

Female Genital Mutilation in Kenya: are young men allies in social change programmes?

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Abstract: *The Girl Summit held in 2014 aimed to mobilise greater effort to end Female Genital Mutilation (FGM) within a generation, building on a global movement which viewed the practice as a severe form of violence against women and girls and a violation of their rights. The UN, among others, endorse “comprehensive” strategies to end FGM, including legalistic measures, social protection and social communications. FGM is a sensitive issue and difficult to research, and rapid ethnographic methods can use existing relations of trust within social networks to explore attitudes towards predominant social norms which posit FGM as a social necessity. This study used Participatory Ethnographic Evaluation Research (PEER) to understand young men’s (18-25 years) perceptions of FGM, demand for FGM among future spouses, and perceptions of efforts to end FGM in a small town in West Pokot, Kenya, where FGM is reported to be high (between 85% to 96%). Twelve PEER researchers were recruited, who conducted two interviews with their friends, generating a total of 72 narrative interviews. The majority of young men who viewed themselves as having a “modern” outlook and with aspirations to marry “educated” women were more likely not to support FGM. Our findings show that young men viewed themselves as valuable allies in ending FGM, but that voicing their opposition to the practice was often difficult. More efforts are needed by multi-stakeholders – campaigners, government and local leaders – to create an enabling environment to voice that opposition. © 2016 Reproductive Health Matters. Published by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).*

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Introduction

In 2014, at the Girl Summit, the UK’s Department for International Development announced its intention to mobilise greater effort and resources to end Female Genital Mutilation/Cutting (FGM/C) within a generation. This built on a global movement which has been increasing since the 1995 conferences during the UN Decade for Women, which positioned FGM as an intolerable form of violence against women and girls, and a violation of their rights. This opened up opportunities for forging global consensus with the intent of creating a social movement to end FGM.¹

Since 1965, 24 of the 29 countries with the highest prevalence of FGM have enacted laws criminalising FGM, which has been argued to be an essential part of creating social change to eliminate FGM, though insufficient of itself.^{2–4} A focus on laws, policies and prosecution has not been

without controversy. As women’s rights to protection from FGM have become enshrined in laws across Africa, it is questionable whether this reflects value systems at the local level.⁵ Critics argue that human rights movements privilege legal strategies over others and suggest that this may ultimately delegitimise non-state action (e.g., religious, national, or local work).⁵ It remains unclear how the breadth of measures can be implemented at the local level, and how approaches can work more synergistically.

Efforts to end FGM are often characterised by promotion of critical reflection of social norms, thought and action at community level.⁶ Local debates are informed by constellations of power, the politics of culture and external discourses.⁷ In local contexts, legitimate voices of opposition may emerge, or be restrained. Social change programmes have much to gain from identifying how disparate actors and

interventions could act more synergistically. Conversely, the history of efforts to end FGM has often been controversial and highly politicised. There are numerous historic examples of where FGM has become part of a re-assertion of ethnic and cultural identity against a perceived imposed external agenda.

Kenya has a long history of efforts to end FGM, beginning under colonial administration. In the 1930s to 1950s, practising FGM became a symbol of resistance to colonial control and part of a re-assertion of African nationalist identity.^{8,9} This politicisation has arguably continued to the present day. Government-appointed local chiefs were suspected of instigating mass demonstrations against the FGM Law, enacted in 2011.¹⁰ In other areas, politicians will condone the practice or be unwilling around elections to support efforts to end FGM.¹¹ Despite these controversies, Kenya is one of the few countries where there is some evidence that FGM prevalence is declining, indicating that legal and policy responses may be having an effect.¹² The prevalence of FGM among women aged 15-49 years has been gradually declining from 38% in 1998 to 21% in 2014.¹²

Men could be important allies in efforts to end FGM, as they play a considerable role as drivers of demand for the practice in their roles as husbands, fathers, and community and religious leaders.^{13–15} There is limited research on the success of involving men in interventions to end FGM.¹⁵ Research among men in Mali found that men, though mainly educated, urban elite, were in fact less supportive of the practice than women.⁷ Evidence from a recent systematic review found that men are not as supportive of FGM as is often assumed, with some viewing it as leading to adverse health outcomes for women, loss of women's sexual pleasure as well as male sexual dissatisfaction.¹⁵ Men may accept the practice of FGM as a social necessity even while disapproving of it, and be subject to strong social pressures to maintain the practice.¹⁵

The aim of this study was firstly to gain an in-depth understanding of how decisions about marriage were influenced by demand for FGM, and to what extent young men of pre-marital age (18-25 years) could exert their agency in these decisions. We wanted to understand how young men perceived FGM and efforts to end it, as well as how young men wanted to contribute to a shift in social norms, and hence how communications programmes can enlist their voices to bring about social change. Ethnographic qualitative

methods are useful in addressing these questions, particularly in their ability to probe deeply into someone's perceptions of social life, mapping out shifts in power and social norms.^{16,17}

Research setting

West Pokot is a semi-arid area in Western Kenya populated mainly by the Pokot people, who are a Nilotic tribe dependent on nomadic pastoralism.¹⁸ Unemployment is high in West Pokot, with only 5% counted as wage earners. Educational enrolment is low, with only 27% of children enrolled in secondary education.¹⁹ The prevalence of FGM is high in this area, with sources citing the prevalence as between 85% and 96%.^{20,21} Infibulation (the removal of the inner and outer labia and suturing of the vulva known as FGM type 3) is reported to be the most common type of FGM practised by the Pokot.²²

Some interventions to end FGM, led by local community-based organisations, national media and district governments, were known to have taken place. Addressing FGM is included in Pokot county's Integrated Plan (2013-2017), through raising social awareness and better enforcement of Kenya's law criminalising the practice.¹⁹

Methodology

The study used the participatory ethnographic evaluation research (PEER) approach, which is derived from anthropological methods and holds that trusting relationships and rapport with the community are pre-requisites for researching social life. PEER trains members of the target population as PEER researchers (PRs) to conduct in-depth and unstructured qualitative interviews with their peers within a social network. The PRs effectively become key informants by virtue of their status as community members and their local knowledge. To ensure confidentiality and to enable interviewees to discuss sensitive issues, all interviews were carried out in the third person (asking "what do other people say about" an issue).¹⁶ PEER has worked well to research sensitive issues, especially in sexual and reproductive health.¹⁶ An in-depth discussion of the method is described elsewhere.¹⁶

We recruited 12 PRs, who were all young men of pre-marital age and status (18-25 years), using a convenience sample (on-street recruitment in a local market). PRs were trained in basic interviewing skills over two days. PRs used selective sampling to identify "friends" of the same age who

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