



**LUNDS**  
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## **”It starts with you”**

**-A qualitative study about Samburu men’s perspective,  
change of mind and involvement in ending Female  
Genital Mutilation/Cutting in Samburu, Kenya.**

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# Abstract

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The aim of this qualitative field study was to investigate and analyse Samburu men's perspective on Female Genital Mutilation/Cutting (FGM/C) in Samburu, Kenya. The chosen subjects to examine were the men's perspective of the practice of FGM/C itself, the process of change of mind and their involvement in ending FGM/C. To achieve this aim, in-depth interviews were made with 10 men in the surrounding area of the town Maralal in Samburu County. To conduct the interviews an interpreter was used for six of the interviews and the rest was carried out in English. This study showed the importance of involving men in the abandonment of FGM/C, since they are the decision makers in the families in Samburu, as well as the religious and community leaders. The study also further developed the research of different ways to involve men and how the process looks when it comes to the change of mind. The findings showed three subjects - knowledge, personal connection and visual information like pictures & videos as the main parts for the change of mind. All of the respondents worked in various ways to end the practice in their surroundings, depending on their individual resources of money, transportation and education. They were all involving other men: male relatives, neighbours, friends and community in ending FGM/C and saw men as an important group to involve. When working against the cultural and traditional practice that FGM/C is, these are the fundamental aspects to take into consideration, for the development of the ultimate approach.

*Key words:* Ending FGM/C, change of mind, involving men, cultural practice, Samburu.

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## **Acronyms & Abbreviations**

FGM/C - Female Genital Mutilation/Cutting

SGF - Samburu Girls Foundation

UN - United Nations

UNICEF - United Nations Children's Fund

WHO - World Health Organization

UNFPA - United Nations Population Fund

UNHCR - United Nations High Commissioner for Refugees

UNIFEM - United Nations Development Fund for Women

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## **Problem statement**

Female Genital Mutilation/Cutting is a recognized global problem that has to come to an end. This goal, to end all forms of FGM/C, is a part of the sustainable development goals 2030 and lay as a target under goal no. 5: “Achieve gender equality and empower all women and girls” (UN, 2016). Kenya is one of the countries where FGM/C is prevalent. According to UNICEF (2013), 27% of the girls and women have been subjected to the practise. This is 9.3 million girls and women, which is nearly the whole population of Sweden. If you compare Kenya to other countries where FGM/C is widespread, it looks like Kenya has quite a low percentage. The fact is that some ethnical groups in Kenya have a very high percentage of girls that are being cut and other ethnical groups have lower percentage. The ethnic groups with the highest is Somali (97%) Kisii (96%) Kuria (96%) and Maasai (93%), compared to some tribes like Luo and Luhya that have less than 1%. Therefore FGM/C is a huge problem in some areas but not in others. The area in focus for my study is called Samburu. According to the most recent demographic and health survey (KDHS, 2014:333), 86% of the girls and women between 15-49 years have undergone one type of FGM/C. Different statistics about the percentage exists and will be further discussed in the background-chapter. Though, all of the statistics shows a high percentage, which proves that FGM/C is an on-going issue in Samburu. The practice of FGM/C has been illegal in Kenya for girls under 18 years old since 2001 (Population Council, 2011), but as we can see from the numbers above, it is still an undergoing issue.

The different ethnic groups in Kenya believe in diverse outcomes from FGM/C, which creates their acceptance for the practice. The most commonly reported reason for the practice is social acceptance. If a girl isn't cut the whole family risk being socially excluded, ridiculed, stigmatised and unable to find a husband for the girl (UNICEF, 2013). Previous research in other parts of Kenya show beliefs that FGM/C is required to become a member of the society and it is a must to be allowed to marry and give birth (Njeri Chege, Askew & Liku, 2001). Another study showed the beliefs that women who have undergone the procedure are more responsible, trustworthy and they stay faithful to their husband. The women also give their husband a higher social status if they are cut and there is an existing social pressure on men to marry someone who is cut (Brown et al, 2016). This is where the importance of involving men comes in. Brown et al. (ibid) continues writing that men demand the practice as husband, fathers, religious and community leaders and thereby they could play an important part in the work to end of FGM/C. In many traditions, men and boys haven't been included in

conversation about FGM/C for a long time. Therefore, they haven't learned the details and harmful consequences of the practice. There are some boys and men in Kenya who have joined the campaign against FGM/C and openly stated that they want to marry uncut girls (UNFPA, 2014), but we need more. While there still are men out there who refuse to marry uncut girls, the practice will go on, since it is socially unacceptable for a girl not to get married.

This practice has an extremely negative influence on young girls lives and future and it's a violation of the human rights of girls and women (UN). My interest lies in understanding the men's point of view and also how they are working to end it. I believe working with men can change a lot for these girls and their future. There are only few studies that are focusing on the role of the men, in the ones that I've found about FGM/C, which I find worrying if they do play an important role. Therefore I believe that this study will contribute to the whole issue of FGM/C and towards ending it.

### **Objective**

The objective of this study is to investigate and analyse Samburu men's perspective of FGM/C and how they are spreading their knowledge to others, for a united end of FGM/C in Samburu, Kenya. To achieve the purpose – these research questions will be answered through in-depth interviews.

### **Research questions**

- What has influenced Samburu men's perspective of FGM/C?
- Which experiences made Samburu men change their mind about FGM/C?
- How are the Samburu men using their knowledge to create a change in the practice of FGM/C?

## **Limits for research**

This research has some limitations, which I will mention briefly during this chapter. First of all, the amount of time spent in Samburu has affected the results, since there was not enough time to establish deep and trusting relationships with the respondents. I had to rely on the relationships established by my main point of contact, Samuel, who helped me to gain access to the Samburu population. I also had to rely on the relationships established by the translator, who is a member of the Samburu population. The responses provided by the participants are influenced by these existing and unknown relationships between the participant, the translator and Samuel. How the responses are influenced by these limitations is unknown. The participant's responses are also influenced by the fact that I am a visible outsider of the community. I am perceived as coming from a rich western country and by the fact that I am a woman, who is trying to discuss sensitive topics that may not commonly be discussed between people of different genders. Thankfully, this thesis is partly funded by SIDA, which opened up for a lot of opportunities, however there were economic limitations that impacted the length of time it was possible to stay in Samburu. Financial limitations also impacted the quality of translations available to me. Instead of working with a trained interpreter, I worked with a local Samburu man who translated the interviews. This means that some words and meanings may be lost due to difficulties in the translation process. As well, the fact that I do not speak the local language and needed a translator brings another limit in itself in the quality of the interviews and my ability to adapt the questions in the moment to follow up with a participant's response. Furthermore, the small number of participants limits the research findings. Although there is qualitative value in working with a small number of participants, it is unwise to generalize my findings to a larger population. Again, how exactly these limitations impact the participants and their responses is unclear. In future research with the Samburu population, it is important to take these limitations into consideration.



## Background

I have gathered the essential background information that is needed to create a comprehension of this thesis. There is general information about FGM/C and the extent of it, as well as some listed complications, which are going to be brought up in the analysis. Furthermore, there is information that helps to understand the context and environment that the interviews were set in. This includes the culture of the Samburu people, their traditional practices and their place in the Maa-community.

## Female Genital Mutilation/Cutting

The exact number of girls and women that have undergone female genital mutilation/cutting remains unknown, but at least 200 million girls and women who are alive today have undergone a form of FGM/C in 30 different countries. Most of these countries are in Africa (UNICEF, 2016). World Health Organization (2016) describes FGM/C as “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”. There are different kinds of FGM/C and WHO has divided them into four types.

**Type I:** Known as *clitoridectomy* – which is the total or partial removal of the clitoris.

**Type II:** Known as *excision* – which is the total or partial removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva).

**Type III:** Known as *infibulation* – which is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning either the labia minora or the labia majora, sometimes through stitching, with or without removal of the clitoris.

**Type IV:** This includes all other harmful procedures to the female genitalia for non-medical purposes, such as pricking, piercing, incising, scraping and cauterizing the genital area.

(WHO, 2016)

FGM/C has no health benefits and it only causes harm to girls and women who have to go through it. Some of the immediate complications can be: severe pain, excessive bleeding, fever, infections and death. Some of the long-term consequences can be urinary, menstrual and sexual problems. There is also an increased risk of childbirth complications, newborn

deaths and psychological problems. Some women who have gone through type III need surgeries to cut open the seal for intercourse, childbirth and closing afterwards (WHO, 2016).

### Samburu and the Maa-community



The chosen area for my research is Samburu. Samburu is a county north of Nairobi named after its indigenous people from the Samburu community (Samburu County, 2015). The Samburu community is a part of the Maa speaking community that is build together by them, the Maasai and a few other smaller groups. This community are nomads and pastoralists who rely on their livestock for both food and income (Spencer, 2014). FGM/C is a common practice in this community, both Maa and Samburu. Though, the statistics vary but they are still at a high rate. As mentioned before, according to the most recent report from Kenya Demographic Health Survey in 2014, 86% of the girls and women between 15-49 years had undergone a type of FGM/C in Samburu (2014:333). Though, this says little about what is going on at the moment, since the girls usually are below 15 years old when subjected to the practice. Some studies show that the girls are being cut at an earlier age nowadays to avoid being detected (28 too many, 2013:28). The county chief health officer Julius Leseeto said in 2014 that “statistics indicate 80% of girls were still being subjected to the dangerous practice” (Saitoti & Kipngenhoh, 2014). Samuel Gachagua, who works for Samburu Girl Foundation, a foundation who rescues girls from FGM/C, also adds that the practice is still going on in Samburu. The Samburu Community has many different cultural practices and some of them are described by Spencer (1973) in the book *Nomads in alliance - Symbiosis and growth among the Rendille and Samburu of Kenya*. Some of the children who are born in the community are killed at birth. This happens because it’s not believed to be favourable and

promising for the future if the mother is uncircumcised. The same goes for first born twins or if the father is someone else than the husband (1973:83).

