

# THE INTERNATIONAL JOURNAL OF HUMANITIES & SOCIAL STUDIES

## Men's Perception towards the Abandonment of Female Genital Mutilation (Cutting) in Kenya (2014)

Margaret M. Mwaia

Senior Population Programmes Officer,  
Department of Communication, Advocacy and Public Engagement,  
National Council for Population and Development (NCPD), Nairobi, Kenya

### Abstract:

*Introduction: Female Genital Mutilation (FGM) is a deeply rooted cultural practice common in parts of Africa, the Middle East and Asia. It is mainly conducted for marriageability, family honour, social acceptance and chastity. Despite Kenya's remarkable progress towards ending FGM, the practice is still prevalent within some ethnic groups threatening the attainment of Sustainable Development Goal No.5 and most specifically Kenya's ICPD25 commitment to end FGM by 2022.*

*Objective: This study aimed to examine men's perception towards FGM abandonment in Kenya*

*Method: The study has used the 2014 Kenya Demographic and Health Survey data. Descriptive and inferential statistical analyses using binary logistic regression were used with statistical significance of <0.01.*

*Results: The study worked with a total of 26247 sample of men and women. FGM awareness was higher among men (98%) compared to women (97%) and over 90% of men and women favour its abandonment. Apart from women's age, all variables (region, place of residence, religion, ethnicity, education, wealth index, marital status, polygyny and men's age) were significant at <0.01 at bivariate stage. Young men and women below 30 years were more in favour of FGM abandonment than older folks. In the logistic regression, age and ethnicity were negatively associated with FGM abandonment while education, wealth and marital status were positive. Women's age, women's marital status and place of residence were insignificant.*

*Conclusion: Given that men are the architects and custodians of community social norms, programmes to end FGM should consider their greater involvement. Culture specific interventions should be put in place using the social norms theory. Education and cultural intermarriages should be promoted as a way of ending harmful cultural practices.*

**Keywords:** Female genital mutilation, female circumcision, men's perception, social norms, KDHS2014, Kenya, determinants

## 1. Introduction

### 1.1. Background of the Study

"FGM is not only a catastrophic abuse of human rights that significantly harms the physical and mental health of millions of girls and women; it is also a drain on a country's vital economic resources," (Dr. Ian Askew, 2020), Director, WHO Department of Sexual and Reproductive Health and Research. "More investment is urgently needed to stop FGM and end the suffering it inflicts." (WHO, 2020)

Each year, around four million girls worldwide are at risk of undergoing Female Genital Mutilation or Cutting (FGM/C), most of them before turning age 15. Globally, it is estimated that over 200 million women aged 15-49 have undergone excision (UNICEF, 2020) with USD1.4 billion spent annually on FGM/C health complications. If abandoned today, 60% of health savings could be realized by 2030 (WHO, 2020).

Female Genital Mutilation (FGM), also known as Female Circumcision (FC) or Female Genital Cutting (FGC) "comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons", (WHO, 2020). FGM/C is practiced in 31 countries, especially in Africa, the Middle East and Asia among women and girls some as early as at infancy (UNICEF, 2020). International migration has also aided the spread of FGM/C. The European Parliament, in 2010, estimated that half a million women in Europe had undergone FGM/C (Brown, K., et al 2013). Although most common in Eastern, Western and North Eastern countries (Powell, R. & Yussuf, M., 2018), half of the FGM/C prevalent countries are in Western Africa (UN, 2020).

Kenya is one of the countries in Africa making remarkable progress towards ending FGM/C. According to the Demographic and Health Surveys (1998 - 2014), Kenya's FGM/C prevalence dropped from 38% in 1998 to 21% in 2014 (KNBS, 2015). With girls at younger ages recording lower or zero prevalence (Shell-Duncan, et al, 2017). However, prevalence has remained high among the Kenyan Somali (94%), Samburu (86%), Maasai (78%), Abagusii (84%), Abakuria (84%) and Pokot (96%) ethnic groups (Brown, E., et al, 2016; Nchagwa, R., 2018 and UNFPA, 2013).

### 1.2. Problem of the Study

Three decades of UN recommended strategies of bodily and sexual integrity; human rights; legislative and health approaches coupled with behaviour change have failed to abate FGM/C (Brown, K., et al 2013). Using one approach for example, the law, cannot forestall FGM/C. As McCauley, M., & van den Broek, N. (2019) and Nafisa, B., et al (2019) noted, despite infibulation being banned in Sudan in the 1940s, it continues to date with no successful prosecutions. In recent years, interventions to end FGM/C have been criticized as neo-colonialism, religious inclinations or political assertions that do not adhere to the societal norms (Varol, N., et al 2015) of some communities.

Kenya has tried many interventions to end FGM/C from as early as the 1930s to 1950s when missionaries spearheaded the campaign. Coming at the height of the fight against colonialism, this was politicized as fighting African culture (Kenyatta, J. in Shell-Duncan, B., et al 2017). Men legitimized FGM/C as a social norm. In 1982 the President called for FGM/C abandonment advocating for prosecutorial measures. However, it was interpreted as an act to pacify Western sensitivities at the time (Shell-Duncan, B., et al 2017). Recent efforts include incorporating non-governmental and faith-based organizations and using legislation. The latter has increased cases of medicalization or younger age cutting in some communities.

There is a dearth of research evidence where men have been involved in efforts to abandon FGM/C (Varol, N., et al 2015). Yet, in patriarchal societies men are architects of social norms and their perception and engagement are critical. According to Shell-Duncan, B., et al (2020), Mackie, G. & LeJuene, J. (2009) and Powell, R. & Yussuf, M. (2018), a community's social norms play a very vital role in perpetuating FGM/C. In his study in five practicing countries of Sudan, Senegal, Kenya, Egypt and Ethiopia, Mackie, G. (2009) found that FGM/C is mainly practiced for marriage ability, which pressurizes parents to enforce their daughters' cut. Especially in Kenya, Mackie, G. (2009) noted that girls who were initiated through the Alternative Right of Passage (ARP) later faced massive community stigma that forced some to seek the cut for acceptability. In some cases, circumcised girls seem to hold some form of prestige and self-entitlements compared to those not cut. Muteshi-Strachan, J. (2016) also noted that older women enforce the cut as a form of ethnic identity. Women perform FGM/C due to self-enforcing beliefs that men prefer to marry circumcised girls in order to earn societal respect. Men have power and authority in domestic as well as community realms and should be an integral part in decisions to abandon FGM/C. Moreover, as custodians, men have the ability to change cultural and social norms.

Incrementally, the issue of FGM/C has largely focused on women and their perceptions even in the area of research. For example, in the Kenya Demographic and Health Surveys (KDHS) of 2003 and 2008-09, men's perceptions about FGM/C were not sought. In the 2014 KDHS men's perceptions were sought only on two accounts – FGM/C abandonment and whether it was required by religion. Yet, men's perception on their daughters' circumcision, their perceived benefits of FGM/C and their knowledge of its dangers could placate societal attitudes and cause change.

The research seeks to answer the question: Are men the magic bullet in ending FGM/C in Kenya?

### 1.3. Importance of the Study

Female Genital Mutilation/Cutting (FGM/C) is a “deeply rooted cultural practice held in place by beliefs around controlling women's sexuality and preserving girls' sexual purity” (Nafisa, B., et al, 2019). The practice is “often motivated by a complex mix of interlinked socio-cultural factors, including peer pressure, the desire for social acceptance and the need to secure daughters' marriage prospects and preserve family status” (UNFPA, 2013). FGM/C is considered a crucial rite of passage for girls to join womanhood. Despite it being tightly knit in the socio-cultural fabric of many African cultures, FGM/C is widely embraced by some religious faiths as well (Odukogbe, A., et al, 2017).

The practice is recognized as a violation of the human rights of girls and women as stipulated by several international and regional instruments, among them: The Universal Declaration of Human Rights and its Committee; The Committee on the Elimination of Discrimination against Women (CEDAW) and the Committee on the Rights of the Child among others. On its part, the African Union (AU) has adopted the Maputo Protocol pledging comprehensive rights to women including abandonment of FGM/C (UNFPA, 2013). So far, 24 governments have legislation outlawing FGM/C (UNGA, 2012). The 2011 Kenya anti-FGM Act forbids medicalization, ostracization of uncut women and girls while outlawing cross-border FGM/C activities among others.

According to Shell-Duncan, B., (2020), Brown, E., et al (2016) and Varol, N., et al. (2015), men are pivotal in forestalling FGM/C as they are important decision-makers at the family, religious and community leadership. In some communities, “social obligation and the lack of dialogue between men and women” were reported as barriers to abandonment (Varol, N., et.al. 2015). Mwendwa, P., et al (2020) offered a divergent view where women secretly arrange for their daughters' cut if their husbands disapproved.

