases it is the female guardian or female relative that perform the cut on their girls and in numerous cases cutting is done by hired midwives, for the benefit of men. (WHO, 2010). According to UNICEF (2010), the ancient connection to marriageability still triggers FGM/C to continue even after the initial reasons and conditions have been disapproved. Women could be dynamic in its propagation since they are in charge of the initiation of their girls to adulthood and marriage.

Socioeconomic subjection makes ladies reliant on marriage for material prosperity and along these lines, cannot escape FGM/C. It is therefore likely that patriarchy is a one of the conditions supporting the practice. Perhaps this is why Gruenbaum (2001: 36-47), argues that at the point when certain male centric foundations and norms are changed, the way to stop FGM/C is facilitated.

2.9 Theoretical Framework

This study used the Social Convention Theory to explain how certain harmful social practices are self-enforcing of social conventions, why they are universal in a community and further why they are strongly resistant to change. The theory also explains how to organize rapid mass abandonment of such a convention.

2.9.1 Social Convention Theory

Social convention theory was presented by Mackie (1996, 2000), adjusted from the prior work by Schelling (1960). The Social convention theory borrows from the simple game theory, to demonstrate interdependent decision-making, which plays a big role in the abandonment of conventions.

Simple game theory stipulates that the informed selection of one participant in a game is dependent on what the second participant with select; whose choice is also influenced by the first participants' selection. In larger independent groups choices made by individuals are influenced by the larger group's decision.

Mackie (1996) states that there are certain characteristics and / or reasons that lead to the slow and gradual abandonment of female genital cutting (FGM/C) ,despite the myriad intervention and efforts aimed at ending it. The theory therefore proposes for multidisciplinary approaches and more efficient programs.

Social convention theory can be applied in context of extreme resource inequality, where FGM/C emerges as a means of securing a better marriage, signaling fidelity, and subsequently spreading FGM/C as a prerequisite for marriage by all women. Abandonment of FGM, in a culture that holds such deep beliefs, can only occur through multidisciplinary interventions that are geared towards change of attitude in intermarrying groups in order to market uncircumcised girls.

Social convention theory/models require s that most if not all the intermarrying community abandon FGM/C at the same time. It is therefore important to determine a sequence of change that will affect the change simultaneously. The logic here is captured by (Mackie (2000) and UNICEF (2005). The tipping point towards abandonment of FGM can be reached by using the first movers to convince the critical masses to abandon FGM. They care critical in mass movement by recruiting and convincing the community towards change (UNICEF; 2007).

All social societies contain individuals with different dynamics of adopting to change; in any given society there are early adopters of progress who capture change very first, middle adopters who take slightly longer to adopt and finally there are the late adopters. Early adopters are among the main movers, and tend to give first impact those next most open to change, then follows second movers. In program practice, second movers are in some cases enlisted utilizing an adopt– a-student technique, where first movers receive a companion, relative, spouse, and so on., and share data with them (Bodiang 2006: 116).

After these second movers resolve to accept change, third movers are selected by comparative techniques, until the tipping point is come to. Now, the network commitment is firm to action abandonment. By this point every individual from the cohorts can see that most others in the group have deserted the practice.

At last, enough of the intermarrying network focuses on deserting, with a genuine responsibility. Facilitate abandonment. Regardless of whether the tipping point is acquired previously or not, duty lies upon conditions in the next network and their commitment to abandonment. In one situation, a particularly legitimate proclamation of the network's aggregate responsibility to surrender may go before and propel a procedure of enrollment of enough of the intermarrying network to achieve facilitated relinquishment of the practice (UNICEF 2005: 14).

Traditionally, girls are married within an intermarrying group that carries similar norms and beliefs associated with FGM for marriageability. Due to the similarities in beliefs, families follow similar traditions, a trend likely to foster cultural obligations and demands. No one family has the strength not to follow the norms of their community: in the event that they do, their little girl is ordained not to have a suitor or to have a poor marriage. For FGM/ C to end in such circumstances, it is necessary for everyone in the intermarrying community to give it up together.

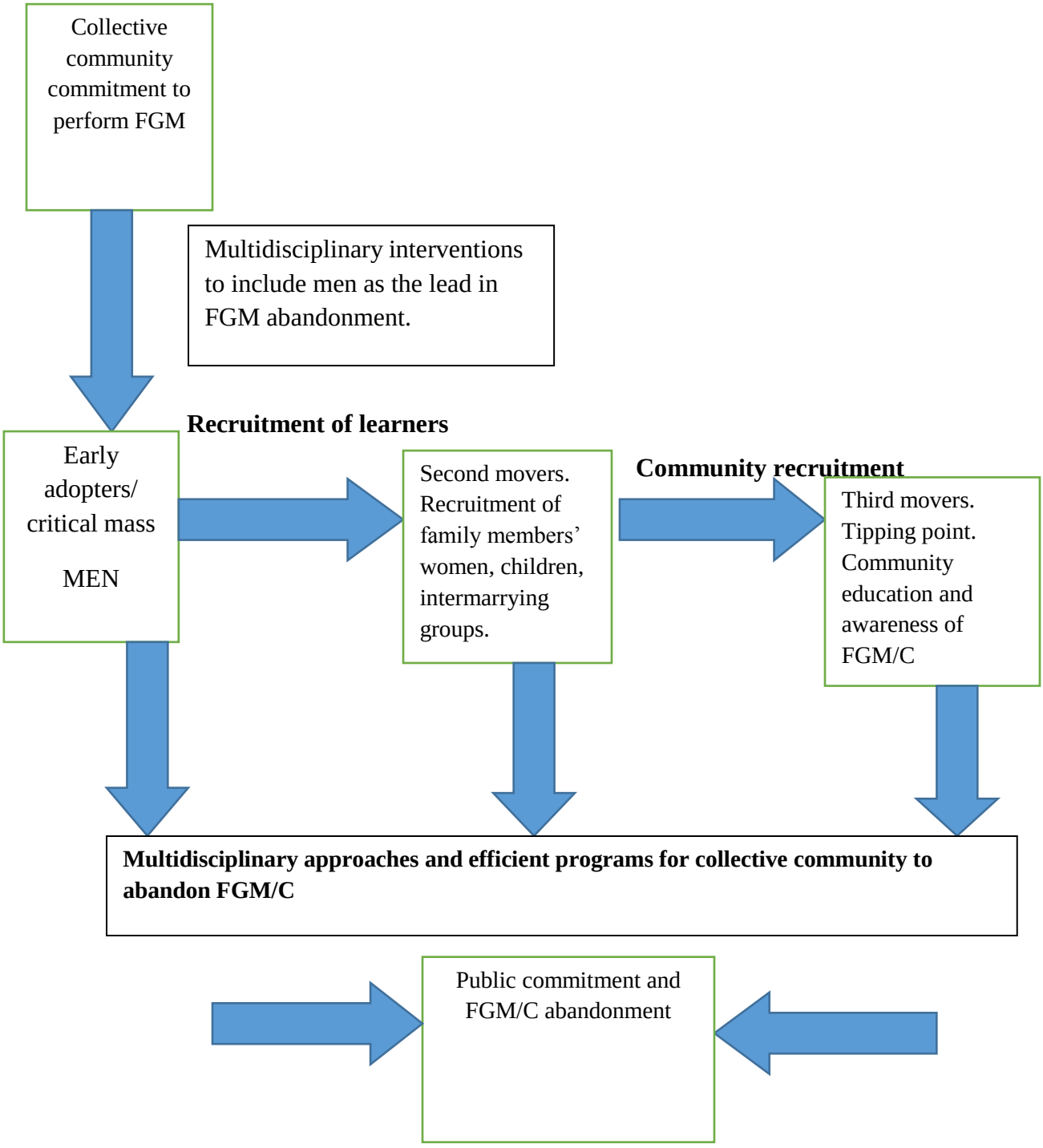
In applying social convention theory to FGM/C, one can expect to achieve the two outcomes that are, one, where no daughters are cut, and two, where all are cut. The test here is to move all families to abandon FGM/C completely. This theorem qualifies that individual abandonment of FGM would isolate a family off the society, as it denies the little girl's marriageability and family status. Aggregate deserting will give families their status and daughters can preserve their marriageability and at the same time not undergo FGM, suffering , therefore being saved from suffering the health implication of FGM/C. Abandonment is possible, but only when there is a coordinated collective abandonment within the intermarrying community.