## State of knowledge

### Literature review

To get an understanding of the current state of knowledge, searching of literature has been done through search engines as LubSearch, Google Scholar and on local organizations websites. The used search words has been *FGM/C, Female Genital Mutilation, Ending FGM/C, Men, Men's attitudes, Involving men, Samburu & Kenya*. The findings through the literature review, has shown that there is an existing research gap when it comes to the involvement of men and the effects of it. Many completed researches have instead focused on women and their perceptions. Most of the ones who focused on the men are conducted in other countries where FGM/C is prevalent. Though, there are a few studies conducted in Kenya, but in other areas than Samburu. The researches describes different ways to involve men in ending FGM/C. What I believe is missing from the research is which methods the men themselves see as the most suitable and which ones made them change their minds. Below you will find a summary of the literature review, organized in different categories.

### Reasons for FGM/C in Kenya

28 too many's, report *Country profile: FGM in Kenya* (2013:10) describes different facts and reasons for FGM/C in Kenya. The authors present statistics from a Demographic Health Survey showing that the percentage of girls and women who have undergone FGM/C has decreased from 37,6% in 1998 to 32,2% in 2003 to 27,1% in DHS 2008-2009. They continue to write about the different reasons behind it and that it differs between the ethnic groups, but what they all have in common is that FGM/C is a deeply rooted cultural practice. For some ethnic groups, FGM/C is an important rite of passage and for others it's about marriageability, the family honour and the need to preserve sexual purity. For the Samburu people, FGM/C is a rite of passage into womanhood and are performed on girls as young as 12 as a preparation for marriage.

Brown et al. (2016) conducted a study in West Pokot in Western Kenya named *Female Genital Mutilation in Kenya: Are young men allies in social change programmes?* Their findings showed the beliefs of that a woman who has undergone FGM/C is mature, responsible, more trustworthy and less likely to be unfaithful. A married woman who has

undergone FGM/C increases her husband's social status and if she hasn't undergone it, beliefs say the marriage could result in "curses", such as failures of crops, health crises, unhappiness and divorce. The women who haven't undergone the procedure became excluded and subjects of social shaming. They found out that strong social pressures exerted on the young men as well, the pressure to marry a woman who has been cut. The pressures consisted of threats of being an outcast from village life and denied a place in the local governance structure.

There are different reasons for practicing FGM/C. The study *An assessment of the alternative rites approach for encouraging abandonment of female genital mutilation in Kenya* made by Njeri Chege, Askew & Liku (2001) display some of the reasons that the ethnic groups Abagusii, Meru, Kalenjin and Maasai in Kenya believe in. There is the cultural and tribal identity which circumcision is required to become a full member of an ethnic group. Another reason is that girls who undergo FGM/C are allowed into adulthood and are allowed to marry and reproduce. If a woman gives birth without being cut, the newborn are looked upon as unclean for the rest of his/hers life and as an outcast, even by it's own family. This applies especially to the Maasai. All four ethnic groups are using FGM/C to control women's sexual desires. They all trust that the clitoris makes a woman sexually excited and with it she can't stick to one man. Men also trust that FGM/C makes women both spiritually and psychically clean and a woman's genitals produce a bad odour if she hasn't undergone FGM/C. All of the ethnic groups believe that FGM/C make childbirth easier and the Maasai trust that the clitoris can grow long and obstruct during delivery if the woman isn't cut (ibid).

### **Towards the end of FGM/C**

In Kenya, there has been different attempts to eradicate FGM/C and Oloo, Wanjiru & Newell-Jones (2011) are mentioning some in their case study *Female genital mutilation practices in Kenya: The role of alternative rites of passage*. They write about Humphreys et al. (2007) situation analysis that mention different interventions like, supporting escaping girls, interventions addressing FGM as harmful traditional practice, religion, legal and human right and education traditional circumcisers. According to Njeri Chege, Askew & Liku's (2001) study which describes findings on beliefs and attitudes about FGM/C, the implementation of 'alternative rites of passage' and the effects of it in Tharaka, Narok and Gucha districts. The efforts to eradicate FGM/C in Kenya started during the pre-independence days and constantly during 1926-1956, legislation was created to reduce the severity of the cut, defining age for circumcision and enhancing parental consent before the girl could undergo FGM/C. In 1958,

5 years before Kenya gained independence, the colonial government had to revoke all changes they made due to the ensuing opposition and related political outcomes (2001:2). A large number of NGOs have since then actively worked against the practice. Two of the most active local NGOs, Programme for Appropriate Technology in Health (PATH) and Maendeleo Ya Wanawake (MYWO), made several studies and created different programmes based on the findings from these researches. Some of these are behaviour change communication (BCC), numerous community mobilisation and educational activities with leaders, religious groups, schools and parents. These begin in 1993 and are still going on. They also implemented 'the alternative rite of passage' in 1996. The traditional rite of passage that many ethnic groups use is occurring when a girl is transitioning from puberty into adulthood and FGM/C is a central component. PATH introduced a different ritual when all of the celebrating, education about women's roles, public declaration and so on is still there, except from the genital cutting (ibid:3). Johansen et al. (2013) has written the article *What works and what does not: A discussion of popular approaches for the abandonment of female genital mutilation*. They mention that the alternative rites approach has been implemented in some communities all over Kenya and looked upon positively since it respects the cultural tradition (Mohamud, Radeny & Ringheim, 2006).

### **Female and male perspectives**

Berggren et al. (2006) conducted a study named *Being victims or beneficiaries? Perspectives on female genital cutting and reinfibulation in Sudan*, about both men and women's perspectives on FGM/C in Sudan. The main categories of the female's perceptions were viewing oneself as being normal, being caught between various perspectives and having limited influence of the decision to undergo FGM/C. The women stated that the families, who didn't let their daughters undergo FGM/C, were at risk of stigmatisation and the neighbours would insult them. Since everyone is practicing FGM/C, to undergo the procedure is the normal thing to do. The different perspectives that the women feel they are caught in between are the traditional one and the one who demands change. When it comes to the limited influence, the younger women mean that the older women insist on FGM/C and they blame the male society for being quiet in the change of the practice. The male's perceptions were divided into three different categories as well; suffering from the consequences of FGM/C, trying to even out the negative sexual effects and trying to change the female traditions without results. The suffering from the consequences were the sexual dissatisfaction and compassion for the females who suffer. The men who expressed that they try to compensate

for the negative sexual effects that FGM/C brings, described it as additional foreplay and other kinds of stimulation ‘such as lips and breasts’. The men who are trying to change the tradition expressed that they have limited influence when it comes to their own family. None of the interviewed men wanted their own daughters to undergo FGM/C and they felt like the females who decide don’t listen anyway.

### **Involving men**

UN (2008) wrote in their report *Eliminating female genital mutilation - an interagency statement* that men are important for change and some support the practice while some are concerned of the negative effects of it and they would rather marry an uncut woman.

Brown et al. (2016) mean that men could be important allies when it comes to ending FGM/C, since they play an important role demanding the practice as husbands, fathers, community and religious leaders. They also mention that limited research exist on the outcomes of involving men. Though, they mention one review made by Varol et al. (2015:1034) who found out that men want to be involved in sexual reproductive health programmes, since they care about the welfare of their families. A more positive and successful involvement of men to abandon FGM/C would be reproductive health services specific for men. This would allow a more open discussion between man to man about private and sensitive health. Their study shows evidence of the importance and need to direct research and interventions to involve men to be able to eliminate FGM/C.

Catania et al. (2016) wrote the article *Male perspectives on FGM among communities of African heritage in Italy*, where their findings showed that most of the men consider FGM/C as a traditional practice with cultural significance. Furthermore, they write that change can happen because culture, beliefs and attitudes are inconstant. A necessity to allow a cultural change is the involvement of the community leaders as well as religious leaders and these people are usually men. If you think about FGM/C as an issue that only concerns women, the men are left out which leaves the women to face FGM/C by themselves.

### **Summary**

This literature review shows an existing gap when it comes to research about the involvement of men as well as interventions targeting men. Research has revealed men’s attitudes and perspectives of FGM/C, though not in the Samburu Community.

## Theory

During this chapter, I will present the theory and concepts, which were the used tools for the analysis. The theory consists of two similar perspectives of the *social construction theory*, called social constructivism and social constructionism. Both are based on the theory that our society is created, sustained and reconstructed amongst us, through our social interactions. The two perspectives will be explained further on with their similarities and differences. One concept I will use throughout the analysis is *culture*. There are several different concepts within culture and one of them is cultural practice, which I have chosen to work with to bring out a deeper understanding of the beliefs of FGM/C. The selected concepts are further explored within this chapter.

