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Plurality of Beliefs About Female Genital Mutilation amidst Decades of Intervention Programming in Narok and Kisii Counties, Kenya

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Abstract

Female genital mutilation derails efforts to achieve gender equality and empowerment of girls and women. In Kenya, national estimates show a steady decline in prevalence, although there is considerable variation at the sub-national level. There is a need to better understand female genital mutilation-related norms and meanings and whether there have been changes in these given long-term and diverse efforts to promote abandonment. Focusing on Narok and Kisii counties, we conducted a cross-sectional qualitative study to identify social norms surrounding the practice of female genital mutilation, as well as consensus or contestation with respect to these norms. Ten focus group discussions were held with men and women aged 18 years and older from the Maasai and Abagusii communities that have traditionally practised female genital mutilation. Study findings showed that norms associated with female genital mutilation such as sexuality and marriageability were actively contested by community members. This change may provide a useful starting point for programmes that seek to create dialogue and critical reflection on female genital mutilation to accelerate its abandonment.

Keywords: social norms, change, female genital mutilation, Kenya

Introduction

The World Health Organization (WHO) defines female genital mutilation 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 (WHO 2016). Studies have documented both immediate and long-term negative consequences of female genital mutilation to the health and well-being of girls and women (Alsibiani and Rouzi 2010; Berg and Denison 2012; Berg and Underland 2013; Jones et al. 1999; Kaplan et al. 2013; WHO 2006). Internationally, / female genital mutilation is recognised as a human rights violation against girls and women that denies them the opportunity to lead a healthy and normal life—one of the sustainable development goals (SDG 5) targets to eliminate all harmful practices including female genital mutilation by the year 2030 (UN 2015).

International efforts to end female genital mutilation have spanned more than three decades, and have involved combined efforts of international agencies, governments and community-based organisations; nonetheless, progress to date has been uneven (Shell-Duncan, Naik and Feldman-Jacobs 2016). Kenya, for instance, has shown a significant decline in female genital mutilation prevalence among women of reproductive age, dropping from 38% in 1998 to 21% in 2014; yet there remain communities where female genital mutilation persists at high rates among young girls aged 0-14 years (Kandala et al. 2017). The tenacity of cutting in these areas presents a puzzle in light of the fact that they have been target regions for hundreds of anti- female genital mutilation programmes (Republic of Kenya 2019). In Kenya, intervention strategies vary, and include education campaigns focused on health risks and human rights, community dialogues, alternative rites of passage, criminal prosecution of violators of the ban on female genital mutilation, and rescue programmes for girls escaping early marriage and female genital mutilation (Republic of Kenya 2019; Mose 2008; Archambault 2011; Bunei and Rono 2018; Matanda et al. 2018). Given intensive and decades-long programming aimed at ending cutting, how can we understand its persistence?

One prominent theoretical model for understanding continuity and change regarding female genital mutilation is social norms theory. The theory posits that female genital mutilation may be locked in place due to interdependent expectations that people will conform with the practice; those who do comply are rewarded with positive sanctions such as social acceptance or improved marriage prospects, while those who fail to comply may be negatively sanctioned through means such as social ostracisation (Mackie 2000). Norms theories have commonly supported a view that in communities where female genital mutilation continues, the practice is pervasive and locally entrenched, driven by an unwavering adherence to local culture that perpetuate ‘harmful traditional practices’ (Merry 2009; Vogt et al. 2016). The notion that female genital mutilation is driven by cultural traditions that are static and deeply embedded in the past overlooks the agency that people have, and treats culture as deterministic, homogenous and unchanging. Moreover, it implies that change efforts must dislodge prevailing social norms and cultural attitudes by introducing outside values and meanings (Merry 2009; Vogt, Efferson and Fehr 2017). Such messaging may be understood as an effort to “break culture, ” and inadvertently spark communal resistance (Bunei and Rono 2018; Shell-Duncan et al. 2013).

A growing body of research has documented that despite the persistence of cutting, cultural meanings can be subject to constant negotiation and renegotiation, and may vary not only across communities, but even within families (Bellemare, Novak and Steinmetz 2015; Hernlund and Shell-Duncan 2007; Vogt et al. 2016; Wander and Shell-Duncan 2020). Scholars

have documented that despite a superficial appearance of stasis based on prevalence, the views and meanings associated with female genital mutilation are often in a state of flux, being re-examined in light of changing social circumstances (Hernlund and Shell-Duncan 2007; Abdelshahid and Campbell 2015; Van Bavel, Coene and Leye 2017; Shell-Duncan et al. 2018). Rather than being prescriptive, culture can offer a plurality of norms and meanings that can accrue, be lost or altered. Not only do people's beliefs vary, but some may not support the continuation, and thereby spark debate as to whether, how, and why female genital mutilation is practised. Recent theoretical advances in behaviour change draw attention to this variation, and suggest that strategies for social transformation may benefit from taking local heterogeneity as a starting point for programming, building on the momentum of ongoing local processes of negotiation and change (Merry 2009; Vogt et al. 2016; Shell-Duncan et al. 2018).