2.10 Conceptual Framework

The conceptual framework adapted, drew s insight from the theoretical and literature review. This study considered each argument as a contributing factor to the achievement of the study objectives. The study was convinced that FGM/C is carried out for men's pleasure and therefore men can play a big role in the abandonment of FGM. This study considered the arguments propounded researchers as a necessary requisite for proper description of the role of men in the adaption and abandonment of FGM/C. The study studied the belief that if men are coordinated through multidisciplinary approaches and efficient programs then the community can abandon the practice of FGM/C.

2.11 The Conceptual Framework:

Figure 2.1: Conceptual framework



CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

3.0 Introduction

This chapter discusses the research methodology and design used in the collection and analysis of date. This chapter is divided into six sections. The first section discusses the research site, Maparasha village and its population. The second section discusses the research design that was employed in this study and the justification for the choice of the design. The third section outlines the sample size for the study. The fourth section details the data source and collection techniques adopted for this study. The fifth section details the proposed data analysis technique employed. The sixth and last section describes the ethical considerations of the study

3.1 Research Design

The study used an analytical survey. Analytical surveys describe and explain why certain situations exist. In this approach two or more variables are examined in order to test a research hypothesis. The results allow the researcher to examine the interrelationships among variables and to draw explanatory inferences. Odo (1992) argues s that research design implies outlining the names of the equipment and other materials the researcher intends to use and applying these successfully, in the execution of the practical aspect of the study. This study therefore followed various steps, procedures and techniques, in for collecting and analyzing data. The study adopted the survey research method to effectively gather and process data. According to Keyton (2001), a survey research involves picking a representative small number of people from a study group; then collecting and analyzing their data. The data collected and studied is a representation of the entire group. The study developed a questionnaire for data collection; the instrument was assisted respondents to generate quick response and thus delivered tangible findings.

3.2 Site Description

The study was carried out in Mparasha village in Kajiado County between June and July 2018. Kajiado y is a county in the former Rift Valley Province of Kenya. It has a population of 687,312 and an area of 21,292.7 km². The county borders Nairobi and

extends to the Tanzania border further south. Initially Kajiado was i occupied by the Maasai, but people from other Kenyan tribes have since moved in. The selection of Maparasha village in Kajiado as the site of the study was purposive, influenced by the fact that community that resides in the area, who are predominantly the Maasai community have deep rooted cultural norms of FGM/C with a prevalence of 73 percent (UNICEF, 2005; 2008).

3.3 Sampling Procedure and Sample Size

3.3.1 Sampling Procedure

The study employed the lottery method of sampling. The study obtained a list of eligible households from the local administration registration book. Household names were then transferred from the register to pieces of paper, the pieces of paper were placed in a container and thoroughly mixed, a predetermined number was selected randomly without peeking inside the container, and the selected names formed the sample for the study. Given that the study did not involve experimentation on human examination subjects, the major moral issue considered was educated assent and secrecy or informed consent and confidentiality. The study targeted a total of 115 respondents.

3.4 Data Collection Techniques

The primary data collection instrument was a questionnaire. The study distributed 115 questionnaires. The questionnaires contained both open-ended and closed-ended questions. The open-ended questions were used to elicit views from the male respondents on the subject under study. The closed-ended questions were used to limit the respondents' answers on the subject matter, for easier analysis. The responses generated were then organized and analyzed for interpretation

The study also collected data from key informants through a simple interview schedule. Interviews were important because the topic was particularly sensitive and respondents would be more secure talking about such issues away from a group environment.

3.5 Data Analysis and Reporting

This study was mainly qualitative and as Mugenda (2013) stated, this kind of study generated large data that would have overwhelmed the study lead person. To contain this, the study organized data collected by grouping it alongside the research questions, for easier analysis.

The study used discourse analysis in order to examine the interview statements and to assist in understanding the meaning of the text in terms of functioning, principles of organization, and the forms of social production of meaning. Discourse analysis perceives language as a necessary mediation for giving meaning, and therefore there was need to interpret the data in order to gain deeper and easier understanding of attitudes, perceptions, and knowledge on FGM/C.

3.6 Ethical issues

The study ensured confidentiality, by assuring respondents that the information collected would not be made available to anyone who was not involved in the study; it would remain confidential and would only be used for the purposes it had been intended for. Further, permissions to carry out the study had been sought and given by the local administration in Maparasha. Study respondents were informed fully about the study, and the procedures used explained, thus informed consent given. Anonymity was achieved throughout the study, with respondents and the study assistants guaranteed privacy

CHAPTER FOUR: DATA ANALYSIS, PRESENTATION AND DISCUSSION

4.1 Introduction

The main objective of this study was to determine the role of men in the effort towards ending Female Genital Mutilation/ Cutting in Maparasha sub-location of Kajiado County. The study examined three specific objectives , firstly, established the attitude of men towards the practice of FGM/C, secondly, established the knowledge that men have about the effects of FGM?/C, and lastly, determined the involvement of men as fathers in demanding that their daughters' undergo FGM/C as a rite of passage to adulthood. The study findings are reported in the sections following.

4.2 Response Rate

The study targeted 115 respondents. However, only 100 questionnaires were returned, dully filled, representing a response return rate of 87 percent, implying quite a good yield of data for analysis and interpretation. Richardson (2005) indicated that a response rate of 60 percent is desirable and a rate above 80 percent is excellent. Out of the 115 respondents selected, 15 backed out, in the middle of the interview, citing fear of being persecuted due to the sensitivity of the study. This is, despite the respondent being reassured of total confidentiality of their responses.

4.3 Demographic Information

4.3.1 Distribution by Age

Age was important in this study because it captured generational preservation and defiance from traditional norms, within the various age groups, over time; this variation of changes can be caused by predisposing factors, for instance education, interactions with other non-practicing communities, the law of the land and social economic gain, among others, in the society. The younger generation tends to adapt new information through education and interaction while the elder generation tends to preserve the traditions of a society.

Further, capturing age assisted the study to demystify the channels of communication in the community leadership structures, which informs on who gives guidance and how relevant information is deciphered and integrated to become a community law or otherwise. Elders in the Maasai community make decisions on behalf of the community.

Table 4.1 Distribution by Age

Age group	Frequency	Percentage %
31 – 45	60	60
46 – 60	26	26
60 and Above	14	14
Total	**100**	**100**

The age distribution of respondents in this study spread between 31 years and 73 years. Majority of the respondents(60%) were in the range bracket 31 to 45 years, 26 percent of respondents were in the age bracket 46 to 60, and 14 percent were in the age bracket of 60 and above.

Age plays a vital role in adopting normative desires around FGM/C from one generation to another and in this manner encourages the end of the practice. The data collected suggest that at majority (60%) and (26%) of the males were within the younger generation bracket, and therefore were more likely to be educated, more exposed and more likely to have interacted with non-cutting groups. These respondents were likely to change their attitude towards continuation of FGM.

According to UNFPA (2013), FGM/C is generally practiced highest on girls whose fathers are older in age. The older men preserve traditions and they have little opportunity to change because they are less educated and exposed. This correlates well with data collected from older men in Maparasha. According to (UNICEF) 2008, it is the elders, within families, who uphold FGM rituals, initiation celebrations, teaching and other activities associated with the practice, and it is not uncommon for this elder to overrule the FGM/C preferences of a girl or those of her mother.

4.3.2 Distribution by Highest Level of Education

Education was considered very important in this study because it was directly linked to the abandonment of FGM. It was assumed that educated men, in comparison with men with little or no education, are less inclined to have their girls cut. Education offers opportunity for men to learn and interact about the negative effects of FGM on women. Educated men may as well be exposed to abandonment oriented programs, media messages and sensitization talks that denounce FGM.

Additionally, men as leaders and elders of the community are involved in the decision-making process regarding traditions that are practiced in the community. Therefore, when men leaders are educated, then they create social ties with friends and relationships that stop FGM/C which in turn can change the practice of FGM in the community and give way to new ideas.