The theoretical framework used to analyse my collected data is, as mentioned, the *social construction theory*. The different founders and co-founders of this theory use similar concepts to describe it. Some use social constructivism and some social constructionism. These theoretical approaches share the same fundamental assumptions, but they have some differences as well as similarities. Social constructivism see the individual as in charge of the construction process that takes place with other people, while social constructionism focus on our constructions which is a product of social forces (Burr, 2003:19-20). Dragonas, T et al. (2015:xiv) has also summarized the differences between constructivism and constructionism in their book *Education as social construction - contributions to theory, research and practice*. Social constructivism emphasize that people construct their own realities in their minds. Social constructionism put more focus on the creation of reality through the social process. They express it with the quote ‘mind within society’. These theories are very similar and sometimes even identical (ibid). For my analysis of my data I will use both of the different concepts, depending on the subject. The reason behind this choice of theory is that both concepts are almost similar and both will bring out interesting points of the issue of FGM/C. Below, you will find a more in depth definition of the theory and concepts.

### Social constructivism

Berger & Luckmann (1966) introduced the term *social construction* in their book *The social construction of reality*. They discuss the concepts ‘reality’ and ‘knowledge’ throughout their book and they imply that those concepts are socially constructed. People from different social contexts will view what’s real differently as well as their knowledge will differ. Knowledge that creates a person’s reality is developed, transferred and maintained in social situations and



thereby is every person's reality different (1966:14-15). The reality of everyday life is taken for granted by individuals and the world of everyday life grows from their thoughts and actions. By those, their world stays real for them. A person's reality of everyday life is normal to that person and it consists of various objects that were created before that person existed. The used language in the person's society provides with objectifications that helps to make sense of these objects and creates meaning of the everyday life (ibid:33-34). Berger & Luckmann (ibid:37-38) continues to describe that the reality of everyday life is an intersubjective world, shared with others and the people in it cannot exist without interacting and communicating with each other. Their perceptions of things are not exactly the same but they share a common sense about the reality. The common sense knowledge is the knowledge that is shared in the everyday life.

Berger & Luckmann (1966:149-155) write about the two concepts, internalization and externalization. The term internalization is that an individual is not born a member of society, instead the person goes through internalization to become one. It's the process to create an understanding of the world and the people who live in it and it begins with 'taking over' the world that others created, which occurs through socialization with others. The process of internalization includes creating an understanding of society, reality and identity, with help from language. Berger & Luckmann (1966:122,149) also write that the human existence is an on-going externalization. The human being constructs the world through externalization, which he externalizes himself into. It is the person's knowledge and thoughts that are being projected into reality. To summarize the two concepts, that takes place simultaneously; an individual member of society externalizes his own being through the social process while internalizing it as an objective reality.

Lev Vygotsky (1896-1934) was a pioneer in cultural-historical psychology and social constructivism is influenced by some parts of his work. Since he died before his work was translated into English, Alexander Romanovich Luria has roughly translated his work, which lay as the foundation for the book *Mind in society* written by Cole et al. (1978). They describe the book as an edited translation of Vygotsky's work. In one part, Cole et al. (ibid:7) also mentions the term internalization. The sign systems like language, number & writing are created by societies throughout history and they change with the cultural development of societies. The internalization of these sign systems creates a bridge for individual development and change in behaviour that is rooted in society and culture.



## Social constructionism

Vivien Burr (2003) wrote the book *Social Constructionism* where she explains her view of the theory. She introduces social constructionism as a critical view of our taken-for-granted understanding of ourselves and the world we live in. Furthermore, our assumptions of the world and objectives in it, doesn't necessarily mean that it's real and true, after all it's our own views. She mentions an example that us humans divide music into different genres but that doesn't mean the music itself has to be divided in that particular way; it's only our way of labelling it. Same goes with men and women, it's our way of dividing the human beings (ibid:3). These ways of differentiating and categorizing objects and the way we look at the world are historically and culturally bound and are done differently depending on time and place. What's looked upon as normal and natural changes over time. We construct our knowledge through our daily interactions with each other and language is an important part of the social process, since it's our way of transferring knowledge. Through language we produce concepts and categories that are reproduced every day by everyone who shares a culture and a language (2003:4). Language gives us an opportunity to structure our experiences. It's a tool we use to construct people and to give them attributes. This also means that we can reconstruct them differently through language and this is fundamental to the social construction theory (ibid:48).

Kenneth Gergen (1985:266-267) has influenced social constructionism with his work and he has written books and numerous articles about this theory. Gergen wrote one article named *The social constructionist movement in modern psychology* where he explains the aim of the social constructionist orientation. This theory concentrates on explaining the process when people describe or explain their view of the world and themselves. The used terms for describing our understanding of the world are socially constructed artefacts. These are created through history and through human interaction (ibid).

## Culture

The term *culture* can be defined in numerous ways. One definition from the *Cambridge English dictionary* describes the meaning as 'the way of life, especially the general customs and beliefs, of a particular group of people at a particular time'. United Nations (2009:52) report *State of the world's indigenous people* mentions others. The one I find worth referring to is this one:

Culture is also that aspect of our existence which makes us similar to some people, yet different from the majority of the people in the world... it is the way of life common to a group of people, a collection of beliefs and attitudes, shared understandings and patterns of behaviour that allow those people to live together in relative harmony, but set them apart from other peoples.

(Friedl & Pfeiffer, 1977:283-284)

In this report, they write about the impact of globalization on culture, which I see as an important aspect to bring up.

Cultures have never been static, constrained and homogeneous, even though this belief is still common throughout the world. Cultures do not have rigid borders. On the contrary, they are open to multiple influences, and changes are happening at an accelerated speed, with cultural information and people flowing more freely across borders than ever before.

(UN, 2009:70)

I find both of these definitions suitable for this thesis, since they create a comprehensive description of the term culture, which was commonly used throughout the interviews. Though, culture is a wide term that contains many aspects. Over all, these definitions covers the used ways the respondents spoke about it. The concept will be applied on the collected data and further discussed throughout the analysis.

### **Cultural practice**

This is also an important concept, which I will use as a tool for my analysis. FGM/C is considered as a cultural practice, which, in the Samburu community is deeply rooted and looked upon as an important practice, ritual and rite of passage for women. The United Nations (2009) report *State of the world's indigenous people*, has an explanation which gives an understanding of the connection it has to the indigenous knowledge.

“Indigenous knowledge is embedded in community practices, institutions, relationships and rituals and is inextricably linked to indigenous peoples’ identity, their experiences with the natural environment and hence their territorial and cultural

rights. Indigenous peoples therefore place a great deal of importance on passing this knowledge on to future generations—not only for the sake of preserving the knowledge, but also for preserving their own cultures and identities”.

(UN, 2009:65)

Gergen (2011:112) also mentions cultural practices in his article *The self as social construction*. The cultural practices are sustained by the vocabulary and used language of a society. Since the used language creates the reality people live in, it also works as a socially binding force. When people act within the frames of language, the privilege and power relations are upheld.

## **Methodology**

In this section, I have gathered information about my practical process and how I came to my decisions and conclusions. I will guide you through my process, what I see as important to mention, some advantages and some limits and why I made the decisions that I did, in the different sections below.

### **Methodological considerations**

My chosen method is a qualitative approach, since my aim is to understand why the Samburu men’s perceptions of FGM/C look like they do and what brought them to their beliefs. Secondly, the aim is to get a deeper understanding of the men’s process of their change of mind and what experiences that influenced them. The last part of the aim is to gain an understanding of how the men are working towards ending FGM/C and why have they chosen their individual approaches. The qualitative approach suits this research best because the focus of the objective lies in words & meanings, rather than statistically significance. This is the biggest difference between a qualitative and a quantitative approach (Alvehus, 2013; Bryman, 2012). The quantitative approach is irrelevant to me when in this research; there lies no interest in measuring or comparing results to each other, nor to draw conclusions from statistics. The interest rather lies in understanding how different people see different things and how we can comprehend that from a social construction perspective. Bryman (2012:406) discuss some critique of the quantitative approach and mentions the fact that it’s difficult to generalize the findings and apply them in other settings, when it’s a small number of respondents, which correspond with my study. I was well aware of this and adjusted the study accordingly. The focus area is only Maralal and neighbouring region in Samburu County,

even though FGM/C is a national issue, since the settings and perspectives vary across the country. I would also like to point out that the stories of the 10 men is not the truth, it's their truth.

### **The limits and advantages with interviews**

The tool I used to achieve the objective is in-depth interviews, which I found the most suitable method to collect the data with. Aspers (2011:160) describe in-depth interviews as a method that creates an opportunity to discuss questions in depth. The interviews were semi-structured, which Bryman (2012:498) describes as typical for a qualitative research. Using this concept gives the interviewer a chance to ask further questions and the interviewer doesn't have to follow the interview guide strictly (2012:212). The fact that I didn't have to follow my interview guide strictly, created an informal environment throughout the interviews. It also gave me an opportunity to follow up on certain topics that I couldn't have predicted while writing my interview guide. Carrying out semi-structured interviews also concentrated the focus on the respondent and their point of view. What they saw as important created the path for the interview (ibid:408). All of the respondents agreed on being recorded.