In 2018, the United Nations Population Fund (UNFPA) set the “three zeros” goal to ensure zero preventable maternal deaths, zero unmet need for modern family planning and zero gender violence including harmful practices such as FGM/C and child marriages (UNFPA, 2019). During the 2019 International Conference on Population and Development (ICPD25, Nairobi Summit), Kenya's President committed to end FGM by 2022. Given the short period, it is important to seek quick win strategies such as involving men in campaigns to end FGM/C. Wilson, A. (2013) notes that it was male elites who were instrumental in ending foot binding in China. Similar strategies were used to improve maternal and child health in Sudan (Nafisa, B., et al 2019). In Yemen men's disapproval of FGM/C, saved their daughters from the cut. Similar evidence exists in Senegal (Varol, N., et al 2015 and Shell-Duncan B., 2020).

#### 1.4. Objective of the Study

The ultimate goal of this study is to examine men's attitudes towards the abandonment of FGM/C from the demographic and socio-economic perspectives. In specific, the study sets out to:

- Identify levels of prevalence, awareness and perceptions towards FGM/C in Kenya
- Investigate the relationship and differentials between men's and women's attitude towards FGM/C abandonment
- Determine the main demographic and socio-economic factors that impact men's and women's attitude towards FGM/C abandonment.

#### 1.5 Methodology of the Study

This is a quantitative and retrospective analytical study. It employs descriptive and inferential statistics using secondary data from the Kenya Demographic and Health Survey of 2014. Descriptive analysis using cross tabulations and chi-square tests are used to estimate levels of awareness, differentials in men's and women's perceptions towards FGM/C abandonment and significance of associations between the dependent and predictor variables.

Binary logistic regression model is used to analyse and explain the impact of selected demographic and socio-economic factors (age, marital status, polygyny, education, wealth status, work status, ethnicity, religion, region and place of residence) on men's and women's attitude towards FGM/C abandonment. Binary logistic regression helps estimate the probability of an event occurring (success). It is also useful in modelling the relationship between predictor variables and a categorical response variable (Statistical Solutions, 2020). This study's dependent variable is binary (Stopor Continue FGM/C) thus the technique is used to model the relationship between attitudes towards FGM/C abandonment by some men and women's demographic and socio-economic characteristics. The multiple binary logistic regression equation is:

$$P(Y) = \exp(\beta_0 + \beta_1 X_1 + \beta_2 X_2 \dots + \beta_n X_n) / (1 + \exp(\beta_0 + \beta_1 X_1 + \beta_2 X_2 \dots + \beta_n X_n)).$$

Where:

P = Probability of a success

Y = Dependent variable

$\beta_0$  = Constant

$\beta_n$  = Coefficients of variables  $X_1 \dots X_n$

$X_n$  = Independent variables  $X_1 \dots X_n$

The model describes the probability of an event happening as a function of independent variables (Kleinbaum, D., 1994).

#### 1.6. Data Sources

This study uses secondary data from the 2014 Kenya Demographic and Health Survey (KDHS) datasets to examine and determine men and women's perception towards FGM/C abandonment. After excluding non-responses or "don't know" cases in the dependent variable, 12273 male and 13975 female respondents were included in the weighted study.

Demographic and Health Surveys collect data on diverse population, health and health-related behavioural topics including attitudes towards FGM/C abandonment. The 2014 KDHS sought wider coverage and content given Kenya's devolved governance structure. The survey tool was administered through a new approach of using the full questionnaire and a short version. A total of 39679 households were selected for the survey. However, only 36812 were occupied yielding a total of 36430 households with a 99% response rate for both the full and short versions. 15317 women of reproductive age (15-49) were identified for the full survey tool. 14741 were interviewed with a response rate of 96%. Meantime, 14217 men aged 15-54 were identified for the same tool and 12819 were interviewed with a response rate of 90%. The short questionnaire was administered to an additional 16338 women aged 15-49 with a response rate of 97% (KNBS& ICF Macro, 2015).

#### 1.7. Country Background

Kenya is located in East Africa. The country borders Ethiopia (north), Somalia (northeast), Tanzania (south), Uganda (west), and South Sudan (northwest). The Indian Ocean is on the eastern side. Kenya covers a total land area of 582,646 Km<sup>2</sup>, of which only 20 percent is arable (KNBS& ICF Macro, 2015). The country has diverse physical features including Mount Kenya - the second highest mountain in Africa, the largest freshwater lake on the continent - Lake Victoria and the Great Rift Valley not to mention the African Savannah and its world-class wildlife. Kenya has a devolved governance system comprising the national government and 47 county governments spread over eight regions. The country has 43 ethnic communities. Table 1 summarizes some of the salient demographic indicators of the country.

Indicators	Total
Population Size	47.6million
Population Density	82 persons per Km <sup>2</sup>
Population below 15 (%)	39
Population 15-64 (%)	57.1
Population 65+ (%)	3.9
Women of Reproductive Age (15-49) (%)	25.4
Population Growth Rate (%)	2.2
Sex Ratio	98
Total Fertility Rate (children/woman)	2.9
Household size	3.9 persons (average)
Total Dependency Ratio (%)	42.9
Infant Mortality Rate	36.1/1000livebirths (2018 est.)*
Life Expectancy at Birth (Population)	64.6 years (2018 est.)*

Table 1: Key Demographic Indicators of Kenya

Source: 2019 Kenya Population and Housing Census; \*Sourced from Indexmundi.com, 2020

### 1.8. Conceptual Framework

This study endeavours to use the social norms conceptual framework to examine men and women's perception towards abandonment of FGM/C by some demographic and socio-economic characteristics. However, the institutional factors of the model are not part of the analysis but have been alluded to as important for holistic programming in FGM/C eradication.

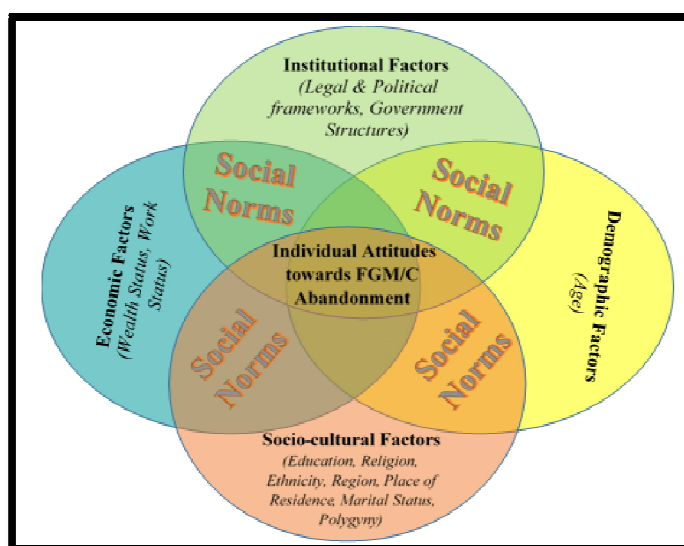


Figure 1: Conceptual Framework for FGM/C Abandonment

Source: Adapted from Cislighi, B.& Heise, L., 2019

There is a complex web of factors and aspects of life that shape a society's attitudes and perceptions towards FGM/C abandonment. All are interconnected and none can function on its own. A number of studies consider social norms as the navel of FGM/C abandonment in different societal settings. Social norms are "informal rules of behaviour that dictate what is acceptable within a given social context". The social norms approach is hinged on two beliefs – about what others do (descriptive) and about what others approve and disapprove (injunctive) (Cislighi, B. & Heise, L., (2019). According to the theory, individual and community behaviour is based on perceived expectations of other people. Perceptions towards FGM/C discontinuation are intrinsic in societal norms and a people's way of life. There are reasonable suggestions to avoid individualistic approaches but rather seek meaningful engagements and changes within communities or ethnic groupings (Mackie, G.& LeJuene, J., 2009; Mackie, G., 2009; Shell-Duncan, B., 2020; Brown, K., et al, 2013; Cislighi, B.& Heise, L., 2019).

### 1.9. Literature Review

Literature and studies about FGM/C proliferate the globe. However, most of it has explored origins, determinants, reproductive health consequences, women and girls' rights agenda, legal instruments, religion, types of FGM/C while a lot more has been said from the perspectives of women using gender equality lens. Given the recent momentum to find interventions to end FGM/C, as a target of the Sustainable Development Goal (No.5) by 2030, there is an emerging perspective pointing to the importance of social norms theory and male involvement as the magic bullet. This study explores some of the recent studies related to men's perceptions towards FGM/C abandonment.

Shell-Duncan, B., (2020) in a study entitled "Women's business? A social network study of the influence of men on decision-making regarding FGM/C in Senegal" used the social norms theory. The study sought to answer questions about the role of men in perpetuating or abandoning FGM/C and who wields the greatest power and influence over FGM/C decisions. The qualitative study used focus group and ethnographic network analyses and targeted two regions of Senegal – Southern (FGM/C prevalent) and Central (non-prevalent). The study found that criminalization led to secrecy. In the Southern region, gender norms perpetuate FGM/C for marriage ability while in Central region intermarriages, law and health concerns led to abandonment. The study concluded that men and elderly women are powerful and authoritative in FGM/C decision-making. In the Southern region, men are greater influencers in FGM/C continuation while in Central, fathers advocate for discontinuation and have the power and authority to influence the older women to change. Men play a critical role in the social networks and can be the game changers in FGM/C abandonment.