Table 4.2 Distribution by Highest Level of Education

Level of education	Frequency	Percentage
Tertiary level	**8**	8
Secondary	**17**	17
Primary	**29**	29
None	**46**	46
Total	**100**	**100**

The highest level of education of the respondents ranged from none to post-secondary level. Majority (46%) of the respondents had no formal education, twenty-nine percent had primary level education, seventeen percent had secondary level education and only eight percent had post-secondary education qualification.

According to (UNFPA) 2015, by contrast, education may offer opportunity for abandonment programs to be efficiently effective with those individuals who do practice FGM/C to access/exchange information and ideas that may make it easier for them to challenge the tradition. The data collected in Maparasha indicates that majority of the male respondents had some form of education, with the highest level being tertiary

education. One would hope that education allow men to make informed choices, as opposed to resorting to cultural practices and religion. A study in southern Ethiopia, for instance found that a girl is twice more likely to be cut if her father has no education than when he has a high school education (Tamire, 2013).

4.3.3 Marital Status

Data on marital status of the respondents was important in this study because it captured the question of: do couples discuss FGM before subjecting their daughters to it, and further, whether such discussion influence the abandonment of FGM/C

In Eritrea, a study carried out reported as MICS (2000), found important contrasts between the extents of both sexes who were not sure FGM/C should go on or not., Males were almost multiple times fewer to express a firm stand than ladies. Information from Sudan (MICS) 2000, for example, showed that 66% of the young ladies, who had once married, had never discussed FGM/C with their husbands. One can conclude that open discourse about FGM/C may along these lines, serve to diminish ignorance and convey the overall social desires around FGM/C.

Table 4.3 Marital Status

Marital status	Frequency	Percentage
Single	25	25.0
Married	69	69.0
Divorced	1	1.0
Widower	5	5.0
Total	**100**	**100**

The marital status of the respondents in the study ranged from single to widowed, 25 percent of respondents were single, majorities 69 % were married, 1% had separated with their wives and 5% were widowed.

The study findings indicated that, despite majority of the households having both parents, the practice of FGM/C persists, perhaps because of the absence of open discourse among couples, in marriage. Couples don't consider FGM/C a suitable debate among husband and spouse and men might be reluctant to introduce the subject since it is to a great extent considered a 'ladies issue'.

According to Shell-Duncanet (2012), it is difficult to extrapolate men's knowledge and the views of women, about FGM. Further, while ladies talked about FGM, men did not contribute to the discussion FGM. Further, lack of conversations around FGM/C by couples, blocked open doors for socially delicate and basic contribution by the community members.

4.4 Attitude towards FGM

The attitude of men towards FGM was vital in this study because it established the reasons behind their support or non-support of FGM/C. The study also considered attitude as an informative element in acknowledging best approaches towards male' support of total abandonment.

According to WHO (2008) the perception about FGM/C among men is persuaded by information with a desire to fulfill the duty of the norm , got from seeing how others in their reference group act , the perceived benefits and the various predisposing variables including ethnicity, marriageability, social economic benefits, education, modesty and control of a woman's sexuality.

Indeed, fathers, .who stop cutting their girls take the risk of their girls being isolated by the society and the entire family being disrespected. Further the decisions of a father are aligned to the traditions that were followed by his peers and family before.

A study by El Darer (2008) indicated d that circumcised women provide more sexual pleasure to their husbands, thus the reason why men favor the practice of FGM/C. The Darer findings further imply that the community was in favor of FGM and reluctant to stop the practice soon due to the benefits perceived. In the table following, the study

explores the attitude of men, in Maparasha, to various perceptions including the question of circumcised women providing more sexual pleasure to men. The data reveals the relationship between the attitude of men towards FGM and behavior in its practice.

Table 4.4 Men's attitude towards the practice of FGM/C

VARIABLE	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
FGM is not a serious problem in the society	4	8	13	28	47	100
That FGM should continue and should not be stopped.	2	4	10	11	73	100
females who are not mutilated are not faithful in their marriage	1	2	8	8	81	100
Preference on marrying mutilated women than none mutilated	37	12	9	7	35	100
If men should not be involved in the fight against FGM practice in the community?	5	6	2	3	84	100
FGM is a way of caring for beloved children	6	3	3	5	83	100
Whether women must be mutilated to be successful in marriage	2	4	3	4	87	100
Whether circumcision gives more sexual pleasure	2	6	2	6	84	100
Total	**59**	**45**	**50**	**72**	**574**	**800**
Cell rep	**7.38**	**5.63**	**6.25**	**9**	**71.75**	**100.01**

4.4.1 FGM is not a serious problem in the Community

From the data collected, majority (47%) of the respondents strongly disagreed that FGM was not a serious problem in the community, 28 percent disagreed, 13 percent were indifferent, eight percent of the respondents agreed while four percent strongly agreed that FGM was not a serious problem in the community.

This finding indicated that majority of the men perceive FGM as a serious problem that needs to be addressed. The data further revealed that FGM/C is founded by societal norms where individual preferences may be interfered with due to fear of exclusion by the same s society.

The data evidently demystified the difference in men's attitude and behavior, while FGM may still be practiced, very few men support its existence, but they seem to encourage the practice out of fear of exclusion or sanctions. Men who are who counseled to abandon FGM/C might be hesitant to change behaviour if there are sanctions for non-conformance. This finding is important because it guided the lead study person in understanding the perception of respondents on FGM/C.

FGM/C has been in existence for many years in the community, but over time, its meaning and perspectives may have changed due to emerging health concerns and other predisposing factors.

4.4.2 Should FGM/C continue or should it be stopped.

The study examined the opinion of respondents on whether FGM should continue or it should be stopped. This question was important in determining whether the attitude of respondents informed their behavior and practice of FGM/C.

Majority of the respondents (73%) ,strongly disagreed that FGM should continue and that it should not be stopped in the community, 11 percent disagreed ,10 percent were indifferent four percent agreed while two percent (strongly agreed.

These findings indicate that majority of the men do not support the practice of FGM/C and they would want FGM to stop, while only a few of the men support FGM. There was the implication that that despite FGM/C being carried out for men's benefit, they do not support it; therefore there is discrepancy in what society perceives as male preferences. The finding implies that if there was dialogue in the community to discuss FGM/C; and the views of men openly admitted, perhaps FGM/C could be stopped. It is possible that.

Over time, men have increasingly understood the serious health implications of the practice.

4.4.3 Women who have not undergone FGM/C are not faithful in their marriage

The study was keen to establish the perception that uncircumcised women are not faithful in marriage. This attitude was perceived as important for determining the position of men on the fidelity of women in marriage. According to UNICEF (2013) marriageability is the primary reason for performing FGM/C, which is directly related to preserving virginity, modesty and respect for elders.

Majority (81%) of the respondents strongly disagreed that that female who are not mutilated are not faithful in their marriage, eight percent disagreed , eight percent were indifferent , two percent agreed, while one percent strongly agreed. The study concluded that men do not believe that FGM/C is a determinant of women being faithful in marriage. Further, men attribute promiscuity to other factors other than lack of FGM/C. The data seemed to illustrate that the attitude of men, towards having women cut in order to prepare them for marriage as a sign of maturity and modesty, has changed overtime, and interrogation and debate between men and women can contribute towards this change in attitude.

4.4.4 Preferences on marrying woman who has undergone FGM/C or not

The study established the preference of men on marrying FGM/C cut or uncut women, and the reasons for the preference. From the results, 37 % of the respondents strongly agreed that they preferred marrying women who had undergone FGM/C, 35% strongly disagreed, 12 % agreed, 9% were indifferent, seven percent disagreed. The data indicated the near similarities between respondents who prefer marrying mutilated women, and those who prefer marrying none mutilated women. The data revealed that that, despite the high support to end FGM, there is ambivalence in men on suitable partners. It would seem that traditional beliefs and attribute expectations of a cut woman persist. It is probable that younger men, who are educated and more exposed to women from communities that do not practice FGM/C, were e a factor contributing to the preference

for marrying uncut women. This group could be used as agents of change to shift the perceptions of individuals over time, which then can influence their behavior and acceptance of marrying uncut women.