Eriksson-Zetterquist & Ahrne (2011:57) describes some of the limits with using interviews as a method. There is a problem with what the story really means, since it's the result of a conversation on a certain place at a certain time. The interviewer might not understand the respondent's points and to decrease this risk, I summarized how I perceived our conversation before going to the next subject. The majority of the informants did not have any time to prepare for this interview, since they did not know about it until we asked them in person. This could be looked upon both positively and negatively. The positive aspect is that no one else have had the time to talk with the respondent before, to try and inflict his or hers opinions onto the respondent. One negative aspect could be that the respondents didn't have enough time to reflect on his journey beforehand. Another aspect with collecting my data through interviews is that I came in contact with all of my respondents, through Samuel Gachagua and his network. The relation he has with the respondents could be a barrier and might have interfered with the interviews in a negative way, as well as in a positive way. Their relationship could have made the respondents feel safer with me and trusted me more during the interviews, which could have lead to them sharing more in-depth knowledge. Bleek (1987) wrote *Lying informants: A fieldwork experience from Ghana* that mentions that respondents could lie during interviews. This is because they were asked intimate questions

by the interviewer whom they didn't have any relationship to. I find this aspect worth mentioning since I was in the same situation during the interviews. To minimize the risks of asking inappropriate or too intimate questions, I went through my interview guide before the interviews, with the translator, Mr. Samuel Gachagua and two of his colleagues at SGF.

### **The methods reliability and validity**

The reliability of this research can be discussed and looked upon in many different ways. Bryman (2012:390) explains LeCompte and Goetz (1982) way of seeing reliability and validity in relation to qualitative research, which I have connected to my research. They start off with explaining external reliability, by which they mean to what extent the research can be replicated. The ability to replicate my research may be difficult because my interviews were limited to a specific place and time. Another interviewer might have a different impact on the responses of the participants than I did. The relationship between the translator and the respondents may also impact the responses, as discussed in the limitations of this thesis. I can take the responsibility and make sure I reveal all the different steps in the process, so this study can be replicated from the interviewer's side. Though, there is no guarantee the respondents will give the same answers. The interviews were also conducted by me, a western woman, who might be assigned a different social role or status than another researcher. In general, I see reliability as a complex matter, when it's applied to qualitative interviews. I stayed as neutral as possible, but it was still words heard, seen and written by me, which I look upon positively and also as a condition to do the research. Bryman (2012:390) describes LeCompte and Goetz (1982) term internal reliability as - if there are more than one person in the research team, do they agree on what they see and hear. I made this research alone, though I had a translator during the interviews. I was able to discuss the obscurities with the interpreter to get a clearer understanding of the issues and to make sure that we understood it in the same way. The work with the translator will be further discussed in a section below.

When Bryman (2012:390) describes validity and LeCompte and Goetz (1982) term external validity, he writes that it's about how much the findings can be generalized across social settings and applied to people other than the participants who were interviewed. In this study, when the respondents are only Samburu men, there is also a cultural aspect to it. It's more complicated to generalize this data and apply it to other ethnic groups with other beliefs. I mentioned under the introduction that my aim is not to generalize the collected data because if

that is done, there is a risk of missing out on some aspects that is important in other settings. I believe that some parts of this research have a higher external validity than other.

Bryman (2012:48) writes that some researchers mean that reliability and validity are inappropriate for qualitative research. Lincoln and Guba (1985) mean that those concepts have to change slightly and that trustworthiness should be a criterion of how good a qualitative research is. Trustworthiness has four aspects called credibility, transferability, dependability and conformability. If this research is going to have high credibility, it means that the findings should be believable. The interviews have also been recorded, translated and transcribed and can be made available for future researchers to examine. Since the used method is interviews and the dictums are based on a person's reality, they will, by that, be highly believable. The aspect transferability is already explained above under external validity, which is similar to transferability and the same with dependability, which is discussed under reliability. The last one, conformability, means that if the researcher has allowed his or her values to intrude to a high degree. I find this part extremely important when it comes to qualitative studies. As a researcher I am aware of the fact that I have to maintain a neutral position throughout the study and not let my norms, thoughts or beliefs shine through. I can see a difficulty doing this when it comes to an issue like FGM/C, that personally engage me, but as I wrote before, I have to remember that I'm there to understand their opinions, not to change them.

### **Area for field study - Samburu**

I chose to do my interviews with men in the town called Maralal and its surrounding area. One of the main reasons behind this choice of area is the percentage of girls that have been cut there. Around 86% of girls and women between 15-49 years have undergone the procedure, which is one of the highest percentages in Kenya (KDHS, 2014:333). I also based this decision on what was practically implementable and since Samburu is a large county, I chose to focus on the area around Maralal. One positive aspect of staying in Maralal is that Samburu Girls Foundation (SGF) has their centre there. SGF is an organization that works against FGM/C in the county as well as in the surrounding counties. They have a centre for girls that have been rescued from cultural practices like FGM/C & early marriage. By interacting with the girls themselves and with the staff working with the girls, my comprehension of the whole issue grew.

## **Pre study**

I made a pre study of the field before I arrived in Samburu. The pre study consisted of online research, meetings with Mr Gachagua and earlier experiences and knowledge from time previously spent in Kenya. Aspers (2011:74) points out the importance of doing a pre study, to be able to carry out a successful research. The researcher must have some everyday knowledge and the essential practical knowledge about words, codes, clothes, ethics, taboos, language and much more depending on study area. Over the last two years, I have spent just over one year in different parts of Kenya. From my time there, I have learned a lot when it comes to language, culture and customs. These change just a bit, or a lot, depending on the area, tribe, county and so on. I believe my experiences decreased the culture shock that Aspers (ibid:79) writes about when it comes to research abroad and unfamiliar cultures. Though, I didn't have any practical experience from Samburu County or the Samburu community, which lead me to gather information elsewhere. The pre study continued with my meeting with Mr Gachagua. We met the first time in April 2016 during a conference in Nairobi when he first introduced me to Samburu Girls Foundation and their work. He assisted me with information about how the girls' situation in Samburu looks like and how SGF are working with girls who have been exposed to FGM/C and/or early marriage. The pre study also consisted of a brief conversation with Jeannette Wijnants, who is the Chief of Child Protection for UNICEF in Kenya. When I presented the planned target group for this thesis, she expressed the need for this kind of study since there is an existing research gap when it comes to men and the end of FGM/C. Through online research; I gained the last necessary knowledge before the actual field study. This pre study's different parts complemented each other and guided me to many of my decisions and led me to create what I have done.

## **Sampling**

From the beginning, the aim was to interview both men who are against FGM/C and those who want the practice to continue. The reason behind choosing both categories was to get a broader variety and a deeper understanding of how the men reason and to highlight the possible differences. After discussing with Mr. Gachagua, I came to a conclusion that this would not be implementable for the research. I was told it might be tough to find the respondents who are supporting FGM/C, since they might fear to be open about where they stand and willing to be interviewed. This, because FGM/C is illegal in Kenya and can give a minimum of 3 years of imprisonment (Kenya Law, 2011). Another problematic thing takes place when we wanted to see if the respondents match the criteria for being a respondent and



they were asked if they are against FGM/C. If this question would be asked in the beginning of the conversation, there is a risk of the respondent feeling scared or worried about what could happen if they say they are positive towards FGM/C. To make sure this did not happen, the respondents were told what the research was about and given all the information before we checked if they were suitable or not.

The only requirements the respondents had to meet was being a male from Samburu County and being against the practice of FGM/C. The snowball sampling technique was most eligible for the selection of the respondents. Alvehus (2013:68) describes snowball sampling like a suitable method to use if the respondents for a research are hard to select from certain criteria. You simply use the contacts you already have to find new respondents. Mr. Samuel Gachagua has a wide range of contacts with people living and working in Samburu. I found some respondents through him and some through the people I interviewed. Alvehus (ibid) mentions a disadvantage with the snowball method. There is a risk of getting stuck in the same network of people when you ask for new respondents. With this in mind, I made sure to reach people from different areas and with different backgrounds.

### **Working with a translator**

I chose to work with a translator to overcome the existing language barrier. In this section, I will go through the process of working together with a translator, my experiences of it and I will list the limits and advantages that came with it. This part is especially important for this thesis, since six out of nine interviews were made through the help of a translator. This had an impact on the findings and how it impacted, will be presented below.

To start with, the person who translated the interviews is Jonathan Lepatoiye. He is from Samburu County and has knowledge in both English and Kisamburu, but doesn't usually work as an interpreter. I considered two others before deciding to work with Mr Lepatoiye. The aspects that had an impact on that decision was the level of communication between us, the knowledge they had of the languages and a shown understanding of the aim of my study. Before we went ahead with the interviews, we went through the interview guide to get a clearer picture of the aim and to make sure the questions were suitable for the respondents.

The advantages that came with the need to work with a translator is that the interviews actually can be made. This thesis would not have been accomplished otherwise. Secondly, the



translator contributed with his knowledge about the culture and beliefs of Samburu men. One limit that comes when working with a translator is the risk of change in words and the risk of lost meanings. Since the planned interview have to pass through another person and it is out of my power to control how the translator is translating, I just have to trust the translator not to change the way the questions should be asked. To overcome this limit, I went through the interviews afterwards with the translator to clear out some misunderstandings and had him go through some parts of the interview again. There were some questions about the translation of words that came up after the transcription was finished. To clear these out when I was back in Nairobi, I met up with a person who also speaks both languages and could translate. Together we worked through the found issues in the material and made sense out of them. The whole process of translating would have gone smoother with a trained interpreter but unfortunately the means could not cover that.