Mwendwa, P., et al (2020) in a study titled "Promote locally led initiatives to fight FGM/C: Lessons from anti-FGM/C advocates in Rural Kenya", aimed to explore the views of anti-FGM/C crusaders on the barriers and facilitating factors of FGM/C among Meru of Eastern Kenya. 30 anti-FGM/C advocates from Tigania and West Meru County were involved in focus group discussions on effectiveness of interventions and campaigns to end FGM/C and actions perceived critical to cause change and abandonment. The study found that while some women secretly cut their daughters, young men discouraged their girlfriends from the practice for a promise of future sexual satisfaction. Proposed measures to end FGM/C included revitalizing Alternative Rite of Passage (ARP), encouraging fathers to take active role in their daughters' upbringing; promoting knowledge and awareness in schools and public forums and strengthening community policing. Apart from male involvement at family, community and religious levels, the study recommended keeping girls in school as the most effective strategies.

Takeah, E., et al (2019) study named "Persistent FGM despite its illegality: Narratives from women and men in Northern Ghana" aimed to identify factors sustaining FGM in Bawku Municipality and Pusiga District despite it being declared illegal since 1994. Using grounded theory descriptive methodology, the study conducted 18 in-depth interviews and 12 focus group discussions and data analysed using NVIVO 11.0. The results indicated that FGM/C was both a rite of passage for the girls and a religious requirement. Women perpetuate the practice as a way of gaining respect from their in-laws and community. Further, the study found that some men required it as a form of dominance over women. The study concluded that ethnicity, religion, older women and men's dominance perpetuated FGM/C in Northern Ghana. In order to eradicate it, the study recommended social programmes in practising communities.

Powell, R. & Yussuf, M., (2018) studied the "Changes in FGM/C in Somaliland: Medical narrative driving shift in types of cutting". The qualitative study aimed to explore FGM/C knowledge, views and experiences among married and unmarried men and women and healthcare workers, its changes and potential abandonment. The study used cross-sectional design and qualitative methods to conduct 24 focus group discussions; 20 key informant interviews and 28 in-depth interviews bringing together a total of 280 participants. Data was analysed using thematic template techniques. The study found two types of cuts (sunna – thought to be a religious requirement and pharaonic – thought to be cultural). Some respondents believed the sunna cut was synonymous with abandonment. Despite medicalization practices, healthcare workers supported discontinuation of FGM/C citing health concerns. The study concluded that change in FGM/C practice was transformational to sunna not for total abandonment.

Kaplan, A., et al (2016) study entitled "Female Genital Mutilation/Cutting: Changes and trends in knowledge, attitudes and practices among health care professionals in The Gambia" was conducted between 2012 and 2014. The objectives of the study were to explore trends and measure/assess changes in knowledge, attitudes and practices among healthcare workers. The cross-sectional descriptive study had a sample of 1288 healthcare workers and students. Data was collected using a self-administered Knowledge Attitude and Practice (KAP) tool and analysed by descriptive statistics, R and STATA. The results showed that three quarters of healthcare workers supported discontinuation of FGM/C and especially considered themselves as essential social change agents. However, a quarter of the workers felt FGM/C should continue with a majority expressing intentions to have their daughters excised. The study concluded that the dissenting views and confirmation of medicalization support were likely to increase the latter thus a need for prevention strategies within the sector.

Brown, E., et al (2016) study titled "FGM in Kenya: Are young men allies in social change programmes?" used Participatory Ethnographic Evaluation Research (PEER) to explore and seek an understanding of young men's perceptions of FGM, their demand for it among future spouses and perceptions towards its abandonment in West Pokot. The study engaged 12 male PEER researchers aged 18-25 from the county. Using snowballing, the research generated 72 narrative interviews. Results showed that FGM/C was conducted for marriageability but also conferred social status for both women and men. Men who married cut women earned social respect and a belief that it helped them accumulate wealth and ancestral blessings while those married to uncut women were believed to be cursed. However, majority of young men perceiving themselves as "modern" and with aspirations to marry "educated" women were unlikely to support FGM. The study recommended close collaboration with decision-makers to develop and use culturally approved approaches and community awareness programmes for FGM/C discontinuation. It called for more efforts by all stakeholders to create an enabling environment for young people to openly air their dissent for FGM/C.

Adeniran, S., et al (2016) conducted a cross-sectional study entitled "Attitudes to FGM/C among male adolescents in Ilorin, Nigeria" to determine knowledge and attitudes towards FGM/C among male adolescents as well as to assess their preparedness to protect their future daughters from it. The study collected data from 1536 senior secondary school students aged 14-19 in 18 schools. Data was analysed using descriptive and inferential statistics. The results showed that 33.5% supported while 34.6% opposed FGM/C. However, more than three quarters (76.4%) of the students were against

the idea of excising their daughters while 40% perceived FGM/C a wicked act against women. 42% considered education the best approach for FGM/C abandonment. The study concluded that education and advocacy interventions among male adolescents in both formal and informal settings were the most effective strategies to correct misconceptions about FGM/C. Information, education and communication in schools, communities and religious settings was recommended to end harmful practices.

### 1.10. Organization of the Study

This study is organized into five sections. The first section covers the introductory part, whilst, section two provides levels and trends of FGM/C in Kenya, levels of awareness and perceptions of men and women. Section three presents differentials in men's and women's perceptions to FGM/C abandonment in relation to their demographic and socio-economic characteristics. Section four provides a snapshot of demographic and socio-economic determinants of men's and women's perception towards FGM/C abandonment. Section five offers conclusion and recommendations. Finally, a list of references is given at the end of the document.

## 2. Prevalence, Awareness and Perceptions of FGM/C in Kenya

This section presents the levels of FGM/C prevalence, awareness as well as perceptions of men and women towards FGM abandonment using data from 1998 to 2014 Kenya Demographic and Health Surveys. Only in the 2014 study was information on FGM/C sought from men. Earlier studies focused only on women thus data from 1998, 2003 and 2008-09 is only used for trends in this study.

### 2.1. Levels and Trends of FGM/C Prevalence

Levels and trends are vital in giving a quick overview of a given situation measured over time. The parameters show whether there is progress, retardation or stagnation at any point of the continuum. They are critical in policy, programmatic interventions and resources planning and decision making.

Figure 2 shows the FGM/C prevalence since the 90s. As can be observed, the practice has been slowing down over the years from a high of 38% in 1998 to 21% in 2014, i.e. decreasing by 16.6 percent points. However, the decline is very marginal in some communities threatening the achievement of both the ICPD25 country commitment and SDG5.

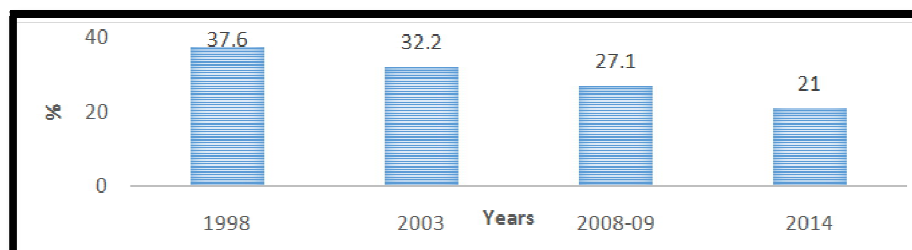


Figure 2: Prevalence of FGM/C among Women (15-49), KDHSs1998 -2014

Source: <https://www.statscompiler.com>

### 2.2. Levels of Awareness of FGM/C

FGM/C awareness has global acclaim among men and women, boys and girls. Figure 3 illustrates the Percentage of Men (15-54) and Women (15-49) who have heard of female circumcision in Kenya 1998 – 2014, and it affirms that FGM/C awareness is universal in the country at 97.6% among men and 96.8% among women according to the 2014 study.

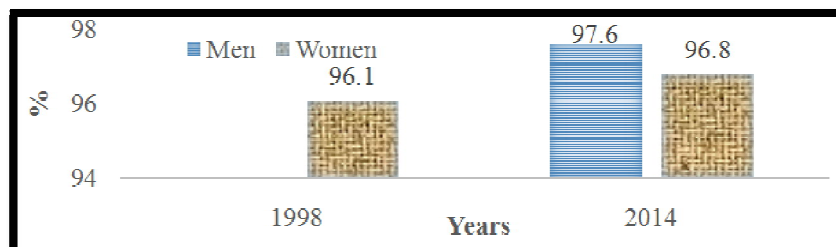


Figure 3: Percentage of Men and Women (15-49) who have heard of Female Circumcision, Kenya 1998 – 2014

Source: <https://www.statscompiler.com>

### 2.3. Levels of Perception of FGM/C Abandonment

A number of countries are now seeking men's perception towards FGM/C abandonment. Some studies in Europe and America have sought perceptions of immigrant Somali, Ethiopian, Sudanese and Eritrean men. Most men denounce the practice as a violation of rights of women. In Africa, there are some studies in Egypt, Somalia, Senegal, Sudan and other countries seeking men's perception in FGM/C discontinuation. Figure 4 presents the percent distribution of men (15-54)

and women (15-49) by their perception about FGM/C abandonment, in Kenya. During the 2014 study, over 90% of men and women vouched for an end to FGM/C.