4.4.5 The involvement of men in fighting FGM practice in the community

The study was keen to explore community perceptions on the role of men in abandoning FGM/C. The study deemed this as important for establishing the willingness of men to playing a role towards the abandonment of FGM in the community. According to UNFPA (2010), men may hesitate to intervene, because FGM/C largely is considered a women's issue.

Five percent of the respondents strongly agreed that men should not be involved in the fight to stop the practice of FGM practice in the community, six percent disagreed, two percent) were indifferent, three percent disagreed, (while 84 percent strongly disagreed

This finding suggests that discussions and debate on t FGM/C should involve men in the community and more so, as fathers to daughters. If involved, men perhaps could be agents of change towards total abandonment, because from the findings they seemed to want an end to the practice. This was particularly where men were involved or were key decision makers. The findings also suggest that women should discuss with their husbands, determining whether their daughters should undergo FGM. Such discussions perhaps, would save girls from undergoing FGM and further, may be able to further lead to discussions on whether FGM is necessary or not in the community.

4.4.6 Whether allowing FGM indicates love and care for one's children.

The study findings established that the community does not believe that allowing ones daughter to undergo FGM/C is an indication for how much the community loves and cares for its children. Indeed, the study established that few in the community believe that allowing daughters undergo FGM/C is a sign of care and love that fathers have for daughters. The finding negated linkages between FGM and society expectations. Majority of respondents (83%) strongly disagreed that allowing their daughters to

undergo FGM is an indication of caring for the beloved children, (6%) strongly disagreed, (5%) disagreed, (3%) were indifferent while another (3%) agreed.

These findings indicated that that majority of the men do not support FGM being performed on their daughters and they do not feel that allowing girls to undergo FGM/C is a sign of care. It was observed that open dialogue about FGM would serve to reduce ignorance of its untold benefits and clarify why it is carried out in the first place. Considering the long and short term effects of FGM, in such information may well impact on the number of parents willing to take their daughters through FGM/C.

Dialogue between men, women and their children could facilitate and establish what is best for their girl child; furthermore, community discourse could help to reduce stigma and the values attached to the practice of FGM, and its prevailing social expectations unveiled. FGM/ has no known benefits and once demystified and discussed, it can be challenged through social platforms.

4.4.7 Whether women must be mutilated to be successful in marriage

Majority (87%) of the respondents strongly disagreed on the idea that women must undergo FGM/C if they are to achieve successful marriages, that women must be mutilated to be successful in marriage, (4%) disagreed, (3%) were indifferent, (4%) agreed ,while (2%) strongly agreed that women must be mutilated in order to be successful in marriage

The findings implied that that a successful marriage is not determined by whether one has undergone FGM/C but rather, success in marriage is determined by other factors. Further, there was indication that overtime men have changed their perception that FGM shapes a girl to be ready for marriage; and that FGM/C controls women's sexuality and conditions women to respect men. This finding contradicted a WHO (2008) study that indicated that FGM/C was important to men because it initiated girls into adulthood and successful marriage. The finding went against the grain or belief that FGM/C ensures that girls preserve their virginity, remain modest and learns to respect their husbands and elders

and therefore that without undergoing FGM/C, girls would be promiscuous and disrespectful to their husbands once they are married. Therefore, girls who are not cut may not get men to marry them.

4.4.8 Satisfaction of mens' sexual pleasure by circumcised women

Majority, (84%) of the respondents strongly disagreed that circumcised women give their men more sexual pleasure, (6%) disagreed, (2%) were indifferent, (6%) agreed, while two (2%) of the respondents strongly agreed.

The findings lead one to question why elimination of FGM is still a long way to go, in that while the study has negated the beliefs on the benefits of FGM/C, the practice continues and men are reluctant to advocate for its end. It was implied that perhaps there is need for more than awareness creation, because change of behavior evidently, was not a direct and simple response to acquisition of the right information.

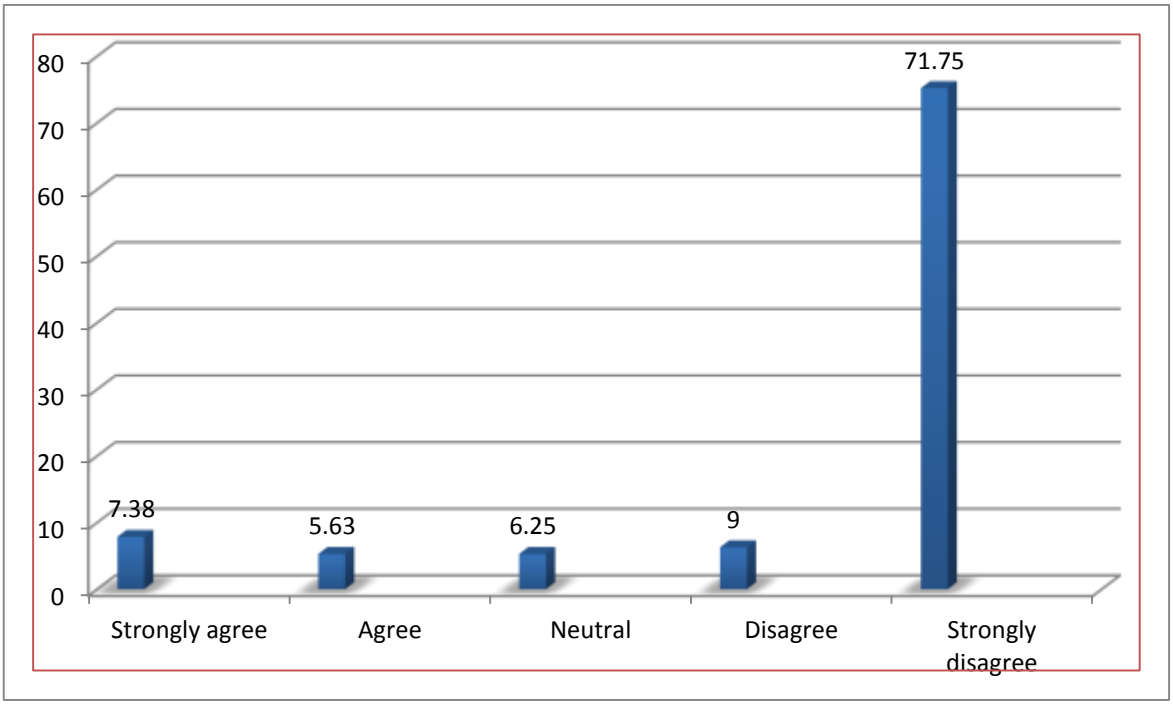
On the same note, underpowered parents with no ability to secure social and economic security for their daughters must be given a stronger reason to change their attitude on FGM/C. It is difficult for any single individual or family to forsake FGM without multiple supports of other families similarly adopting to change by not cutting their daughter. It is likely, in this specific circumstance that a few families may not support FGM, yet they feel constrained to oblige with the society demands of performing FGM because of the repercussions on punishments.

This resonates with the view that changing individual dispositions towards FGM/C won't be adequate to accomplish abandonment until a larger portion of members of the community abandon it. Households should be persuaded that there are other individuals who support – or possibly endure – a move to stop FGM and before they feel adequately engaged to stop performing FGM/C on their girls.

4.5 Summary of attitude of men as presented on the cell performance

The graph below represents the cell performance of the findings which range from the highest to the lowest performing cells. The findings explain the findings of men's attitude towards Female Genital Mutilation

Figure 4.1: Cell Performance of attitudes of men towards the practice of FGM/C



Findings on the highest and the lowest performing cells explains the attitude of men in the various variables from the findings. The highest performing cells indicate that men are in agreement that FGM is a serious problem in the society and despite it being performed; they want the practice to end.

Further, the findings reveal that FGM in the Maasai culture is performed to benefit men as a way of controlling women's sexuality before and after marriage and as a sign of wealth, however men do not agree with this notion, on the contrary they believe that FGM interferes with the normal sexual function of the women and is of no benefit to men. There is the suggestion that men are neither consulted nor are their preferences and attitude towards FGM being carried out on women entertained. Men are not allowed to discuss woman's sexuality nor FGM, it is deemed as a woman affair only in the Maasai

community. It is however very clear from the findings that if men were involved and consulted about FGM being performed on women, they would play a big role to end it.