### **Being a foreigner in Samburu**

To keep in mind while doing research in a country abroad, is that I am being looked upon in a different way since I am a foreigner. This was one aspect, which we considered before approaching the informants. There are some stereotype attributes, which are a common prejudice amongst people in Samburu. The white skin colour sends out signals to others, these include the stereotypes of being educated and rich. The impact this has on the conversation is that some might expect to get something in return for participating in the study. This could also impact the respondent's answers.

### **Ethical considerations**

The research was carried out accordingly to the ethical research principles created by 'Vetenskapsrådet'. They have identified some requirements divided into four main categories. The information requirement, which insist on that the researcher, shall inform those it may concern about the aim of the research and their voluntariness to participate (Vetenskapsrådet:7). This is an important part that wasn't an obstacle for me. Everyone involved was informed before the interview started, both by the translator who asked if the informant would like to participate and then again by me when the interview started. The second requirement is the need of consent (ibid:9). There is a problematic aspect to this, since the respondent's consent is something that could have been taken for granted when they accepted to participate. Aware of this, I began the interview with a clarification that they have the power to set the terms and end the interview whenever. In this specific research, when the

subject is FGM/C, which could be sensitive to some, it is especially important to clarify the consent and its terms. This protects the respondents from any harm and/or problems that their opinions might cause them. Svedmark (2012:101) are also pointing out the importance of carefully choosing methods and approaches when researching on humans not to put them in any kind of hazard. Everyone involved was informed of the third and fourth requirement, the confidentiality of the personal records and that the data will only be utilised for the research (Vetenskapsrådet, 12-14). All of the requirements mentioned above lied as the foundation in my research. The last one is of great significance, since FGM/C is the norm in Samburu, both culturally and socially. The respondents, who have already taken a stand in the process of ending FGM/C, can already be in a vulnerable situation, which should be dealt with carefully.

### **Processing the collected data**

I started to transcribe the interviews as soon as possible after they were finished, since I could still recall them, which helped sorting out some confusing parts. Afterwards, I used a thematic method to analyse my transcripts along with my field notes. Bryman (2012:579) explains the process of using thematic analysis as you go through your field notes and the transcribed data over and over again until you find the themes and subthemes. As a compliment and to assist the thematic analysis I used what Bryman (ibid) mentions as a ‘matrix based method for ordering and synthesising data’ provided by Framework. This was used to construct an index of central themes, to help me organize and categorize. One thing I had in mind while coding my collected data was to keep my focus straight and stick to my aim of the research. When reading through my transcripts, I happened to get stuck in interesting stories that were out of my focus, so remembering the aim helped me. Another focus I had was to see the meanings and not get stuck in the linguistics of the dialogue. As mentioned, I used a translator in more than half of my interviews. This made me believe in a high risk of that the used words would be the translators, instead of the respondents. That laid the grounds for my decision of focus.

## **Introduction of respondents**

Below, the respondents are introduced briefly. To keep them anonymous, I have used fictitious names and some information will not be revealed, since the area for my research is rather small. I used a translator for 6/9 interviews and which ones will be presented below.

### **Jonathan**

Jonathan is 46 years old and lives with his wife and 6 children. They live in a rural area and he has no education, though he is working with selling and buying goats.

*Translator was used*

### **Peter**

Peter is 54 years old and lives just outside a small town, outside of Maralal. Peter has two wives and a total of 11 children. He is working as a security guard a couple of hours away from home.

*Translator was used*

### **Simon**

Simon is the younger brother of Samuel. He is 66 years old and has 13 children with 2 different wives. He works as a farmer with his brother and they live together in a rural area about 15 min drive from town.

*Translator was used*

### **Samuel**

Samuel is Simon's older brother and they live in the houses next to each other. Samuel has two wives and 12 children. He has retired and is usually working with his farm nowadays.

*Translator was used*

### **Eric**

Eric is 63 years old and one of the first men in Samburu who decided not to circumcise his daughters, who are now grown up and have their own families. He has retired but is still doing a lot of community work with people.

*Interview in English*

**Lucas**

Lucas is 39 years old and has three young children with his wife. He has studied abroad and worked in different areas. At the moment he is educating people in his own field, all around Samburu County, about FGM/C, as well as holding seminars for other groups within the society. His profession will be mentioned as a doctor instead of the real one, this to maintain his anonymity.

*Interview in English*

**Robert & Richard**

Both of them work for an organization that is working against FGM/C in Samburu. They only had 15 minutes to spare, so this was a shorter interview and when Robert had to leave, Richard took over and finished the interview.

*Interview in English*

**Paul**

Paul is 68 years old and lives together with his wife and 7 children. They live in a rural area outside of Maralal and he is retired.

*Translator was used*

**David**

David was the youngest participant. He is 18 years old and the older brother one girl who were rescued by SGF.

*Translator was used*

## **Analysis and results - Voices of ten men**

Within this chapter I will present the results from my field study together with my analysis of the findings. The chosen theory, social construction theory, and concepts will now be applied on the data. This chapter intend to answer the research questions that are based on the objective. Through the coding process, different themes have been structured and this chapter is divided into those.

During some parts of the interviews, more information was revealed and in others not. This means that throughout the analysis, I will focus on the interviews, which lead to an in-depth understanding, since that is a part of my aim. All of my interviews were important for this research, though some of them brought up the same things. I then choose to pick out the quotes that have the clearest description for your better understanding.

### **Knowledge during childhood**

One reappearing theme became visible when talking about what kind of information of FGM/C the respondents were given during their childhood. None of them had heard anything negative about the practice and its effects. In this case, none means 7/10 respondents, since there were issues with the translation during the first 3 interviews and they were not asked this question correctly. From the interview with Samuel, when asked what he has heard about FGM/C as a youth, this was his response:

When I was a youth, we never talked about FGM, it was just there [...] you cannot marry a girl who hasn't been cut those days, when I was a youth. I assumed that it was just normal. - Samuel

Samuel describes FGM/C as something that was just there and he assumed it was normal. One way of analysing this statement is through social constructivism. Berger & Luckmann (1966:14) writes that our reality is socially constructed. This could mean that Samuel's, and the other respondents; childhoods were constructed with help from the people around them. They were given the kind of knowledge that was socially accepted by the group. Samuel grew up in an environment where FGM/C is an admitted practice and because of that, he got the information that he did. Another aspect, important to keep in mind, is that Samuel grew up about 60 years ago, without Internet and other sources to search information from.

Lucas, another respondent who has gotten similar information about FGM/C as a youth, though he is around 40 years old, explained it like this:

I didn't hear anything negative about circumcision. We only knew that when the girl is circumcised, they've become, you know, older women and being married, something like that. It's just a transition but I didn't know the effect of it. - Lucas

Now, both Lucas and Samuel have not been given any negative facts about FGM/C as youths. As mentioned before, this is a recurring theme in all of the conducted interviews. Analysing this with Berger & Luckmann's (1966) view of reality gives a picture of that the respondent's childhood occurred in a specific social context. The people who were a part of this have a certain kind of knowledge about FGM/C and they viewed it as a transition and a way of life. The whole practice of FGM/C could be looked upon as surreal for some, though this is their created reality and utterly real for some people in Samburu. Another person who had a similar experience as a youth is Richard.

When I was young, I did not learn anything about FGM. All that I knew about FGM is that it's there for women. It's always done. It's always a practice for young ladies. My dad never told me about the negative issues about FGM or even my mother. It's just a passage that used to undergo to become a woman. In Samburu, you must be cut. - Richard

Richard's quote can be understood in the same way as the other respondents, when it comes to that they were never told about the negative aspects and issues that are connected with FGM/C. Another way of analysing these quotes is with help from the concept of internalization used by Berger & Luckmann (1966:149-155). All of the respondents had to go through an internalization process to become a member in the society. They were interacting with people around them, and being internalized through the spoken language Kisamburu. All the different kinds of knowledge, from rituals to agriculture, were given to them through this interaction. The beliefs and knowledge that the surrounding people have is what was projected onto them. The quotes say that no one from the society discussed with them how the procedure of FGM/C actually looks like.

The cultural knowledge is passed through the sign systems of Samburu, for example; language. Another sense, which I find important for the internalization process, is observation. When observation and communication through language correspond with each other, a more trustworthy understanding is created. Eric explained that his parents never talk to him about FGM/C and this is what he said instead:

I just knew that Samburus are doing it and I have been going for the ceremonies. I know they are being circumcised, the girl, because it is public, there is not something that is being hidden. - Eric

To avoid misunderstandings, when Eric talked about it being public, he did not refer to FGM/C, but to the ceremonies that take place after a girl has been circumcised. Even the parents didn't tell Eric about the practice of FGM/C, he still witnessed the ceremonies and learned from that.