The contribution this study makes is that the quantitative measures of change—the slowly falling prevalence rates and the crude comparisons of prevalence rates between regions and countries, on their own, do not offer a clear sense of direction for policies and programmes. Locally relevant beliefs about acceptable and unacceptable courses of action and the cultural meanings associated with them can shape and constrain the choices made by individuals (Merry 2009; Vogt et al. 2016; Shell-Duncan et al. 2018). Focus group interviews are a research approach that is useful for illuminating such influences, especially when they vary within or across subgroups of a community (Shell-Duncan et al. 2019). Observing social interactions and the deliberations that occur within these interactions, it is possible to discover the diversity of cultural meanings and norms associated with female genital mutilation and the patterns in which they are locally relevant, negotiated and possibly contested (Shell-Duncan et al. 2018; 2019). The purpose of this study therefore was to use focus group discussions (FGDs) to investigate local heterogeneity in beliefs about female genital mutilation in two female genital mutilation hotspots in Kenya: Narok and Kisii counties (Kandala et al. 2017).

Materials and methods

Study setting

Narok County is inhabited predominantly by the Maasai—a semi-nomadic, pastoral Nilotic ethnic group along the Rift Valley. Among the Maasai, female genital mutilation is practised to mark a girl's transition to womanhood. Female genital mutilation takes place for girls usually between the ages of 12 and 14 years in preparation for marriage. In 2014, female genital mutilation prevalence among Maasai women aged 15-49 years was estimated to be 78% (KNBS and ICF International 2014). Type II (excision) female genital mutilation is the most common type of cutting in the Maasai community (Evelia et al. 2007).

Kisii County is the home to the Abagusii—a Bantu ethnic group living in the Western part of Kenya and predominantly practising subsistence farming. The female genital mutilation prevalence for Abagusii women aged 15-49 years was estimated to be 84% in 2014 (KNBS and ICF International 2014). Traditionally, female genital mutilation was performed around 15 years of age in preparation for marriage, but this has changed with girls cut at younger ages, with the most common form of female genital mutilation being Type I (Njue and Askew 2004). As part of female genital mutilation rituals among the Abagusii, girls were

socialised on how to be good wives and mothers (i.e. submissive to the authority of men and the society's values) (Mose 2008).

Participants and study procedures

This paper draws on data from FGDs conducted as part of a broader cross-sectional, qualitative study of variation in female genital mutilation practices and norms in Narok and Kisii counties in Kenya (Matanda et al. 2018). FGDs have been highlighted as a powerful technique for observing the social interactions that belie the formation and change of social norms (Shell-Duncan et al. 2019).

Following methods developed in Senegambia (Shell-Duncan et al. 2018), we used a factorial design that allowed us to make comparisons across locality, gender and age. This technique illuminates social norms and meanings associated with female genital mutilation, and the way they are supported, contested and challenged, and possibly being discarded. Conducting FGDs disaggregated by age made it possible to examine whether there are differences between younger (18-35) and older men and women (36+ years). The age cut-off at 35 was conveniently chosen to enable comparison between the two age groups. Ten FGDs were held with men and women from Maasai and Abagusii families that have traditionally practised female genital mutilation. The FGD guide is included as an online appendix to this paper.

Table 1 summarises the number of FGDs held across these group categories. Each FGD had six to eight participants of the same sex and age grouping (18-35 years or 36 years and older). Research assistants used semi-structured FGD guides to facilitate the discussions modelled after those used in Senegambia (Shell-Duncan et al. 2018). The content of FGD guides centred on advantages or disadvantages of female genital mutilation as experienced by participants of the same sex and age grouping. Prior to fieldwork, the guides were pretested and adapted to the local context.

(Insert Table 1 about here)

Study participants were recruited from the catchment areas of various female genital mutilation programmes in the two study sites. To enable better interaction and open discussions on female genital mutilation, research assistants were recruited from the study sites. All research assistants underwent a rigorous training to understand the research protocol including the consenting process and confidentiality. Research assistants with the help of programme implementers and community health volunteers, purposively selected the respondents to participate in the interviews. The criteria for selection were: (i) male or female aged 18 years and older; (ii) living in the catchment population areas reached by the various female genital mutilation programmes in the two study sites; and (iii) either Abagusii (Kisii County) or Maasai (Narok County). The FGDs were conducted in November and December 2017. Discussions were conducted in Kiswahili or local languages. All discussions were audio-recorded with permission from participants.