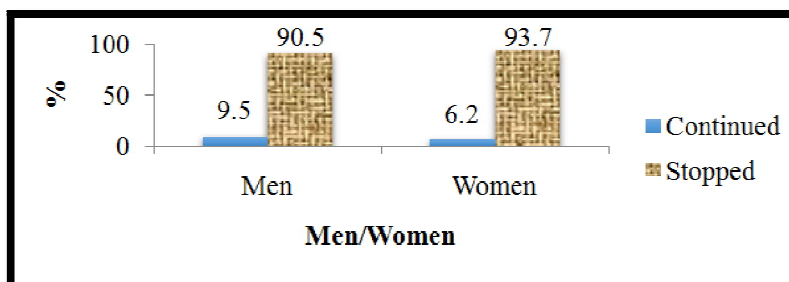


Figure 4: Percent Distribution of Men (15-54) and Women (15-49) by Their Perception about FGM/C Abandonment, KDHS, 2014

Source: Calculated by the Researcher from KDHS, 2014 Raw Data

The emergence of the novel corona virus (popularly known as the COVID-19) may have negative effects on campaigns to end FGM/C in Kenya. Despite there being scanty information on the pandemic's effects (given that the situation is still unfolding the world over), the UN, (2020) fears that the virus will reverse gains made towards achievement of the 2015 Sustainable Development Goals (SDGs) where ending FGM/C is prominent under SDG5. The closure of schools may provide an opportunity for parents and communities to fall back on FGM/C practices for fear of their girls getting unintended pregnancies where FGM/C is regarded as a means for chastity.

### 3. Differentials in Men's and Women's Perceptions towards FGM/C Abandonment

This section presents the differentials in men's and women's perceptions towards abandonment of FGM/C by their demographic, geographic, economic and socio-cultural characteristics. The results were obtained using percentages and chi-square tests. The latter is relevant for testing the significance of associations between the dependent variable and its predictor variables.

#### 3.1. Demographic, Geographic and Cultural Differentials in Men's and Women's Perceptions towards FGM/C Abandonment

Table 2 presents percentage distribution of men and women's perceptions towards FGM/C abandonment by their demographic, geographic and cultural characteristics. Two-thirds (67.2%) of men and 72% of women aged below 35 want FGM/C stopped. Studies show that young men in Maasai are convincing their elders to stop the social norm while in Meru, they are urging their girlfriends not to take the cut.

Generally, more females than males think FGM/C should stop. However, in the North Eastern region, more women (30.2%) compared to men (17.2%) want FGM/C continued. As earlier observed, men have the decision-making power and authority at family and community realms, thus the need for them to stamp their authority against the practice. Despite high regional variations, it is salient that Rift Valley has the highest percentage (26%) of males and females who feel FGM/C should stop while more rural than urban folks are in favour of continuation of the practice.

Majority (91.4% men and 94.5% women) of Christians (Roman Catholics, Protestants and other Christians) think the practice should be abandoned while Muslim men harbour higher perceptions for discontinuation than Muslim women (4.7% and 4%, respectively). Interestingly, 41% of Muslim women and Protestant women feel the practice should continue.

Men and women from Kamba and Kikuyu ethnic groupings reported the highest percentage of those who want FGM/C abandoned (34%). Women from the Somali, Samburu, Boran, Gabbra and Orma communities are unlikely (0.7%) to stop FGM/C compared to 1% of their men. Although awareness of FGM/C is universal (100%) in these communities, women continue the practice due to the self-enforcing beliefs that it is required by religion, for hygiene, marriageability and social acceptance. Social norms approaches, religious teachings, education and intermarriages can help the communities change their attitudes.

Except for female's age, all variables are statistically significant for FGM/C abandonment with probability of .000 at  $CI < .01$ .



Variables and Categories		FGM Male Respond			FGM Female Respond		
		Continued	Stopped	Total	Continued	Stopped	Total
<b>Age</b>		<b>Chi-sq V=37.252 Prob.=.000</b>			<b>Chi-sq V=4.098 Prob.=.663</b>		
15-19	Total	181	2173	2354	161	2395	2556
	%	15.5	19.6	19.2	18.3	18.3	18.3
20-24	Total	160	1898	2058	150	2438	2588
	%	13.7	17.1	16.8	17.0	18.6	18.5
25-29	Total	179	1853	2032	167	2650	2817
	%	15.3	16.7	16.6	19.0	20.2	20.2
30-34	Total	182	1536	1718	138	1935	2073
	%	15.6	13.8	14.0	15.7	14.8	14.8
35-39	Total	173	1273	1446	120	1576	1696
	%	14.8	11.5	11.8	13.6	12.0	12.1
40-44	Total	128	1045	1173	81	1152	1233
	%	10.9	9.4	9.6	9.2	8.8	8.8
45-49	Total	88	680	768	64	947	1011
	%	7.5	6.1	6.3	7.3	7.2	7.2
50-54	Total	78	646	724	---	---	---
	%	6.7	5.8	5.9	---	---	---
<b>Region</b>		<b>Chi-sq V=1692.378 Prob.=000</b>			<b>Chi-sq V=3702.304 Prob.=000</b>		
Coast	Total	77	1183	1260	62	1199	1261
	%	6.6	10.7	10.3	7	9.2	9
North Eastern	Total	201	39	240	266	29	295
	%	17.2	0.4	2	30.2	0.2	2.1
Eastern	Total	201	1685	1886	114	1891	2005
	%	17.2	15.2	15.4	13	14.4	14.4
Central	Total	174	1480	1654	48	1816	1864
	%	14.9	13.3	13.5	5.5	13.9	13.3
Rift Valley	Total	231	2896	3127	174	3460	3634
	%	19.7	26.1	25.5	19.8	26.4	26
Western	Total	12	1177	1189	28	1448	1476
	%	1	10.6	9.7	3.2	11.1	10.6
Nyanza	Total	165	1208	1373	155	1586	1741
	%	14.1	10.9	11.2	17.6	12.1	12.5
Nairobi	Total	109	1436	1545	33	1663	1696
	%	9.3	12.9	12.6	3.8	12.7	12.1
<b>Place of Residence</b>		<b>Chi-sq V=8.604 Prob.=.003</b>			<b>Chi-sq V=44.115 Prob.=.000</b>		
Urban	Total	462	4885	5347	268	5472	5740
	%	39.5	44	43.6	30.4	41.8	41.1
Rural	Total	707	6219	6926	613	7621	8234
	%	60.5	56	56.4	69.6	58.2	58.9
<b>Religion</b>		<b>Chi-sq V=770.882 Prob.=.000</b>			<b>Chi-sq V=1987.444 Prob.=.000</b>		
Roman Catholic	Total	254	2397	2651	123	2685	2808
	%	21.7	21.6	21.6	14	20.5	20.1
Protestant/ Other Christian	Total	528	7745	8273	365	9688	10053
	%	45.2	69.8	67.4	41.4	74	72
Muslim	Total	279	524	803	365	519	884
	%	23.9	4.7	6.5	41.4	4	6.3
No religion	Total	87	394	481	25	158	183
	%	7.4	3.5	3.9	2.8	1.2	1.3
Others	Total	21	41	62	3	41	44
	%	1.8	0.4	0.5	0.3	0.3	0.3
<b>Ethnicity</b>		<b>Chi-sq V=2038.378 Prob.=.000</b>			<b>Chi-sq V=4611.746 Prob.=.000</b>		
Kalenjin/Turkana	Total	78	1524	1602	35	1895	1930
	%	6.7	13.7	13.1	4	14.5	13.8
Kamba/Kikuyu	Total	377	3798	4175	97	4552	4649
	%	32.3	34.2	34.1	11	34.8	33.3
Embu/Meru/Mbere	Total	76	823	899	38	941	979
	%	6.5	7.4	7.3	4.3	7.2	7
Kisii/Kuria	Total	148	658	806	111	813	924
	%	12.7	5.9	6.6	12.6	6.2	6.6
Luhya/Luo/Iteso	Total	121	3163	3284	112	3641	3753
	%	10.4	28.5	26.8	12.7	27.8	26.9
Maasai/Rendille	Total	55	179	234	71	216	287
	%	4.7	1.6	1.9	8.1	1.7	2.1
M/Kenda/Swahili/ Taita-Taveta/Pokomo	Total	24	749	773	12	777	789
	%	2.1	6.8	6.3	1.4	5.9	5.6
Somali/Samburu/Boran/ Gabbra/Orma	Total	272	108	380	340	86	426
	%	23.3	1	3.1	38.6	0.7	3
Others	Total	17	90	107	65	168	233
	%	1.5	0.8	0.9	7.4	1.3	1.7

Table 2: Percentage Distribution of Male and Female Perception on FGM Abandonment by Demographic, Geographic and Cultural Characteristics, KDHS, 2014

Source: Calculated by researcher from 2014 KDHS raw data

\*Significance level = less than 0.01 this \* indicate only significant variables



### 3.2. Socio-economic Differentials in Men's and Women's Perceptions towards FGM/C Abandonment

Table 3 presents percentage distribution of men and women's perceptions towards FGM/C abandonment by their socio-economic characteristics.