### **FGM/C - a tool used for differentiating**

So what is FGM/C used for according to the respondents? What is their perception of the practice? The human development process of the Samburu people is divided into different stages. The men in the community have a couple of different stages of life, but the women have two - being a girl and becoming a woman. There are different things you can do in different stages and some of them will be explained later on. To become a woman, you have to go through some rituals and FGM/C is one of them. While talking with Samuel about what he thought it meant that someone is circumcised, he put it this way:

When you cut, now you can differentiate a girl and a wife of someone. So a girl can just be a girl of any person, but now when she is cut, she is being given to another old man. So you can now differentiate. That one is not a girl - she is a wife of somebody [...] This one was not cut and is just a kid, no matter the age, until she gets cut.  
- Samuel

This is how the reality looks like for the Samburu community and they have created it that way. In our different societies, we create and establish made up categories, which assists us in the making of our own comprehensions of the world. This is a part of the social constructionism and Vivien Burr (2003) describes this process of creating categories, as

something that looks different all over the world. What we can see from Samuels quote is that he explains the stages of life for females as being a girl and being a woman. The transitioning into adulthood and becoming a woman is not age bound, but bound to when you go through circumcision. This is one of the mentioned reasons why some people see FGM/C as important in the society.

Another strong belief that is attached to the transition to become a woman; is that people trust uncircumcised people cannot get married. This is because they are still looked upon as girls, not as women. Jonathan expressed his view on what others in the Samburu community believe about marriage.

They believe that it's against the culture for a man to marry a girl who has not been cut [...] For a father whose daughter is not cut, he can't give his daughter to another person because that is a girl, not a woman. If the girl is not circumcised, they believe that girl or daughter is still a kid, it's not a woman. - Jonathan

The majority of the respondents used other resembling ways to describe this exact belief. This is something that could be generalized for the whole of Samburu, even though I mentioned that the aim for this research is not to. Though, I see an importance in doing this to create a line of argument so the Samburu community can be understood as a community, not only as individuals. Jonathan's quote resembles the common way of looking at marriage, which has now been heard and read in many different contexts. People working with ending FGM/C in Samburu has expressed that this view exists, as well as the respondents and other researchers.

The people in the community have used the practice of FGM/C to uphold and separate the categories girl and woman. If these created categories are viewed with Vivien Burr's (2003) social constructionist view, we can see that both are historically and culturally bound. There are people in the society who still believe in use of FGM/C as the way to differentiate the categories and there are people, the respondents included, who don't see it that way. The culture of what defines a girl and a woman has changed over time, not completely but it's still progressing. This is also proof of that culture is something, which is constantly changing. This change will be discussed in a chapter below.



### **The decision to circumcise a girl**

This part of the analysis will contain a discussion about how the decision to circumcise a girl is made, which has a particular importance for the work to end FGM/C. All of the respondents were asked the question about how the decision to circumcise a girl is made and all of them had similar answers with the same point proven, which Lucas statement will represent below.

Yeah, the men. The men will give permission to the women. Actually, they oversee the work but they don't really do it in actual sense. But they authorize the women, they set the day to be done, they also organize the events [...] but they don't practically do it the men. They also pay the circumcisers to do the work, so you see now, they are behind everything. But the women are the ones who do everything. - Lucas

I let this quote represent what the other respondents said as well, since Lucas are professionally working against FGM/C and therefore has a broader view of how it works all around Samburu, not only in one house. This quote will clarify Lucas statement and further define who these men are, both in his family and in others.

I am the one with the decision. [...] It is the same across this village, that it's just a man who decides, nobody else. [...] The father and nobody else from outside or a mother will not even interfere. - Samuel

These quotes state clearly that the decision to circumcise a girl lays in the hands of men, mainly the father of the house. This cultural practice is something that the people of Samburu grow up with. Everyone around them and the norm that a man makes the decision, internalizes them into this practice. Gergen (2011:112) expressed that these cultural practices are sustained by the used vocabulary. The respondents could have heard people expressing this truth growing up, as well as seen how it works. The men are internalized into this practice and that man decides about it. When these men grow up and decide for their children, they are reproducing this system and transferring this knowledge into the next generation. This is what has been going on for generations until FGM/C has been defined as a cultural practice. There is an existing difference in the power relations when it comes to this decision, which Gergen (ibid) mean is upheld when people act within the frames these language systems. This has occurred here when the men still decide about this. The men are externalizing their perceptions into the society, though some of them has changed their mind about the practice

and are externalizing another picture. The change of mind will be discussed later on, so I leave it here for now. Something to remember is that the father of the house doesn't have to be the biological one. David, who is the oldest brother in his house, explained it like this:

I am the elder; because my dad died in 2006 so I am just like the father [...] I am the one that make the decision for my sisters. - David.

What David is expressing above is still in the same line as what I wrote earlier in this chapter. He will still take on the role as the father and act accordingly and make these decisions. This chapter shows the importance of involving men in the work to end FGM/C as they have a crucial role in the decision-making.

### **Against the practice of FGM/C - why?**

Within this chapter, I will present my analysis of why the interviewed men are against FGM/C. During the interviews, various reasons came up, which explained why they are against this practice. I will now present some of them and the two different sub themes are understanding of the implications & the realization that the practice are not important. These different reasons to why they are against FGM/C are also closely connected to the process of change of mind, since these reasons are parts of what made them change their mind. I have separated these two themes. In the next chapter I will bring up what made them change their mind and now only focus on why they are against FGM/C. One of the first things Jonathan said during the interview was:

I mean, it is not good for the human body. [...] Why do you cut the human body? It's like you are lowering the dignity of that person. [...] The person is not sick. - Jonathan

From these statements we can see that Jonathan's way of talking about this is in a practical way. He does not involve the aspect of culture, instead only talks about the procedure of cutting in another person, who is not sick. This is one way of looking at the practice of FGM/C, which is upheld by the way people are talking about it. When people talk about FGM/C as an important part of their culture, it becomes important, since it's connected to that concept. The social construction theory highlights the fact that the practice is socially created and if people value culture, they value the things connected to it. When Peter was asked about his thoughts of FGM/C, he said:

There is that severe bleeding [...] it can also cause death. You are depriving the body, the body of a human being, this cut, it's like you are destroying her body. - Peter

This is a way of looking at FGM/C as what it is and not as a part of the culture of Samburu. Cole et al. (1978) describe different sign systems that are created and used by people in the society. In this case, language and the way people talk about FGM/C, changes over time. The way I look at how Peter describes why he is against the practice is that someone in Samburu before would not have said this. This was not an accepted way of talking about FGM/C since it is a part of their culture. If we go over to Lucas and when he saw the whole truth of FGM/C and the attached implications, he started to understand what it actually meant. He has seen, mainly through pictures and videos, what FGM/C really means, which has formed his understanding of it and his perspective. He mentioned:

I was really very emotional when I saw these pictures, especially with the young girls. I have seen from different communities, not just Samburu. I have seen it being done in Somali. I have seen it being done in Samburu and Maasai Community. [...] I have seen many, many, many ladies passing, passing on, dying because of the issue of FGM. Especially when they are giving birth. Also when they do the circumcision and there was a lot of bleeding, but they don't tell, they hide. - Lucas

All of the above mentioned quotes about why the men are against the practice could be seen as a result of gaining more knowledge from a different source. They present a picture that differs from others in Samburu and to be able to see another side of the practice, they must have gotten knowledge from elsewhere. How this knowledge has affected them will be discussed in the following chapter.

### **The process of change of mind**

In this chapter, the process of change of mind will be discussed. These themes - knowledge, tools for change and personal connection will be guidelines. I see that this chapter has a significant importance for the future work to change people's mind.

All of the interviewed men had the same base for the start of their change of mind. When they were given the knowledge about the effects of FGM/C and the complications, is when the

process started. This first quote by Simon represents the lack of information that existed in their lives before. Simon was asked about what he thought of FGM/C when the anti-FGM movement came to Samburu.

When I heard about it, I was practicing, cause I did not have enough information about it. I came later to abandon. - Simon

If I look at Simon's statement from a social constructionist view described by Burr (2003), it becomes clear that the former institutions like school and the people around him, did not offer any information about the negative sides of FGM/C. As written before, language is an essential tool for the social interactions. Through these interactions we transfer our knowledge and if I look at the interview with Simon, some things become clear. If he wasn't exposed to other kinds of knowledge of FGM/C, his point of view stayed the same. There are different ways to embrace and gain knowledge and one is through pictures and videos. This was something that really affected Lucas view of FGM/C and he later came to use this to change other people's mind. This is how he talked about that approach:

I was really crying after seeing the bad pictures. [...] I used to cry especially when I saw small children. [...] Those pictures scared me. [...] So that's what made me change my mind. Also with the other issues, like what we discussed with my brother about the circumcised ladies and uncircumcised ladies and the side effects. That also made me to change my mind. I've read the books. I've read many books. I've seen the videos taken from different cultures. [...] So that really what made me to change my mind. It was really scaring and I started also to feel burden to my heart. The torture of the girls, of the ladies. - Lucas

When Lucas was talking about these experiences he looked sad and concerned and his whole body language became emotional. I could feel that he talked from his heart about these things. When it comes to the change of mind, people around has some kind of impact, but from the social constructivism view, people are in charge of creating their own realities. If we at his process when he changed his mind, Cole et al. (1978) mention the internalization process and that it's a tool for individual development. If Lucas is exposed to these videos and pictures that touched him emotionally, a change in opinions and behaviour is then possible.

The personal connection is another thing that helped David in his process to change his mind. When asked what made him change his mind, he said that the information he was given about FGM/C made him change. I responded with why he thinks it worked and this was his answer:

It is because I had my sisters and it's like I was so passionate about my sisters and they were not cut by that time. Then I was thinking about: How could I cut my sisters? So I started to take responsibility. - David

When reading this quote, I find it worth mentioning that David looked worried when he asked himself that question, and with emphasis on 'I'. It was not said in a way that he wanted to, more like he was questioning himself. The fact that David has created a good relationship with his sisters might have helped in this situation.