The findings reveal that men also strongly disagree that uncut women are unfaithful in their marriage. These acknowledges men's attitude that FGM does not determine a woman's faithfulness in marriage but rather other factors could be in play for failure or success of the marriage, and therefore FGM is not a requisite for a successful marriage.

Further, the study finds that FGM is not essential to show love and care for one's beloved children but rather a mark to conform to the traditional obligations and therefore mandatory for the child to be accepted and reap the benefits from societal order. FGM has no medical benefits nor is it necessary in the bringing up of a child; it has adverse immediate and long term effects that could lead to health complications and death of a child. Indeed, some observed that allowing their daughters to undergo the cut indicates a lack of care for their children.

Within the Maasai community, FGM is perceived to suppress the sexual feelings of a woman and increase the sexual pleasure of the men, however according to the findings, FGM does not give any additional pleasure to a man nor woman, On the contrary, it would seem to be more of a hindrance to men deriving pleasure from the sex act and for the woman it is a painful experience other than a pleasurable moment.

Ironically, given the findings that FGM is a serious problem with ramifications in the community, one is hard pressed to understand why men still indicate they prefer marrying mutilated women rather than those who are not mutilated. The puzzle is solved when one revisit's the reason why FGM is carried out. The findings reveal that the cultural pressure is the driving force behind the practice. Anecdote 4 indicates the sanctions levied in society against uncut women, including their parents, husbands, suitors etc. 'FGM is a tribal mark you cannot claim to be a true Maasai woman without undergoing the cut….'.So I can say that social pressure perpetrates the practice.

4.5. FGM Awareness and Knowledge

4.5.1 FGM awareness as measured by defining the term

The results capture the commonly held meanings about FGM/C. In 1999, the UN Extraordinary Rapporteur on Conventional cultural norms recommended "civility and tolerance" in regards to this zone and attracted thoughtfulness regarding the danger of “demonizing cultures under cover of condemning practices harmful to women and the girl child.” The above sentiment is important, because FGM/C represents complex and interrelated meanings among different individuals, over time. These meanings perhaps may influence prevalence, opinions and abandonment of FGM among target groups. Individuals may also support the practice, while they draw the meaning from routine tradition, may lack meaning, or it may be just a way of life in their culture, but they still perform it anyway.

According to UNFPA (2003) the term female genital mutilation is used to describe the damage done to women unlike using other terms, for example, ladies circumcision. Female circumcision or cutting could wrongly propose that female circumcision is similar to male circumcision. To underscore the diverse idea of FGM and to make a phonetic distinction, many support the term 'female genital mutilation'

Towards establishing respondent’s understanding of the concept of FGM/C and why it is practiced. The study found that majority of the respondents were not very well conversant with the concept and gave much uninformed definitions of the concept as well as why FGM/C is practiced. Indeed, only about 30 percent of the respondents articulated a near correct understanding of the concept. Majority of respondents tended to confuse its meaning, benefits and practice, with those attributed to male circumcision.

Table 4.5 Level of awareness

Level of awareness	Frequency (n)	Percentage (%)
High awareness	10	10.0
Average awareness	19	19.0
Low awareness	30	30.0
No awareness	41	41.0
Total	100	100

4.5.2 Knowledge of FGM

The study established that there was a low level of knowledge among participants of what an FGM cut looks like; this low knowledge can be equated synonymously to knowing the extent of damage that is done to the female genitals by the FGM/C procedure during FGM. There are various types of FGM; therefore, the type of FGM done depends on the community that a female comes from, and the damage and extent is also different.
There are four types of FGM which are:

Type I: Presents incomplete or evacuation of the clitoris or potentially the prepuce. In therapeutic writing this type of FGM is additionally referred to as clitoridectomy. In some religions they call it Sunna, which is Arabic for 'convention' or 'obligation. This type of FGM may cause tissue damage and loss of blood.

Type II: Fractional or absolute expulsion of the clitoris and labia minora, with or without extraction of the labia majora. The 2007 WHO definition perceived that despite the fact that this type of cutting is broader than type I, there is extensive variation of cutting which is often referred to as excision.

Type III: It involves stitching together of both edges of the right and left labia to form a covering seal; this is after completely cutting off the labia minora and labia majora, the hood together with the clitoris. As the cut heals, it seals off the urethra. This kind of cut is called infibulation. defibultion is done to open way for sex and labour. Re-infibulation is when infibulation is repeated to seal the vagina again to make it tighter

Type IV: These are various non-therapeutic modifications or interference to the normal appearance and tissue of the vulva by use of various methods. These could include symbolic circumcision and aesthetics. Albeit symbolic circumcision is still very questionable, it has been proposed as an option in contrast to progressively serious types of FGM performed.

Table 4.6 Knowledge of FGM

Knowledge	Frequency (n)	Percentage (%)
Removal of clitoris	46	46.0
Removal of extra skin	38	38.0
Not sure	12	12.0
Do not know	4	4.0
Total	100	100

If one compares the categories of types of FGM/C, one will observes that there are variations in the understanding of respondents on the concept of FGM/C. Indeed, only 46 percent associated the meaning of the concept to the organ influenced by mutilation expressing as “cutting (removing) part of female organ and/or removal of clitoris”.

In the findings, 27 percent of respondents understood FGM/C as the act of removing extra skin from the female genetalia. Other respondents were either not sure or simply had no idea as their definitions seemed to similarize the concept with male circumcision. Some of the respondents observed that it is hard to keep the genital part clean except if it is circumcised. These findings are supported by those conducted in Egypt among 60 men that revealed that men don't have exact data about male and female reproductive anatomy.

4.7 Effects of FGM

4.7.1 Perceived medical benefits of FGM

It was important to establish medical benefits of performing FGM. The findings captured the commonly held beliefs about why the practice is held. There is large available

literature documenting the adverse effects of FGM from the act of cutting to all the way long after the girl gets married., however, no benefits resulting from FGM/C have been documented, and therefore it is evident that some communities s associates the benefits of FGM with those of accruing from male circumcision, either due to lack of information or ignorance.

In terms of health benefits, 100 percent of respondents indicated that FGM had no health benefits. The findings clarified that what communities consider the benefits of FGM/C are social rather than medical; these benefits are largely those of social acceptance and fitting into society expectations. However, despite the respondents agreeing that FGM has no health benefits, it is still being performed, such that perhaps, there is a social obligation to conform to the practice, an obligation is so attached to the community norms of restricting women's sexuality, as to be perceived as an overall benefit that the community would wish to preserve. This preservation would persist even if FGM/C has no medical or health benefit, and is considered a form of violence against women, according to the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and similarly, it is a form of torture under the Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment.

4.7.2 Awareness of possible Health Consequences of FGM

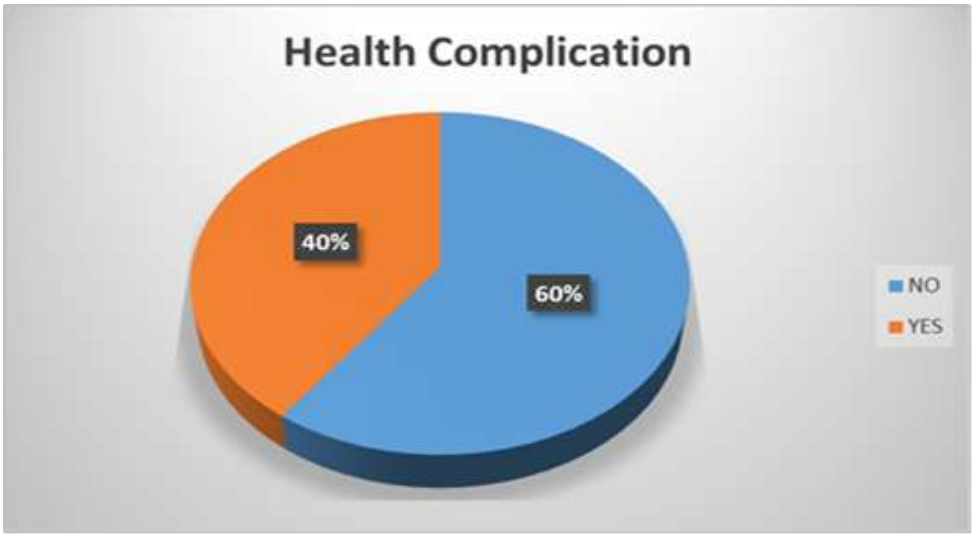
The study considered the awareness of men on the health consequences of FGM/C on women, based on the premise that if men aware of the health consequences of FGM to women, then they will be amenable to the abandonment of the practice.