More than half (51.8%) of men and 46% of women with secondary and higher education are in favour of stopping FGM/C compared to those with primary or no education majority of whom support continuation (71.3% men and 84.6% women). Actually, more than half (57.2%) of men with primary education favour continuation. In most cases, primary education is offered within one's locality thus for closed communities not much change can be expected. However, secondary and higher education mostly require students to migrate to other locations, towns and cities thus offering them an opportunity to interact, socialize and assimilate to different cultures as they adapt to new lifestyles. For this reason, secondary and higher education gives people different exposure and opportunity to distaste harmful practices like FGM/C.

Half of men and women in the richer and richest household wealth quintiles are against the cut while about 20% of those in the middle quintile of household wealth index are of a similar opinion. More than two in five (44.4%) women in the poorest household wealth quintile support continuation of the cut. Women in this quintile are likely to have no education and consider FGM/C for marriageability thus support it for their daughters in the hope of fetching higher bride price. They are more accepting of the social norms and FGM/C practice.

Variables and Categories		FGM Male Respond			FGM Female Respond		
		Continued	Stopped	Total	Continued	Stopped	Total
<b>Educational Level</b>		Chi-sq V=673.028 Prob.=.000			Chi-sq V=2040.730 Prob.=.000		
No education	Total	165	212	377	374	540	914
	%	14.1	1.9	3.1	42.5	4.1	6.5
Primary	Total	669	5143	5812	371	6549	6920
	%	57.2	46.3	47.4	42.1	50	49.5
Secondary	Total	286	4082	4368	114	4457	4571
	%	24.5	36.8	35.6	12.9	34	32.7
Higher	Total	49	1667	1716	22	1548	1570
	%	4.2	15	14	2.5	11.8	11.2
<b>Wealth Index</b>		Chi-sq V=234.640 Prob=.000			Chi-sq V=709.235 Prob=.000		
Poorest	Total	331	1369	1700	391	1636	2027
	%	28.3	12.3	13.8	44.4	12.5	14.5
Poorer	Total	199	1972	2171	160	2264	2424
	%	17	17.8	17.7	18.2	17.3	17.3
Middle	Total	203	2198	2401	99	2639	2738
	%	17.4	19.8	19.6	11.2	20.2	19.6
Richer	Total	231	2784	3015	106	2921	3027
	%	19.7	25.1	24.6	12	22.3	21.7
Richest	Total	206	2782	2988	125	3634	3759
	%	17.6	25.1	24.3	14.2	27.8	26.9
<b>Work Status</b>		Chi-sq V=10.066 Prob=.002			Chi-sq V=156.996 Prob=.000		
No	Total	174	2077	2251	507	4787	5294
	%	14.9	18.7	18.4	57.8	36.6	37
Yes	Total	991	9019	10010	370	8291	8661
	%	85.1	81.3	81.6	42.2	63.4	62.1
<b>Marital Status</b>		Chi-sq=36.952 Prob.=.000			Chi-sq=29.553 Prob.=.000		
Married	Total	693	5829	6522	596	7741	8337
	%	59.2	52.5	53.1	67.7	59.1	59.7
Widowed/Divorced/ Separated	Total	86	588	674	97	1474	1571
	%	7.4	5.3	5.5	11	11.3	11.2
Never Married	Total	391	4687	5078	188	3878	4066
	%	33.4	42.2	41.4	21.3	29.6	29.1
<b>Polygyny</b>		Chi-sq V=58.446 Prob.=.000			Chi-sq V=193.722 Prob.=.000		
No Wife/No Co-wife	Total	476	5275	5751	422	6787	7209
	%	40.7	47.5	46.9	71.6	89.9	88.6
1 Wife/ 1-2 Co-wives	Total	617	5516	6133	160	735	895
	%	52.8	49.7	50	27.2	9.7	11
2-3 wives/3-4 Co-wives	Total	75	305	380	4	27	31
	%	6.4	2.7	3.1	0.7	0.4	0.4
4+ wives/5+ Co-wives	Total	1	8	9	3	2	5
	%	0.1	0.1	0.1	0.5	0	0.1
Total	Total	1169	11104	12273	881	13094	13975
	%	100	100	100	100	100	100

Table 3: Percentage Distribution of Male and Female Perception on FGM Abandonment by some Socio-Economic Characteristics, KDHS, 2014

Source: Calculated by researcher from 2014 KDHS raw data

\*Significance level = less than 0.01 this \* indicate only significant variables

While currently working men highly (81.3%) support FGM/C abandonment, majority (85.1%) favour its continuation. Less than 20% of non-working men support FGM/C discontinuation. Among working women, 63.4% support FGM/C abandonment compared to 36.6% of non-working women.

Never married men (42.2%) and women (29.6%) think FGM/C should be stopped compared to those married, majority of whom (59.2% men and 67.7% women) favour continuation of the cut. Given the increasing prospects of medicalization and early age cutting in some communities, interventions need to focus on married couples to dissuade them from enforcing the cut on their daughters.

About nine in 10 women (89.9%) and about one in two (49.7%) men in monogamous unions have positive perceptions towards stopping FGM/C compared to only one in 10 women with one or two co-wives. Only 6.5% of men compared to 30.8% of women in polygynous unions support continuation of FGM/C. This observation is converse to a study in Egypt that found that polygynous men supported FGM/C as security against promiscuity in marriage.

All variables are statistically significant for FGM/C abandonment with probability of .000 at  $CI < .01$ .

#### 4. Determinants of Men's and Women's Perceptions towards FGM/C Abandonment by Their Demographic and Socio-Economic Characteristics

This section presents determinants of men and women's perceptions towards FGM/C discontinuation using inferential analysis. As alluded to in the methodology, binary logistic regression was used for in-depth analysis of the association of the dependent variable (FGM/C abandonment) against some demographic and socio-economic variables.

Both the male and female data show high significance with probability of 0.000 for the model co-efficient chi-square tests. 91.2% and 93.8% of the independent variables could correctly classify the dependent variable in the male and female datasets, respectively.

##### 4.1. Definition of Variables used in the Model

Table 4 displays all the variables used in the study to determine men and women's perception towards FGM/C abandonment.

Variable	Description
Dependent	Perception towards FGM/C
	Two categories represented by one binary variable as follows: 0 if continue (ref. category) : $Y_1 = 1$ if Stopped, otherwise = 0
Independent	
Age $X_1$	Eight categories represented by seven binary variables as follows: 0 if 15-19(ref. category) $X_{11}=1$ if 20-24, otherwise=0; $X_{12}=1$ if 25-29, otherwise=0 $X_{13}=1$ if 30-34, otherwise=0; $X_{14}=1$ if 35-39, otherwise=0 $X_{15}=1$ if 40-44, otherwise=0; $X_{16}=1$ if 45-49, otherwise=0 $X_{17}=1$ if 50-54, otherwise=0
Region $X_2$	Eight categories represented by seven binary variables as follows: 0 if Coast (ref. category) $X_{21}=1$ if N/Eastern, otherwise=0 $X_{22}=1$ if Eastern, otherwise=0; $X_{23}=1$ if Central, otherwise=0 $X_{24}=1$ if R/Valley, otherwise=0; $X_{25}=1$ if Western, otherwise=0 $X_{26}=1$ if Nyanza, otherwise=0; $X_{27}=1$ , if Nairobi, otherwise=0
Place of Residence $X_3$	Two categories represented by one binary variable as follows: 0 if urban (ref. category) $X_{31}=1$ , if Rural, otherwise=0
Religion $X_4$	Five categories represented by four binary variables as follows: 0 if Catholic (ref. category) $X_{41}=1$ if Protestant or other Christian, otherwise=0 $X_{42}=1$ if Muslim, otherwise=0 $X_{43}=1$ if No religion, otherwise=0 $X_{44}=1$ if Other Religion, otherwise=0
Ethnicity $X_5$	Nine categories represented by eight binary variables as follows: 0 if Kalenjin/Turkana (ref category) $X_{51}=1$ if Kamba/Kikuyu, otherwise=0 $X_{52}=1$ if Embu/Meru/Mbere, otherwise=0 $X_{53}=1$ if Kisii/Kuria otherwise=0 $X_{54}=1$ if Luhya/Luo/Iteso, otherwise=0 $X_{55}=1$ if Maasai/Rendille, otherwise=0 $X_{56}=1$ if Miji Kenda/Swahili/Taita/Pokomo, otherwise=0 $X_{57}=1$ if Somali/Samburu/Boran/Gabbara/Orma, otherwise=0 $X_{58}=1$ if Others, otherwise=0