People are different and what affects them varies from person to person. Though, I can see something which all of the respondents has in common. All of them have accepted that culture is not static and that it changes over time. They have accepted it and can now see FGM/C detached from culture. What I have brought up in this chapter are some of the approaches, which has now been proved working with a positive result of change.

### **Issues connected to culture**

The respondents did bring up some issues they felt were connected to culture, when it comes to ending FGM/C. This section will be divided into two different themes, general issues with the work to end the practice and the issue with peer pressure.

Since Lucas is working with ending FGM/C, he had knowledge about this and brought up different examples. As mentioned before, Lucas will here be presented as a doctor. The first issue, Lucas explained like this:

I came here and I started to share with my brother and I started to share with other doctors but not all the doctors wanted to hear it, because they have their own girls and they want to do the circumcision because of the pressure of the community. You see, I am telling you the culture is something very, very difficult to let it go. Our community, the cultural issue is really affecting the people. So when you try to present

it and the issue of culture always come in and they say, who is going to marry this girl? If you say don't do this, who will marry this girl? - Lucas

FGM/C is deeply rooted in culture, so it takes more power to defeat the practice. As we can see from the quote above, the practice is connected to marriageability, which is one of the most important roles for women in the Samburu society. Burr (2003:123) continues her discussion about how change happens. When Lucas started telling the other doctors about the negative aspects of FGM/C and the majority of the society were still supporting FGM/C, Burr (ibid) means that it should be expected to meet some resistance. This was also what happened according to Lucas. He continued to say:

But we knew that, so we don't have to fear. We also knew you have to start a bit by bit and people will change. You cannot change everything overnight, but eventually they will change. - Lucas

Burr (ibid) wrote that the prevailing discourses, in this case FGM/C, are usually tied to social arrangements so the positions of the powerful groups are maintained. This way of seeing change suits Lucas description of his work towards it. The fact that Lucas had this knowledge before starting to work with this could be helpful for him not to lose hope.

When asking Lucas about what he can and cannot say he mentioned a difference in between men and women. I find this as an important aspect worth bringing up for future research and work towards ending FGM/C is expressed by Lucas:

Something that is very difficult to me, I can't mention the parts I have seen because in Samburu, men we can only do that when we are just men. - Lucas

He further explained that he cannot mention a woman's private parts to women, only to men when they are alone. This is essential knowledge to have if you are going to work to end the practice. The sign systems of the Samburu people have been developed and maintained by them and this is one of the results of it. If the goal is to get people to listen to the information, an understanding of the culture is of the highest significance.

If we go over to the other theme - peer pressure, both David and Eric mentioned this as a cultural issue. When asked why David believes FGM/C is still practiced, he said:

These people are sticking to culture because they say a girl who is not cut will not be married, so that's just because of culture. There is this peer pressure of the girls, [...] when another girl sees a girl who is not cut, then they will provoke them that you are not cut and what are you doing? You are not cut; nobody is going to marry you. Then that girl will come back and tell her parents that I should be cut. - David

I see this as a similar situation as Lucas described before, that he met resistance when wanting to change the practice. The difference is that the girls who go through this are in the process of figuring out who they are and their place in the society. They might not have the same knowledge as Lucas, knowing that changing a deeply rooted practice takes time and most of the people will go against you. Eric has a similar description and it looks like this:

There was a stigma when you are in school. Other girls will laugh at you if you are not circumcised. They call you a girl you know, the way they pronounce that being a girl is in a negative way, it is not a positive way. - Eric

Eric is also mentioning that the girls are being stigmatised in school because of the made up attributes that they have applied on being a girl. But as Cole et al. (1978) writes, these made up sign systems can be changed through the process of internalization. Another aspect is that your cultural identity and being a part of a culture is something helpful to understand who you are. Friedl & Pfeiffer (1977:283-284) mean that culture makes us similar to some people and different to the rest of the world. To feel like you belong somewhere is the way I see it, an extremely important part of growing up. The peer pressure the girls are being subjected to could have a negative influence on their desires.

### **Different ways of working to end FGM/C**

The respondents mentioned various ways to work to end this practice and these ones will be discussed below. All of these different approaches have something in common and that is communication through language. They are all using their indigenous language Kisamburu, which makes it possible to reach everyone in the community. This chapter will answer how the men are working and with who.

First of all, all of the respondents were talking with the people around them, like family, friends and neighbours. When Jonathan was asked how he personally is working towards the end of FGM/C, he answered:

I am not doing much outside, but here around the place I live in, we gather and sit together and discuss about it with people. I even invite those who are supporting FGM and I talk to them. [...] I can talk about it with old men. I can talk about it with women and also gather the youth. [...] – Jonathan

What Jonathan is describing is that he is working in the area surrounding his house and he explains the tools he is using like this:

I can use the radio station and tell them: Can you get it is not me only [...] someone somewhere else is speaking about this. What made me change my mind I also tell these men, because that one is the most things that touches me. - Jonathan

Jonathan's working method is connected to his own change. He is speaking about the things that made him change his mind. If the foundational belief of social constructivism is applied, what is made visible is that Jonathan is in charge of his own construction process. Burr (2003:19) writes about that people construct their own realities, through the social process. So Jonathan has constructed his own reality, which he is now projecting onto others in his network.

Another way of working with change is described by some of the men, who want to be a role model and show a good example by not circumcising their own daughters. Peter and Paul describe it here:

Me myself have stopped so, I will not cut my daughters and again I am preaching about this, let us stop FGM. - Peter

I have started with my family because me and my wife, we are speaking the same language even if my wife is cut, but our daughters will not be cut. - Paul



This is something, which of course could be true, though, their daughters are still in the age where they can be circumcised. To make this statement says something to the rest of the community, but it is still only words. During the interview with Lucas, he mentioned his friend who has grown up daughters, which he took to school and did not circumcise. He looked at his friend as a leading example; cause actions speak louder than words. Peter and Paul have of course not gotten this chance yet. It looks promising and can inspire others who hear about their decisions.

A few of the men mentioned a method where they were shown pictures. It was Lucas who was talking about this and this is what he said about his work:

You see, I have that thing, I have a projector here, I can show the doctors what is happening. They don't really like it. They cry, they don't like. – Lucas

The way Lucas is telling this indicates that this approach is something special. Before, he described that his change of mind had to do with the pictures shown and he cried during that time. Now when he is using the same method on others, they show the same response. This method could have a positive impact on the change of mind that further research could tell. Something else that Lucas talked about was that many different people are needed to preform FGM/C.

There is also other people who are the contributors of this, those who bring the water for the event, those who bring the firewood for the event, those who donate the goats and sheep to be slaughtered during that day, those who will buy the knives for that practice, those who will pay for it. You see all these people will be involved. Those who organized the meeting, the event, you will be all responsive for that day. Not just one person will be responsible. That's why I say it starts with you. For somebody to say: I will not take the water. I will not take the firewood there to support that thing.  
- Lucas

This is one way that Lucas is working. He is focusing on the individual and not the group, which the social constructivist perspective emphasizes. Its main belief is that people construct their own realities and by working with people individually, people can change their own minds. As shown above in this chapter, the interviewed men have different opportunities to

work with this issue. Some have it as a job, some are doing it voluntarily and they have different resources to carry out their work when it comes to economy, transport, education and so on. Though, all of them are actively working to end FGM/C in Samburu.

### **The future of FGM/C**

All of the respondents believed that FGM/C would come to an end in the future. They had this belief because they have seen that the amount of practicing people has been reduced and are still reducing. In this chapter, I would like to highlight some of the difficulties on the way to end FGM/C, that the respondents brought up. The first issue has to do with money and using the resources that exist in the field, said like this:

One of the problems I have seen myself is that even those who are bringing the seminars here and train people, they are not using us. The strong people who have been supporting this thing even before. Many people are after money. They want to go to the seminars to get some allowance, but this issue is not about allowance. It is not about getting money. It is about you know, minding about the life of a girl, you know, something, which is in my heart. - Lucas

This is a remark to the organizations active in ending FGM/C, to use the resources on the ground that has a local and more ingoing understanding of the community and its people. Lucas also mentions the issue concerning money. People who attend the seminars will get allowance, which could be a reason for them to come. In a positive way, this could bring those who wouldn't have come otherwise, but people could also just come for the money and still don't listen. I see this as Lucas wish to see an evaluation of giving out allowances.