The study established that majority (60%) of the respondents were not aware of the known health consequences of FGM, while 40 percent of respondents could articulate some of the consequences of FGM. This finding has serious implications on the practice of FGM/C, given the adverse health consequences it has on women. Indeed, the most severe type of FGM is type 3, also known as infibulation, has led to complications that include bleeding, , pain, delayed or incomplete healing, infections and risk of contracting HIV /AIDs. The long –term consequences of FGM include damage to adjacent organs, sterility, recurring urinary tract infections, and formation of dermoid cysts, fistula and

even death. Birth complications may also arise, leading to increased need for Caesarean sections and excessive bleeding during delivery which is fatal and still birth. Long time effects also include psychological trauma. Ironically, most women who have undergone type 11 and type 1 suffer the effects but they may not necessarily relate the effect with FGM/C because they may not have the knowledge to understand the long term effects.

The study established that majority (60%) of the participants were not aware of any known health consequences of FGM, while 40 percent of respondents could articulate a few health complications.

Figure 4.2: Health complications of FGM



Most respondents observed that is only after awareness campaigns that they realized the health problems that some of the women in their communities were experiencing were related to FGM. Among the health consequences cited include: development of complications including severe pain, shock, excessive bleeding, and difficulty in passing urine, and infections in the short run.

In summary, the health complications mentioned included reproductive health morbidities, increased risk of childbirth complications, infertility, and cervical cancer.

There was inability in some respondents to accept complications, while others articulated the complications as reflected in the following anecdote;

Anecdote 1

why would there be a health consequence with the practice, I have lived for over sixty years, and in most if not all of these years, the Maasai community have been practicing the cut which you now call FGM but I have not witnessed any health complication. See, the whiteman…, and I guess the government blindly condemns the act, but we need a deeper analysis to understand why the practice was introduced in the first place. In short, there are no health consequences I know."

"You can imagine after the cut, there must be some sewing, what happens there after, when the periods come? The blood won't come out, and that will have some medical implications. Women from this community really suffer as a result.

4.7.3 Sexuality of a woman that has undergone FGM

In many communities that practice FGM/C, the most cited reason for the practice is s to control women's sexuality and maintain modesty. It was therefore important to establish if this phenomenon was true or not, given the integral role that FGM/C plays in defining personhood and the need to remain a virgin before marriage and to be faithful in marriage.

Table 4.7: Response on whether FGM can restrict women's sexuality

Response	Frequency (n)	Percentage (%)
Yes	80	80
No	20	20
Total	100	100

Majority of the respondents (80%) believed that the practice of FGM restricts a woman's sexuality, while twenty percent believed that the practice of FGM did not restricts a woman's sexuality. The results revealed that there was a general belief that the practice of FGM reduces a woman's sex drive. This is because; the act of excising the clitoris reduces the female's interest in sexual pleasure.

The following statement from one of the respondents confirms the same:

Anecdote 2
"Well, you're putting me in a very difficult position, but yes, one of the benefits of FGM practice is its ability to check the sexual desires of a woman on check. Imagine the rates of sexually transmitted diseases today, some fatal like HIV, if anything could be done to make one reduce their desire for sex that would a great thing. Our fore fathers must have had a good reason for the practice".

The sentiments were echoed by revelations in yet another interview with another respondent:
"Young man let me tell you something, while I condemn FGM, something that took me time to condemn anyway, I want to tell you that, those that have undergone the cut are not like any other woman out there. These women are a unique breed, they would never cheat on you, how would you feel if you had a woman that sleeps around with me? Not so good of course. Yes, FGM reduces the desire for sex in women".

4.7.4 Need for women to undergo FGM to remain virgins.

The study revealed that majority of respondents believed that women should undergo FGM in order to reduce their hyperactivity in sexual practice, a smaller section of participants felt that women undergo FGM to prevent them from early initiation of sex before marriage. The main reason for FGM practice was found to be the desire for the girls to stay pure and faithful after Virginity was viewed as an honorable thing and a desire for every family for their kin. The study found that if a woman's reputation was compromised through their sexual behavior they would not only be sexually excluded but they would also be perceived as damaging to the family as a whole. Women who have undergone the cut were considered better wives because of their ability to control their sexual desire.

Table 4.8: Belief that women need to undergo FGM to remain virgins.

Response	Frequency (n)	Percentage (%)
Yes	20	20
No	80	80
TOTAL	100	100

The responses indicate that majority of respondents deem it unimportant for women to undergo FGM/C so that they remain virgins. A minority (40%) felt that women need to undergo FGM to remain virgin.

Indeed, there was a sentiment voiced that;

Anecdote 3
"For a long time in this community, there is a common say that uncut girl "cannot sit". When this is said, they mean she cannot sit still, she runs around…..with boys of course".

The outcome to this observation illustrates that the community seemed to believe that FGM/C makes a woman cleaner and pure. This purity was more aesthetic, in the view of the participants, women's genitalia, and especially the clitoris, are considered ugly, unclean and impure when uncut and FGM is thus practiced so that the vulva corresponds to social norms of beauty.

4.8 Involvement of men in demanding that their daughters' undergo FGM as a rite of passage to adulthood

It is important to establish why FGM is practiced in order to understand how far its roots project in the community and how it influences the individual choices on whether or not their daughter undergo FGM. According to UNICEF (2013, where there are deeply grounded social norms of FGM/C are, the fear of social punishment for not complying with the norm might be more grounded than the dread of punishment.

Table 4.9 Involvement of men in demanding that their daughters' undergo FGM as a rite of passage to adulthood

Response	Frequency (n)	Percentage (%)
Demand	30	30.0
Do not demand	70	70.0
TOTAL	100	100

The study established that 30 percent of the respondents demanded that their daughters undergo FGM while 70 percent declined to have their daughters undergo FGM.

4.8.1 Reason why FGM is carried out on women

The study revealed that FGM is a cultural practice and the community practices it as part of a process of initiation. Cultural pressure is the driving force behind the practice, indeed, for a woman to be considered complete and marriageable; they required undergoing the cut. The following anecdotes confirm the findings:

Anecdote 4

FGM has been generally drilled in our locale for quite a while; individuals talk about it a great deal and it is a standout amongst the most essential traditions; our young ladies are viewed as total, clean, and eligible just from the moment they are circumcised. In the recent past however, there have been efforts to end the practice. I must say that the efforts have largely succeeded but there is still a lot happening in secluded places. For a woman to be married, she has to undergo FGM. Again a girl's worth in bride price is measured through FGM being performed on her at an early age, in our Maasai culture that is a sign that she can make a good wife and she will remain modest and faithful to her husband- the price being more cows"

"In my society, a woman who is uncut is excluded. It's like they are excluded from everyone. The act is even perpetuated by the women themselves, if a female friend knows that one of them is not cut, they just sideline her. At school, church or when having a meal, they sideline you. They won't want to come near you or even play with you. They call you bad names and make jokes about you . To save children from humiliation, parents endeavor to have their daughters cut.

"FGM is a tribal mark; you cannot claim to be a true Maasai woman without undergoing the cut. In my family for instance, all the girls had to undergo the cut. It is only my father who said he did not want his daughters marked. Unfortunately, when father left for travel , my mother was forced to give her daughters up for the cut and she gave in. So I can say it is social pressure that perpetuates the practice. When the season to circumcise our girl's reaches, it is a communal ceremony; where girls in the same age group are circumcised together.

These sentiments establish that if individuals sharing common traditions see others cutting their daughters, then they will also cut theirs in order to keep their traditions; in such cases even the law may not be strong enough reason to stop the practice.

4.8.2 Involvement of men in deciding whether their daughter should or should not undergo FGM

Table 4.10 Involvement of men in deciding whether their daughter should undergo FGM

Response	Frequency (n)	Percentage (%)
YES	10	10.0
NO	90	90.0
TOTAL	100	100

The study established that 90 percent of the respondents were neither asked nor consulted on whether their daughter should or should not undergo FGM.