Variable	Description
Education $X_6$	Four categories represented by three binary variables as follows: 0 if no education (ref. category) $X_{61}=1$ if Primary, otherwise=0; $X_{62}=1$ if Secondary, otherwise=0 $X_{63}=1$ if Higher, otherwise =0
Wealth Index $X_7$	Five categories represented by four binary variables as follows: 0 if Poorest (ref category) $X_{71}=1$ if Poorer, otherwise=0; $X_{72}=1$ if middle, otherwise=0 $X_{73}=1$ if Richer, otherwise=0; $X_{74}=1$ if Richest, otherwise=0
Work Status $X_8$	Two categories represented by one binary variable as follows: 0 if Working (ref category) $X_{81}=1$ if not working, otherwise=0
Marital Status $X_9$	Three categories represented by two binary variables as follows: 0 if married or living with partner (ref. category) $X_{91}=1$ if Widowed/Divorced/Separated, otherwise=0 $X_{92}=1$ if Never married, otherwise=0
Polygyny $X_{10}$	Four categories represented by three binary variables as follows: 0 if No wife/No Co-wife (ref category) $X_{101}=1$ if 1 Wife/1-2 Co-wives otherwise=0 $X_{102}=1$ if 2-3 Wives/3-4 Co-wives, otherwise=0 $X_{103}=1$ if 4+ Wives/5+ Co-wives, otherwise=0

Table 4: Definition of Dependent and Independent Variables (for Male and Female)

#### 4.2. Determinants of Men's and Women's Perception towards FGM/C Abandonment

A number of factors shape people's attitudes and perceptions. The battle for FGM/C abandonment is likely to be won if some of these factors are considered as critical arsenal for programming. Table 5 presents some demographic and socio-economic factors that are likely to impact on men and women's perception towards FGM/C discontinuation.

When all variables were put in the correlation model, women's age was insignificant, thus it was not considered in the logistic regression model. The regression model did not consider women's marital status as well.

Men's age is one of the demographic factors determining the FGM/C abandonment in Kenya. It is significant and negatively associated with FGM/C abandonment. Age groups (20-24), (30-34), and (35-39) were less likely to have the risk of FGM/C abandonment than the youngest age (15-19) by 26%, 34%, and 30% with probabilities of 0.42, 0.40, and 0.41, respectively.

Except Rift Valley and Western, all regions are negatively associated with FGM/C abandonment for men and Western and Nairobi for women. Men from North Eastern, Eastern and Central are less likely to consider abandonment compared to those from Coast by 92%, 35% and 43% with probabilities of 0.08, 0.39 and 0.36, respectively. However, men from Western are almost five times more likely to favour FGM/C abandonment with probability of 0.83. Meantime, women from North Eastern, Eastern and Nyanza regions are less likely to consider stopping FGM/C compared to those from Coast by 90%, 49% and 51% with probabilities of 0.09, 0.34 and 0.33, respectively. In fact, 92% of men and 90% of women from North Eastern region are unlikely than those from Coast to harbour perceptions of ending the practice. This result corroborates reports that North Eastern region has the highest FGM/C prevalence and a lot of effort is required if Kenya is to achieve its ICPD25 commitment.

There is a positive relation between Protestant men and stopping FGM/C. They are 1.4 times more likely to abandon FGM/C than Catholic men with a probability of 0.58. 'No religion' and other religions are negatively associated with stopping FGM/C. Both men and women with no religious inclinations and those of other religions are less likely to stop FGM/C by 44% among men and 57% among women with no religion and 63% among men of other religions with probabilities of 0.40, 0.37 and 0.27 respectively.

Ethnicity is generally significant albeit negatively associated with FGM/C abandonment. Men from Kamba and Kikuyu are less likely to abandon FGM/C by 31% with probability of 0.38 than Kalenjin and Turkana men. Those from Embu, Meru and Mbere are 47% unlikely with probability of 0.35. Kisii and Kuria communities are less likely by 82% with probability of 0.15. Maasai and Rendille communities are less likely by 85% with probability of 0.13. Somali, Samburu, Boran, Gabbra and Orma communities are unlikely by 94% with probability of 0.06 while other communities are less likely to abandon FGM/C than men from Kalenjin and Turkana communities by 77% with a probability of 0.18. Apart from Kamba and Kikuyu women, all the other tribes were negative but significantly associated with FGM/C abandonment. Women from Embu, Meru and Mbere; those from Kisii and Kuria; those from Luhya, Luo and Iteso; those from Maasai and Rendille; those from Somali, Samburu, Boran, Gabbra and Orma and those from other smaller ethnic groups are less likely to have the risk of FGM/C abandonment than women from Kalenjin and Turkana by 64%; 88%; 58%; 91%; 98% and 96% with probabilities of 0.26; 0.11; 0.29; 0.08; 0.02 and 0.04, respectively.

Education is positive and strongly associated with ending FGM/C among men and women in Kenya. Indeed, men with higher education are seven times more likely to stop FGM/C while those with secondary education are almost thrice and those with only primary education are 1.6 times more likely to stop the practice compared to those with no education. The probabilities are 0.88, 0.74 and 0.62, respectively. A similar trend can be observed among women where those with higher education are almost nine times; secondary almost five times and primary almost thrice likely to have the risk of

FGM/C abandonment than those with no education. Probabilities for abandonment among women are 0.90, 0.83 and 0.73 respectively.

Wealth status of the household is positive and significantly associated with FGM/C abandonment. Men and women of all household wealth quintiles are more likely than the men and women in the poorest household to abandon FGM/C. While men in poorer households are about 1.3 times; middle household quintile men are 1.4 times; men in the richer household quintile are 1.6 times and those in richest household quintile 1.7times more likely to have the risk of abandonment with probabilities of 0.56; 0.58; 0.62 and 0.62, respectively. Women who reside in the middle household quintile are 1.4 times and those from richer and richest household quintiles are twice as likely to have the risk of FGM/C abandonment as those in the poorest household wealth quintile with probabilities of 0.59; 0.68 and 0.65, respectively.

Regarding work status, there is a negative but significant association between not currently working men and women and FGM/C abandonment. Currently non-working men and women are less likely to have the risk FGM/C abandonment by 33% and 22% than those working with probabilities of 0.40 and 0.44 respectively.

Never married men is significant and positively associated with FGM/C abandonment. It is 13 times more likely to have the risk of FGM/C abandonment compared to married men with probability of 0.93. While there is a positive and significant relationship between monogamously married men and FGM/C abandonment, the relationship is negative for women in polygynous unions. Monogamously married men are 13 times more likely to have the risk of FGM/C discontinuation compared to those with no wives with a probability of 0.93. Meanwhile, women in polygynous unions (with one or two co-wives) are less likely to have the risk of FGM/C abandonment by 26% with a probability of 0.43 than those monogamously married.