### **Additional aspects outside the aim of this research**

There are things that came up during the interviews, which are outside the aim of this research. I still find it important for the future work to end FGM/C, to bring these up. The first one has to do with implementation of the law. As written before, the law prohibit all forms of FGM/C since 2011 (Kenya Law, 2011). This is what Lucas brought up during the interview:

They can put someone in jail for maybe 2 days or 3 and then you can hear that somebody has already gone, so there is no action being taken. So that is another discouragement, because you can't really see the action. Despite the fact that the law

is there, but implementation is not there. That is the problem we have within here. We have a big problem here. - Lucas

Eric added that he has never heard of a person being arrested. These issues concern both the corruption in Kenya and the missing implementation, which becomes a product of that. I still see the importance of having a law against the practice, but I want to highlight the outcome of only having a law and no implementation. Something that is affecting this is the last thing I want to mention. The usage of sign systems, as language, is essential in ending FGM/C. What happens if people are quiet about these issues instead? What kind of message does that send? Both Lucas and Richard, two people who are working against the practice as a profession, talked about the work of the politicians, captured by Lucas here:

The politicians are the people who are very influential but they don't talk about it, because of the risk of losing their votes. [...] It is very hard for the politicians in Samburu to mention about the issue of FGM. They don't even attend the meetings. - Lucas

Berger & Luckmann (1966) described that our human existence is an on-going externalization, which we construct the world through. If influential people, as Lucas describe them, are quiet about an on-going issue, what will it say to the community? The politicians are creating a world where crimes against the law and humanity are allowed to happen. Not allowed by the law, but in the real life, because there are no political interest in this question. If you look at it from the other side, if the politicians start to talk about the issue, they will most probably lose some votes and will not be elected and able to change the practice. What they need to ask themselves are; what is the ethical thing to do?

### **The results compared to the literature review**

The findings of this thesis supports some parts of the literature review while some findings show new results. My findings showed, when it comes to the given reasons for the practice, that the Samburu use FGM/C as a tool to differentiate a girl from a woman, which was new to me. There are similarities to what '28 too many' (2013) brought up in their report. They described FGM/C as a rite of passage into womanhood, which goes hand in hand with what was found by me. The difference laid in the focus here, FGM/C as a tool for transitioning or

to differentiate a girl from a woman. Another documented reason for the practice was written by Njeri Chege, Askew & Liku (2001), which was that a female who hasn't undergone the practice, can't marry nor give birth. This was more or less discussed by all of the participants and seen as a strong belief in the Samburu community.

All the interviewed men pointed out that the father in the family, biological or not, is the one who decides if a girl in the house will be cut. From the literature review, I can see a huge difference when it comes to the men's perceptions of this choice. Written by Berggren et al. (2006) is that the women opposed the men in Sudan who wanted to change the practice, which is the opposite of what my respondents in Samburu said. In Samburu, this could mean that it is important to involve men, to be able to end this practice. Brown et al. (2016) also wrote that men could be important allies, since they are demanding the practice as fathers and leaders of the community, which my findings confirm.

Catania et al. (2016) conclusions match with the findings from this thesis. They wrote that a cultural change can happen since culture, beliefs and attitudes are inconstant and it is a necessity to involve the religious leaders then, which in Samburu, only are men. Catania et al. (ibid) showed in their findings that most of the men from their study saw FGM/C as a traditional practice with cultural significance. This is also the expressed case from all of the respondents in Samburu.

## **Final discussion**

In this section, I will present a summary of the analysis along with my own thoughts of it. I have also added some field that I find important for future research. What I ask myself after conducting all the interviews is: If men are the ones with power in Samburu, both the power to make a decision over a girl's life and the power over the society, with being the leaders, how can they be left out from this subject? I believe research will do a lot if used in the work to end the practice, since it can prove and point out the importance of involving men for those who don't believe in it.

## Summary

The aim of this research was to investigate and analyse the different perspectives Samburu men have of FGM/C in Samburu, how the men changed their mind about the practice and how they are working to end it. This was achieved through interviews with 10 men around the town Maralal in Samburu, with the use of a translator in 6 of the interviews. The applied theory was the social construction theory and the used concepts were culture and cultural practice. The drawn conclusions from this research are presented below.

My first research question was: What has influenced Samburu men's perspective of FGM/C? My findings showed that all of the interviewed men grew up without any knowledge of the negative consequences and side effects of FGM/C. They are now against it, because they understood the implications and that it has no real importance. This means that people can create their own perspectives of the reality, with assistance from other kinds of knowledge gained through social interactions. They weren't given any information throughout their childhood about the negative aspects of the practice, which has affected their opinions about it and they saw FGM/C as a part of their culture. Their perspective was a product of the social context they lived in back then. Now, when the men have changed their mind, they have a chance to transfer their current knowledge to the next generation, so a community without FGM/C can be created. When it comes to the decision to circumcise a girl, it lays in the hands of men. Most commonly the father because this practice has been reproduced over a long period of time until it has become the norm. This is why it is crucial to involve men in ending FGM/C, especially in Samburu.

The second research question was: Which experiences made Samburu men change their mind about FGM/C? The drawn conclusions of the process when the men changed their mind had one thing in common. All of them mentioned that when they were exposed to new knowledge, like the negative side effects and complications of FGM/C, the process of change started. Shown pictures & videos affected some and some had a personal connection that helped them to create their own change. Some were able to look at the practice separated from the cultural aspect, which assisted them when they changed their mind. What I personally can see as a limit to change others is the Samburu community's accessibility to other sources of information than the spoken word. The spoken word is a fast and effective way to spread

knowledge, but could include information both for and against FGM/C. For the people to critically view the spoken word, they should demand evidence and proof of what people are saying.

The last question concerns the work to end FGM/C, framed like this: How are the Samburu men using their knowledge to create a change in the practice of FGM/C? One conclusion is that resistance is a concept worth reflecting about. Both in the work to end FGM/C and the girls who resist undergoing it, have met resistance from others. The forms are ignorance and peer pressure, which has to be worked with. The used methods to end FGM/C are based on communication through language. The men are spreading the information through conversations with friends, family & neighbours. Some are acting as role models and believes in showing a good example by not circumcising their own daughters. One method that was explained as an effective one is showing pictures and videos to change others. Something else that is needed is the law to be implemented and not only written. If FGM/C is a crime by law, then make sure that people are sentenced for it, most important the people with the power to make a decision to cut a girl. For the organisations and politicians working with this - make sure that the circumcisers have another form of income or implement the law if they still continue. Findings showed that there are many different organizations that work in Samburu to end FGM/C and they have to start working together with each other. What I see as important to ask yourself if working with this is; What is the goal? How do we get there? and for who are you doing this? If you don't get the answer: Work as a joint force to end FGM/C so girls and women get a brighter future, I personally believe you are in the wrong field. I find it utterly ethically wrong if gaining money is involved in the answer, which the findings showed. Last words are that I find it highly important to work with the power structures in Samburu as well as to involve the men. As for now, the involvement of men to end FGM/C is needed, but should also include the work regarding an individual's right to decide over your body.

### **Future research**

From this research, when I have gotten deeper into the work of ending FGM/C, I have noticed a few things, which I find interesting to develop further. A study is needed, that examines the prevailing power structures that exist in the Samburu community, with their connection to the cultural practices and how these could be challenged. I find this important since they influence the culture of a society and are an important factor to keep in mind when working to

end FGM/C. Another area I found important to do further research in is 'peer pressure'. It was a subject who was mentioned by some of the respondents, whom expressed that the girls themselves wanted to go through FGM/C. This was because other peers looked down on those who hadn't gone through it and they were still seen as girls, which were a negative thing in that setting. My last thoughts about future research, concerns the collected statistics. The statistics only show how many girls/women between 15-49 years that has undergone the practice and not girls below the age of 15. The reasons for this is to me unknown and I would like to point out the importance of gathering data of younger girls, since many sources write that girls are nowadays cut before this age. Information about this is needed to evaluate if the amount of girls being cut has declined or if they instead only are being cut in an earlier stage.

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## **Appendix 1 - Interview guide**

I created this interview guide before conducting my interviews. I did not bring this exact one to the interviews though, since I believed it would create a barrier between the respondents and me. The interviews were also supposed to be open, so I never planned to follow the guide anyway. For me, it worked as a tool to ensure that the objective would be achieved through the interviews.

### **Information before the interview starts**

Information will only be used for this thesis.

You will be anonymous and to ensure this, I will use fictitious names.

Answer what you want and say no if you don't want to answer.

End it when you like.

### **Background**

Age, background, education, family, job, religion, tribe.

### **Perspective**

How did you first hear about FGM/C? Perspective/feelings back then? Age?

Did you talk about FGM/C with anyone? Who? What did/didn't you talk about?

Did anyone express their opinion of FGM/C? Was it something that you, family, friends, community were allowed to talk about? Were there any taboos?

When was the first time you practically came in contact with FGM/C? Attitude? Effects on you?

How do you perceive others look at you and your beliefs, affect you? Open about where you stand?

What is your knowledge when it comes to the consequences of FGM/C? How did you learn what you know?

### **Change of mind**

What/who triggered you to change your mind about it? Why?

What used methods have made you change your mind about FGM/C?

Why have they worked on you?

**Work towards the end of FGM/C**

How are you working towards ending it? With who? What methods and why?

Are you using any of the factors that triggered your change, to change other people's minds?

How do you wish to work with change? How do you wish others worked?

Why is change needed for you? How does change happen? How does your look on the future look?

## **Appendix 2 - Used interview guide**

This is the version that I brought with me to the interviews.

### **Background**

Age, background, education, family, job, religion, tribe.

### **Perspective**

First heard - Attitude, feelings?

Talk - who, what, when? Not talk - what, why?

Further contact - attitude, effects?

Others - look on you, open about where you stand, effects?

Knowledge - what, how?

### **Change of mind**

Used methods - which, how, who, why it worked on you?

### **End FGM/C**

Your work - how, what, who, why, connected to your change?

Organizations work - opinions, how, wishes?

Why is change needed for you? How does change happen? How do you look on the future?