This finding corresponds to a 2013 finding by UNICEF (, in which women, conceded that they didn't have a clue what men thought. proposing that numerous couples don't consider FGM/C a proper subject for discussion among husband and wife. Evidently men are hesitant about broaching the subject is largely considered a 'women's issue'.

Table 4.11 Involvement of men in deciding whether their daughters should or should not undergo FGM.

Response	Frequency(n)	Percentage(%)
YES	37	37.0
NO	63	63.0
TOTAL	100	100

According to the results above, about , 63 percent of the respondents are not consulted about FGM being done on their daughters; 37 percent were consulted indicating that majority of men are not involved in the decision making process about FGM being performed on their daughters.

The data infers that FGM is the domain of women and men and therefore consultation is neither here nor there, yet it has been touted as being conducted for the benefit of men. Evidently, open dialogue about FGM, would serve to reduce ignorance of its untold benefits and clarify why it is carried out in the first place. Perhaps if parents consider the long and short term effects of FGM, no well-informed, parent would want to take their child through the process. Anecdote 4, establishes this proposition:

Anecdote 4

You see, I have 3 daughters; one has undergone FGM and we held a ceremony for her because I was informed. I do not know if the other two have been taken for circumcision by their mother. Unlike before when we could hold big feasts on such ceremonies, and everyone in the community would be alerted and involved, today they do not alert us, and no ceremony is held, so I can't know if my other two daughters are cut or not. They may have been taken to their relatives to have it done. You see, first, men are not involved in the actual cut, nor are they allowed into the house where the girls are being cut. Our role as fathers was to slaughter the cows for the celebration once were notified. We also separated the meat eaten by the men and the women and mixed milk and blood for drinking. If a marriage was to take place immediately, the fathers would be told earlier to find a suitor and bless the marriage. We sat at the elders' helm together with the father of the girl who was being circumcised and negotiated the bride price. Today the celebrations are not held, and we do not talk about it even in the house because of fear of authority and again it is a woman's issue. I can only assume that their mother has kept the tradition secretly like the other women do and taken them for circumcision.

It is evident that dialogues between men and women could facilitate community discourse to help reduce stigma and reevaluate the values attached to FGM practice and its prevailing social expectations. FGM/ has no known benefits and once demystified and discussed, it can be challenged through social platforms. An alternative rite of passage could be a fallback to FGM.

4.8.3 Procedural roles played by men during FGM process.

Table 4.12 Roles of men in FGM processes

Response	Frequency (n)	Percentage (%)
Providing the payments of the traditional cutter commissioned by women.	100	100
Preparing the daughter to undergo FGM.	Nil	Nil
Actual circumcising of daughter.	Nil	Nil
Preparations of the feast ceremony.	100	100
Blessing the daughter in readiness for marriage.	100	100

The findings indicate that men are charged with three roles: Commissioning the cut and payment of the traditional cutter, preparations of the feast ceremony and blessing the daughter in readiness for marriage. The inference here is that, it is women who commission the cutter and prepare the girls to undergo FGM.

The men may very well argue that they simply provide funds as directed by the women rather than they being the ones directing that the girls be cut. Further, it is suggested that Today, despite the ceremony being conducted discreetly, the community is always alert that such a ceremony will take place; the leaders are most often aware or sometimes

deceived of the intentions of the ceremony. The concealment of the ceremony from outsiders is purposely to evade interference of law enforcers and those who campaign against FGM in the area.

According to UNICEF (2013), the mean age of cutting girls among the Maasai is 8 to 12 years of age. The type of FGM/C performed by Maasai community is clitoridectomy, this kind of cut is of type 1 classification. The excision is on the hood and the clitoris and sometimes plus the adjacent labia. FGM is carried out by the Maasai as a rite of passage for marriageability. Girls are cut by a traditional cutter who is also a woman using a razor blade or a sharp object.

According to WHO (2008), during the cut, girls are confined and their legs held apart by women. Once a girl has been cut, her legs are tied together using sisal ropes to stop excessive bleeding. Once cut, the screams of pain signify that FGM has taken place. Women standing inside and surrounding the house sing loudly in praise and dance to signify that the girl has become a woman who can be married off. Following the cut, the girls undergo marriage talks on how to behave and play the role of wives.

The study established that men are not allowed into the house where the girls are being secluded after the cut. t. Men take the role of slaughtering the cows for the celebration, separating meat for the men and women and drinking the blood. Men also sit in the elders' helm together with the fathers of the girls who are being circumcised.

Further, fathers take the role of choosing a suitor for their daughters and negotiating the bride price; so that once the girl is cut they can be married off to either a strong Maasai Moran or to an older man who is economically endowed to pay a high bride price for the girl. It is also the role of the father to bless his daughter's marriage by performing rituals during the marriage ceremony. It is believed that without the father's blessings, a marriage will not last and failure and curses are certain.

Evidently, the worth of a girls worth in bride price is measured through the age at which FGM was performed on her. At an early age, which indicates that she can make a good wife and she will remain modest and faithful to her husband- the price being more cows.

In the study, it emerged that men recognize women as part of their property which depicts the sense of wealth among the community., indeed, the younger your wives are, the longer your life expectancy and conversely the more wives you have the, more children you will have and the greater the respect in the society. This state of lifestyle gains a man favor to become a community leader and is a concept that emboldens older men to secure younger girls for marriage. Moreover, the more girls you have as a father, the richer you get when they are married off to rich elder men.

4.8.4 Reaction of men on their daughters' choice not to undergo FGM.

The study established the reaction of men, would a daughter refuse to undergo FGM.

Table 4.13 Men support for the practice of FGM

Protection of daughter from undergoing FGM	Forcing of daughter to undergo FGM	Ambivalent/ Non-committal
• If she doesn't want to be circumcised, I can't make her. • My daughter has gone to school and she says she does not want to be cut; she wants to be a pilot. Once she has finished primary school, I will take her to a far school where she will not be disturbed.	• I care for my daughter and there is no way of escaping FGM • You have no idea what shame and isolation she will be suffering when all her age mates are circumcised and married off, and she is left alone • A small girl who has undergone FGM can speak in front of elders unlike one who is not cut therefore my daughter must be cut to be accepted socially. • There is this older woman who should be about 60 years of age now and cannot talk or even serve in the community; no one wants to be associated with her because she did not undergo the cut. I cannot do these to my daughter.	• I don't want to talk because the law may catch up with me • Those are things we don't discuss in the open. • I am afraid of the community.

The results indicated individual preference for FGM practice that is routed in community sanctions towards having their daughters cut. Evidently, fathers convinced that FGM/C should end might be hesitant to follow up on their choice if there is a expectations for remunerations attached to performing FGM or punishment for nonconformance. However, the love for his daughter's welfare and preference may play a significant role in his judgment and exercise of option.

There was a suggestion that in cases where a father is educated the daughter may have chances of not being cut. However, social expectations, negative sanctions and social costs are key elements that may hinder an individual from exercising an informed choice, especially in a society where traditions are deeply rooted. It is therefore apparent that aspects like education and economic status, among other elements, may play a big role in the choices that a father exercises.

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the key data findings, conclusion drawn from the findings and recommendations of the study. Also highlighted in this chapter are the possible areas for further research.

5.2 Summary of findings

The goal of this study was to establish the role of men in ending female genital mutilation. This was conducted by examining selected detrimental factors including the knowledge, involvement and attitude towards FGM amongst men, in reference to ending the practice. The findings of the study reveal that FGM is common in Maparasha and is frequently performed within the homesteads, at the circumciser's house or at the grandmothers. This may be indication of the wide acceptance of FGM practice in Maparasha.

The findings revealed that women take the role of preparing the girls for circumcision, signaling that FGM has taken place through songs and dance and ensuring that the girls undergo marriage counseling ready to play the role of wives.

Today, despite the ceremony being conducted discreetly, the community is always alert that such a ceremony will take place; the leaders are most often aware or sometimes deceived of the intentions of the ceremony. The concealment of the ceremony from outsiders is purposely to evade interference of law enforcers and those who campaign against FGM in the area.