Variable	Category	Men					Women				
		B	S.E.	Sig.	Exp(B)	Prob	B	S.E.	Sig.	Exp(B)	Prob
Age X <sub>1</sub>	15-19 (ref) X <sub>1</sub>			0.225							
	20-24	-0.304	0.134	.024**	0.738	0.42	---	---	---	---	---
	25-29	-0.185	0.156	0.234	0.831	0.45	---	---	---	---	---
	30-34	-0.42	0.167	.012**	0.657	0.4	---	---	---	---	---
	35-39	-0.359	0.173	.038**	0.699	0.41	---	---	---	---	---
	40-44	-0.337	0.183	0.066	0.714	0.42	---	---	---	---	---
	45-49	-0.242	0.196	0.216	0.785	0.44	---	---	---	---	---
	50-54	-0.352	0.196	0.072	0.703	0.41	---	---	---	---	---
Region X <sub>2</sub>	Coast (ref) X <sub>2</sub>			0					0		
	N/Eastern	-2.498	0.21	.000*	0.082	0.08	-2.314	0.278	.000*	0.099	0.09
	Eastern	-0.437	0.167	.009*	0.646	0.39	-0.67	0.217	.002*	0.512	0.34
	Central	-0.567	0.19	.003*	0.567	0.36	-0.465	0.342	0.174	0.628	0.39
	R/Valley	0.093	0.181	0.609	1.097	0.52	-0.179	0.245	0.466	0.836	0.46
	Western	1.561	0.368	.000*	4.764	0.83	0.492	0.401	0.221	1.635	0.62
	Nyanza	-0.386	0.226	0.087	0.68	0.4	-0.716	0.317	.024**	0.489	0.33
	Nairobi	-0.469	0.265	0.076	0.625	0.38	0.387	0.586	0.509	1.473	0.6
Residence	Rural X <sub>3</sub>	0.066	0.084	0.434	1.068	0.52	0.014	0.136	0.918	1.014	0.5
Religion X <sub>4</sub>	Catholic (ref) X <sub>4</sub>			0					0.003		
	Protestant	0.335	0.084	.000*	1.399	0.58	0.127	0.133	0.34	1.136	0.53
	Muslim	0.161	0.164	0.326	1.175	0.54	0.256	0.251	0.307	1.291	0.56
	No Religion	-0.421	0.157	.007*	0.656	0.4	-0.841	0.287	.003*	0.431	0.3
	Other	-0.985	0.345	.004*	0.373	0.27	-0.749	0.568	0.187	0.473	0.32
Ethnicity X <sub>5</sub>	Kalenjin/Turkana (ref)			0					0		
	Kamba/Kikuyu	-0.501	0.165	.002*	0.606	0.38	-0.435	0.292	0.135	0.647	0.39
	Embu/Meru/Mbere	-0.635	0.192	.001*	0.53	0.35	-1.031	0.308	.001*	0.357	0.26
	Kisii/Kuria	-1.737	0.21	.000*	0.176	0.15	-2.133	0.316	.000*	0.118	0.11
	Luhya/Luo/Iteso	-0.095	0.197	0.63	0.909	0.48	-0.873	0.305	.004*	0.418	0.29
	Maasai/Rendille	-1.876	0.192	.000*	0.153	0.13	-2.438	0.243	.000*	0.087	0.08
	M/Kenda/Taita/Pokomo	0.216	0.265	0.415	1.241	0.55	-0.196	0.388	0.614	0.822	0.45
	Somali/Sam/Bor/Gab/Or	-2.786	0.184	.000*	0.062	0.06	-4.029	0.309	.000*	0.018	0.02
	Others	-1.489	0.254	.000*	0.226	0.18	-3.312	0.238	.000*	0.036	0.04
Education X <sub>6</sub>	No Education (ref) X <sub>6</sub>			0					0		

	Primary	0.49	0.13	.000*	1.632	0.62	0.997	0.138	.000*	2.71	0.73
	Secondary	1.034	0.145	.000*	2.812	0.74	1.596	0.206	.000*	4.931	0.83
	Higher	1.979	0.205	.000*	7.235	0.88	2.19	0.346	.000*	8.935	0.9
Wealth Index X <sub>7</sub>	Poorest (ref) X <sub>7</sub>			0					0.001		
	Poorer	0.242	0.106	.022**	1.274	0.56	0.206	0.155	0.184	1.229	0.55
	Middle	0.315	0.111	.005*	1.371	0.58	0.351	0.169	.037**	1.421	0.59
	Richer	0.495	0.118	.000*	1.641	0.62	0.753	0.189	.000*	2.124	0.68
	Richest	0.497	0.141	.000*	1.644	0.62	0.632	0.222	.005*	1.881	0.65
W/Status X <sub>8</sub>	Not Working	-0.403	0.122	.001*	0.669	0.4	-0.251	0.108	.020**	0.778	0.44
Marital Status X <sub>9</sub>	Married (ref) X <sub>9</sub>			0.022			---	---	---	---	---
	Widow/Divor/Separated	2.254	1.283	0.079	9.53	0.91	---	---	---	---	---
	Never Married	2.577	1.282	.044**	13.157	0.93	---	---	---	---	---
Polygyny X <sub>10</sub>	No Wife/No Co-wife(ref)			0.006					0.101		
	1 Wife/1-2 Co-wives	2.581	1.278	.043**	13.207	0.93	-0.262	0.125	.036**	0.769	0.43
	2-3 Wives/3-4 Co-wives	2.187	1.285	0.089	8.911	0.9	0.336	0.56	0.548	1.4	0.58
	4+ Wives/5+ Co-wives	---	---	---	---	---	-1.289	1.069	0.228	0.276	0.22
	Constant	-0.065	1.316	0.961	0.937		3.009	0.429	0	20.263	

Table 5: Determinants of Men's and Women's Perception towards FGM/C Abandonment

Source: Calculated by researcher from 2014 KDHS raw data

\*Significance Level = less than 0.01

\*\*Significance Level = less than 0.05

Regression equation for Male:

$$\ln\left(\frac{P_i}{1-P_i}\right) = -0.065 - 0.304X_{11} - 0.420X_{13} - 0.359X_{14} - 2.498X_{21} - 0.437X_{22} - 0.567X_{23} + 1.561X_{25} + 0.335X_{41} - 0.421X_{43} - 0.985X_{44} - 0.501X_{51} - 0.635X_{52} - 1.737X_{53} - 1.876X_{55} - 2.786X_{57} - 1.489X_{58} + .490X_{61} + 1.034X_{62} + 1.979X_{63} + 0.242X_{71} + 0.315X_{72} + 0.495X_{73} + 0.497X_{74} - 0.403X_{81} + 2.577X_{92} + 2.581X_{101}$$

Regression equation for Female:

$$\ln P_i = 3.009 - 2.314X_{21} - 0.670X_{22} - 0.716X_{26} - 0.841X_{43} - 1.031X_{52} - 2.133X_{53} + \frac{1-P_i}{2.190X_{63}} - 0.873X_{54} - 2.438X_{55} - 4.029X_{57} - 3.312X_{58} + 0.997X_{61} + 1.596X_{62} + 0.351X_{72} + 0.753X_{73} + 0.632X_{74} - 0.251X_{81} - 0.262X_{101}$$

## 5. Conclusion and Recommendations

This study aimed to examine men's attitudes towards FGM/C abandonment in the context of meeting Kenya's ICPD25 Nairobi Summit Commitment No.9 of 2019 which among others states: "to eliminate Female Genital Mutilation by 2022". Using demographic and socio-economic factors, the study set out to examine the levels of FGM/C awareness among Kenyan men and women and to explore the relationship and differentials of men and women's perceptions towards its discontinuation. The study used both descriptive and inferential statistics to determine levels as well as show significant relationships in demographic and socio-economic characteristics that could influence FGM/C abandonment.

### 5.1 Conclusion

The study draws the following key conclusions:

- FGM/C prevalence: there has been a gradual drop in the practice. As older women, where FGM/C was more prevalent, exit the reproductive age scene, new entrants are less likely to have undergone the cut thus the downward trend is likely to continue.
- Level of awareness: FGM/C awareness is at universal proportions. It is slightly higher among men than in women. This proves that awareness alone cannot cause change in behaviour towards abandonment considering that FGM/C prevalent communities also have the highest awareness levels. It calls for strategies such as social and behaviour change communication, which are capable of changing individual and community behaviour and social norms.
- The high levels of perceptions towards FGM/C abandonment in both sexes provides an opportunity for greater involvement of men in FGM/C eradication campaigns and programming.
- Differentials in FGM/C abandonment: Two thirds of men and 7 out of 10 women below 35 years support FGM/C. Certainly, education presents the best platform for FGM/C abandonment as men and women with any level of

education are unlikely to support the practice. While the study noted variant perceptions between men and women, Protestants and other Christians have strong perceptions towards FGM/C abandonment. This is positive given that some studies have linked FGM/C to religious requirements. Rift Valley region has the highest percentage of men and women with negative perceptions about FGM/C. Considering that the communities used to be high prevalent before, it means change is happening needing strengthened support for complete eradication. However, the study shows rural communities are in favour of the cut. Thus, the need to consider interventions targeting rural areas. Considering the difference between those who favour the cut and otherwise, the Luo, Luhya and Iteso have the highest percentage in favour of abandonment among all men. Men in the richer and richest household wealth quintiles want FGM stopped while women residing in poorest households favour its continuation.

- In the regression model, over 90% (91.2% male and 93.8% female) of the independent variables could correctly classify the dependent variable with a probability of 0.000 for the model co-efficient chi-square tests.
- Men aged 20-24 and 30-39, men and women with no religion, men of other religions, women from Nyanza, men from Central, men and women from Eastern and North Eastern regions, non-working men and women, Luhya women, Kamba men, men and women of Somali, Maasai, Kisii, Embu and other ethnic groupings were negatively associated with FGM/C abandonment. Meanwhile, never married men, protestant men, men and women in all educational levels (Primary, Secondary, Higher), men from Western region, men married to one wife and women with one or two co-wives, men and women in middle, richer and richest household wealth quintiles and men in poorer household wealth quintile had a positive relationship to ending FGM/C.
- Determinants of perceptions between men and women: The study found that younger men were more likely to support FGM/C abandonment than older ones. This matches with the ideology that such men are more likely to be educated and better exposed than the older folks. Monogamously married men had the highest likelihood of stopping FGM/C – a critical indicator for the FGM/C eradication campaign. Education, ethnicity and household wealth status are significantly associated with FGM/C abandonment. Both educated men and women are less likely to support FGM/C. Similarly, men and women residing in richer households and those currently working are more likely to have negative perceptions towards FGM/C. Meantime, some of the high-prevalent ethnic communities, such as the Somali, Boran, Gabbra and Samburu showed negative perceptions towards FGM/C abandonment. These communities are also mostly closed to intermarriages thus their attitudes towards the practice remain intact with their innate social norms.
- This study demonstrates men's awareness and perception towards ending FGM/C. In most FGM/C prevalent ethnic groups, more men than women reported willingness to support discontinuation thereby presenting a unique opportunity to engage them as change agents.

## 5.2. Recommendations

FGM/C is engrained in the social-cultural perspectives of several communities in Kenya thus, based on the study conclusion it is recommended that:

- Programmes for FGM/C abandonment should incorporate the social norms approach and design culture specific interventions with the full involvement of the concerned communities (men, women, girls and boys).
- Community centred holistic approaches should consider greater involvement of men (for example: Councils of Elders and Religious Leaders and youth), institutional frameworks and other activities such as wealth creation. Both national and county government administrators are instrumental in supporting the cause. Young unmarried men are crucial in convincing their Councils of Elders to abandon FGM/C. They can also diffuse the anti-FGM/C campaigns among their peers in neighbouring communities and elsewhere.
- Inter cultural marriages should be promoted as an opportunity to end FGM/C and strengthen cohesion among the different ethnic groups.
- Education has undoubtedly claimed its place in changing perceptions towards FGM/C abandonment. While the government is keen on achieving 100% transitions between primary and secondary education, communities should support these efforts to promote basic education for all.
- Kenya can replicate successful interventions from Senegal, which followed China's foot binding eradication strategies.
- Future Research: There is need for research to determine whether FGM/C prevalence has decreased in communities where men support its discontinuation.

## 6. References

- Adeniran, A. S., Ijaiya, M. A., Fawole, A. A., Balogun, O. R., Adesina, K. T., Olatinwo, A. W., Olarinoye, A. O., & Adeniran, P. I. (2016). Attitudes to female genital mutilation/cutting among male adolescents in Ilorin, Nigeria. *South African medical journal = Suid-Afrikaanse tydskrif vir geneeskunde*, 106(8), 822–823.
- Brown, E. et al. (2016). 'Female Genital Mutilation in Kenya: are young men allies in social change programmes?', *Reproductive Health Matters*. doi: 10.1016/j.rhm.2016.06.002.
- Brown, Katherine & Beecham, David & Barrett, H. (2013). The Applicability of Behaviour Change in Intervention Programmes Targeted at Ending Female Genital Mutilation in the EU: Integrating Social Cognitive and Community Level Approaches. *Obstetrics and gynaecology international*. 2013. 324362. 10.1155/2013/324362.

- iv. Cislighi, B. & Heise, L. (2019). Using social norms theory for health promotion in low-income countries. *Health promotion international*, 34(3), 616-623.
- v. Kaplan Marcusán, A., Riba Singla, L., Laye, M., Secka, D. M., Utzet, M., & Le Charles, M. A. (2016). Female genital mutilation/cutting: changes and trends in knowledge, attitudes, and practices among health care professionals in The Gambia. *International journal of women's health*, 8, 103-117. <https://doi.org/10.2147/IJWH.S102201>
- vi. Kenya National Bureau of Statistics (KNBS) and ICF Macro(2015). Kenya Demographic and Health Survey 2014. Calverton, Maryland: KNBS and ICF Macro
- vii. Kleinbaum, D., (1994); "Logistic Regression, A Self Learning Text". Springer-Verlag New York, INC. New York, USA.
- viii. Mackie, G. (2009). More effective and less effective programs to abandon harmful practices in five countries. UNICEF Innocenti Research Centre.
- ix. Mackie, G & Lejeune, J (2009). Social Dynamics of Abandonment of Harmful Practices: A New Look at the Theory. UNICEF Innocenti Research Centre, Innocenti Working Papers.
- x. McCauley, M., & van den Broek, N. (2019). Challenges in the eradication of female genital mutilation/cutting. *International health*, 11(1),1-4.
- xi. Muteshi-Strachan, Jacinta (2016). Root causes and persistent challenges in accelerating the abandonment of FGM/C, presentation at workshop in preparation for the 71st Session of the UN General Assembly. Nairobi: Population Council.
- xii. Mwendwa, P., Mutea, N., Kaimuri, M.J. De Brún, A., Kroll, T. (2020). Promote locally led initiatives to fight female genital mutilation/cutting (FGM/C) lessons from anti-FGM/C advocates in rural Kenya. *Reprod Health* 17, <https://doi.org/10.1186/s12978-020-0884-5>
- xiii. Nafisa Bedri, Huda Sherfi, Ghada Rudwan, Sara Elhadi, Caroline Kabiru and Wafaa Amin, (2019). Shifts in FGM/C practice in Sudan: communities' perspectives and drivers
- xiv. Nchagwa, R, (2018). Socio-Economic Drivers of Female Genital Cutting among the Abakuria of Migori County, Kenya
- xv. Odukogbe, A. A., Afolabi, B. B., Bello, O. O., & Adeyanju, A. S. (2017). Female genital mutilation/cutting in Africa. *Translational andrology and urology*, 6(2), 138-148.
- xvi. Powell, Richard A. and Mohamed Yussuf. (2018). Changes in FGM/C in Somaliland: Medical narrative driving shift in types of cutting, Evidence to End FGM/C: Research to Help Girls and Women Thrive. New York: Population Council.
- xvii. Sakeah E, Debpuur C, Aborigo RA, OduroAR, Sakeah JK, Moyer CA (2019). Persistent female genital mutilation despite its illegality: Narratives from women and men in northern Ghana. *PLoS ONE* 14(4): e0214923.
- xviii. Shell-Duncan, B. (2020). 10. Women's business? A social network study of the influence of men on decision-making regarding female genital mutilation/cutting in Senegal. *Journal of Obstetrics and Gynaecology Canada*, 42(2), e17
- xix. Shell-Duncan, B., Gathara, D. and Moore, Z. (2017). Female Genital Mutilation/Cutting in Kenya: Is Change Taking Place? Descriptive Statistics from Four Waves of Demographic and Health Surveys. Evidence to End FGM/C: Research to Help Women Thrive. New York: Population Council.
- xx. Shell-Duncan, Bettina & Moore, Zhuzhi & Njue, Carolyne. (2017). The medicalization of female genital mutilation/cutting: What do the data reveal? 10.13140/RG.2.2.17903.33442.
- xxi. UN, (2020), The Sustainable Development Goals Report 2020, UN, New York
- xxii. UN, (2020). Policy Brief No.4/2020: Articulating the Pathways of the Socio-Economic Impact of the Coronavirus (COVID-19) Pandemic on the Kenyan Economy
- xxiii. United Nations General Assembly (2012). Sixty-seventh session, Agenda item 28 (a), "Intensifying global efforts for the elimination of female genital mutilations," RES/67/146
- xxiv. UNFPA, (2013). Driving Forces in Outlawing the Practice of Female Genital Mutilation/Cutting in Kenya, Uganda and Guinea-Bissau
- xxv. UNFPA, (2019). State of World Population 2019: Unfinished Business - The Pursuit of Rights and Choices for All, UN, New York,
- xxvi. UNICEF: Kenya Statistical Profile on Female Genital Mutilation (accessed from UNICEF website on 05.05.2020)
- xxvii. Varol N, Turkmani S, Black K, Hall, J, Dawson, A. (2015). The Role of Men in Abandonment of Female Genital Mutilation: A Systematic Review. *BMC Public Health BioMed Central Ltd*, 15(1):1034
- xxviii. Wilson, A. M. (2013). How the methods used to eliminate foot binding in China can be employed to eradicate female genital mutilation. *Journal of Gender Studies*, 22(1), 17-37.
- xxix. [www.statisticalsolutions.com](http://www.statisticalsolutions.com), 2020 (accessed on 18.07.2020)
- xxx. <https://data.unicef.org/topic/child-protection/female-genital-mutilation/> (accessed on 20.07.2020)
- xxxi. <https://www.indexmundi.com/kenya/#Demographics> (accessed on 19.07.2020)



- xxxii. [https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation#:~:text=Female%20genital%20mutilation%20\(FGM\)%20comprises,organs%20for%20non%20medical%20reasons.](https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation#:~:text=Female%20genital%20mutilation%20(FGM)%20comprises,organs%20for%20non%20medical%20reasons.) (accessed on 20.07.2020)
- xxxiii. <https://www.who.int/news-room/detail/06-02-2020-female-genital-mutilation-hurts-women-and-economies> (accessed on 20.07.2020)
- xxxiv. <https://www.who.int/news-room/detail/06-02-2020-economic-cost-of-female-genital-mutilation> (accessed on 20.07.2020)