Men are not allowed into the house where the girls are being cut. Men take the role of slaughtering the cows for the celebration, separating meat for the men and women and drinking of blood. Men also sit in the elder's helm together with the fathers of the girls who are being circumcised. Fathers also take the role of choosing a suitor for their s

daughter with the help of other elders; the suitor pays the bride and the father blesses the marriage.

It was evident that men recognize their women as part of their property, which depicts the sense of wealth, held within the community. This sense of wealth is based on the number of wives one has, and in turn the number of children one has, leading to the greater the respect you are given in the society and therefore you gain favor to become a community leader. This concept leads to older men securing younger girls for marriage.

The study revealed that there is need for enhanced local information about the practice of FGM/C, if it is to be eradicated. In this study, the respondent's drew information about FGM from significant other sources and hence the low level of discouragement of the practice. The health implications of the practice were not well known because of traditions and cultures. For instance, it is considered a taboo to discuss the issue of reproductive health at family level. Majority of the participants therefore were not aware of the potential health complications of the practice. It was noted that only a small number of participants mentioned over three complications associated with FGM. This implied that there is a low awareness of FGM and its health implications. The level of awareness was directly proportional to the level of education, age and marital status of the participants.

According to the findings, as expected, a little girl's probability of FGM being procured is a lot higher when her father accepts her to undergo FGM/C should proceed. It is anyway imperative to note that fathers who oppose the practice have their daughters cut too. This indicated that attitude does not always translate into behavior. The finding shows various attributors leading to differences in attitude and practice of men who have some knowledge towards FGM, in Maparasha village.

Men seemed to lean toward marriage to circumcised ladies regardless of progress in dispositions. So also, in this investigation, custom and convention as necessity for marriage, were observed to be the most two normal explanations behind performing

FGM in the socialization and acceptance. This view seemed to be highly held, and perhaps will be obstacles to initiatives to stop FGM.

It is important to recognize that in a general public where there is little access to information and business, lacking money related to quality of the family and social help from the administration, verifying fate of their girls were connected to marriageability. This finding resonated with findings in other studies, where men have made a choice to have their girls circumcised. A hand full of the respondents communicated that they were associated with the choices to have their girl cut. This finding has noteworthy remarks, because it suggests the futility of neglecting men, in the campaign against female circumcision.

Various programming endeavors have included instructive crusades gone for bringing issues to light of the dangers of FGM/C and invigorating open talk and discussion on the training. The study findings indicate that men do understand why FGM should stop, once they are made aware, and that they do discuss the effects within their circles. Evidently, there has been an increase of men who want FGM to stop. It is however noted that men and women do not discuss FGM or if their daughters should undergo FGM. This has remained a women's only affair and a cultural norm benefiting men, which has to be adhered to.

In general, the investigation found that the inclusion of men, as in any regenerative wellbeing programs, in the counteractive action of female genital mutilation is low. The fundamental explanation behind this could be dread of social analysis and lacking welfare training. The study could not trace any record, of health education topics, at the nearby government offices. In spite of the fact that it is expressed in the activity plan, that FGM/C ought to be killed, no piece of the administration body, at the neighborhood level, has stepped up to the plate and execute the str.

5.3 Conclusion

The study agrees with the position of WHO that states that any push to change perception and behavior towards FGM/C abandonment ought to coordinate interventions for men, an incorporation that is as basic as the more extensive efforts to improve the status and rights of girl and women. In this study, higher extent of the respondents' populace did not have sufficient knowledge about FGM and its intricacies. It was obviously shown that education level has a direct nexus with the level of awareness about FGM. There was also association of FGM with the dimension of perception. There has never been any health initiative or program at the grass root level where this study was ever discussed, and yet, the study believes that education is important and would play a great role in efforts to eradicate and mitigate the effects of FGM/C. Indeed, ending FGM may take a very long time unless programs are tailor made to intervene in the continuation of the practice of FGM.

An extremely high extent of the study population held a passive stand of their involvement of the continuation of FGM. This was greatly influenced by various predisposing factors; however, the greatest mitigation to abandonment was their level of education which translated to the level of awareness of FGM and its dangers as well as the laws that govern its prohibition. A significant number of the study population continue to favor the continuation of FGM, as noted in the study, married respondents are supporting the continuation out of the conviction that they were securing their girls future conjugal status. This demonstrates the issue of FGM isn't just connected with social and religious elements but also with economic status of the family and community.

5.4 Recommendations

The study made the following recommendations:

Education and awareness on the dangers of the practice should be enhanced and campaign must also target men, who must be persuaded from requiring their future mate and girls to experience the cut.

i. FGM is interwoven with various social and religious factors which make it complex to deal with. The push to change should be gradual and it should target groups so as to shift believes as a community and not as an individual.

ii. Devolving the National committee that deals with abandonment of FGM to work in the areas where FGM is predominant like Maparasha village and involving men in its programs .Establishing practical subcommittees at a neighborhood level is required if close development and effective execution of the annihilation program is to be embraced.

iii. Reviewing the act on FGM prohibition and increasing the punishment levels of the perpetrators, while setting aside provision for community policing /education and Kangaroo courts in public for FGM cases hearing where they are predominant.

iv. An age appropriate topic of FGM, and its dangers should be introduced in the Kenyan primary curriculum so as to enlighten the students on what FGM is and why they should not allow it to be practiced on them as well as why it should stop completely.

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APPENDICES

APPENDIX 1: LETTER TO RESPONDENTS

Questionnaire on the Role of Men in Ending Female Genital Mutilation/Cutting In Maparasha Location, Kajiado Count; Case study of Mparasha village, Kajiado County.

Dear Respondent,

My name is Joycelyn Mwangi, a Masters of Arts student at the University of Nairobi. I am currently conducting a research on the Role of Men in Ending Female Genital Mutilation/Cutting in Maparasha Location, Kajiado County so as to try to understand the gaps that exist in men's involvement.

I would like to inform you that you have been selected in the survey to provide some information which will be very useful in this research.

The information that you will provide will be treated with strict confidentiality and used only for academic purposes. Your participation will be highly appreciated.

Thank you,
Joycelyn Mwangi

APPENDIX II: RESEARCH QUESTIONS

Age: _____

Gender: _____

Marital status: _____

Religion: _____

Occupation_____

Level of education: _____

Interview guide

Attitude

1. To what degree do you agree in the following statements?

1) FGM is not a serious problem in the community

5. Strongly agree 4. Agree 3. Indifferent 2. Disagree 1. Strongly disagree

2) I believe FGM would continue and should not be stopped

5. Strongly agree 4. Agree 3. Indifferent 2. Disagree 1. Strongly disagree

3) Females who are not mutilated are not faithful in their marriage

5. Strongly agree 4. Agree 3. Indifferent 2. Disagree 1. Strongly disagree

4) I would prefer to marry mutilated women than none mutilated (unmarried)

5. Strongly agree 4. Agree 3. Indifferent 2. Disagree 1. Strongly disagree

5) Men should make a difference in the practice of FGM in the community?

5. Strongly agree 4. Agree 3. Indifferent 2. Disagree 1. Strongly disagree

6) FGM is a way of caring for beloved children

5. Strongly agree 4. Agree 3. Indifferent 2. Disagree 1. Strongly disagree

7) For successful marital status a women must be mutilated

5. Strongly agree 4. Agree 3. Indifferent 2. Disagree 1. Strongly disagree

8) I believe that circumcision gives more sexual pleasure

5. Strongly agree 4. Agree 3. Indifferent 2. Disagree 1. Strongly disagree

Effects of FGM

Do you think FGM has any medical benefits on women?

YES ☐

NO ☐

If yes which ones?

What is your opinion on the health consequences of FGM?

Have you witnessed a girl with complications after FGM/C?

YES ☐

NO ☐

If yes which ones?

Do you think FGM can restrict woman's sexuality?

Do you believe that women need to undergo FGM for them to be faithful and remain virgins until marriage?

Involvement of men in demanding that their daughters' undergo FGM as a rite of passage to adulthood.

Do you know why FGM is carried out on women?

A) Explain

As a man are you involved in deciding whether your daughter should or should not undergo FGM?

What procedurals roles do you as a man play on the day your daughter undergoes the FGM procedure?

If your daughter came to you and said she did not want to be mutilated, what would you do?