Data analysis

Audio recordings of FGDs were directly translated and transcribed in Word and analysed for content using NVivo version 11 software. In reviewing the transcripts from the FGDs,

inductive analysis was used to identify themes and patterns and construct typologies (Rossman and Marshall 1995). Codes corresponding to themes and constructs were entered into the database and used to organise data for refined analysis. For each FGD, a summary document was created identifying the major themes raised. Notations recorded the emphasis placed on each theme (ranging from being a passing remark to a topic that participants deeply explored), as well as the degree of consensus, debate or disagreement that came about during the discussion (Shell-Duncan et al. 2019). This was followed by writing memos to explore themes and patterns across group characteristics (locality, gender and age), and identify relationships between themes or categories (Bernard 2011; Creswell 2007). This process served as an analytic approach to discern the degree to which normative statements and positive or negative associations were shared among participants, debated or actively contested during the discussion.

Ethics

Ethical approval for the study was obtained from the Population Council's Institutional Review Board (Protocol 831) and AMREF Ethics and Scientific Review Committee (AMREF-ESRC P380/2017). The Kenya National Commission for Science, Technology and Innovation granted administrative permission to conduct the research (NACOSTI/P/17/27106/19985). All participants provided written informed consent prior to participating in the FGDs.

Findings

Overarching themes that emerged from the discussions included sexuality, marriageability, culture/tradition and respect. The factorial analysis of the themes revealed patterns of variation in the strength of beliefs, and the extent to which they are upheld, contested or discarded. The names used in quotations are pseudonyms to protect confidentiality.

Female genital mutilation and sexuality

According to social norms theory, the association between female genital mutilation and sexuality has often been linked to the belief that women are naturally promiscuous unless their genitalia is physically altered (Mackie and LeJeune 2009). Female genital mutilation has therefore been used as a tool to suppress female sexuality (Jones, Ehiri and Anyanwu 2004), uphold virginity until the time of marriage, and promote fidelity after marriage (Jones et al. 2004; Muteshi and Sass 2005).

Emergent themes discussed under sexuality centred on how female genital mutilation was associated with sexual restraint, sexual desire and marital instability (Table 2). Men and women in all age groups in both sites unanimously agreed that female genital mutilation leads to reduced sexual desire among women.

They [women] will not go after men. The blood heat [sexual desire] will cool. Men will not be envious because women that are cut will not go for other men. (Naeku, 25-year-old female, Narok)

However, there were differences across groups in the valuation of female genital mutilation as a means of promoting sexual restraint.

(Insert Table 2 about here)

In Narok, older and younger men did not mention sexual restraint. In contrast, younger and older women emphasised the association between female genital mutilation and sexual restraint. On the other hand, all groups associated cut women's reduced sexual desire with a greater likelihood of men engaging in extramarital affairs and thus causing conflict in marriage.

Circumcised women are different from uncircumcised women. For instance, uncircumcised women have high libido and circumcised women have low libido. In fact, they [circumcised women] can stay for a long time without having intercourse with their husbands. (Kantai, 45-year-old male, Narok)

Thus, among the Maasai in Narok County, there is contestation about the value of practising female genital mutilation to promote sexual restraint—women viewed sexual restraint as an advantage, while some men regarded it as a disadvantage as it led to reduction in women's sexual desire and therefore denying men the right to enjoy sex in marriage. It is useful to note that the Maasai did not traditionally attach importance to the keeping of virginity until marriage and therefore extramarital sexual relations were common (Talle 2007).

In Kisii, the overarching theme of sexuality was discussed across the various FGDs. Some older and younger men were of the view that female genital mutilation had the advantage of upholding morality in the community as cut girls had sexual restraint due to reduced libido.

I can say due to regulation of the urge [because of female genital mutilation], the woman does not have higher sexual desires to have extra marital affairs when the husband is away. (Makori, 20-year-old male, Kisii)

However, some men contested this view as they believed that even cut girls could be promiscuous as exemplified by this quote:

What my colleague has said that it lowers libido, I don't see it as true because I circumcised my daughter, and she is 'spoilt' [started having sex early]. The cut ones are the most spoilt...she is the most spoilt of all. (Mokaya, 48-year-old male, Kisii)

Female genital mutilation and marriageability

According to social norms theory, the practice of female genital mutilation has often been linked to marriage whereby cut women are either considered ready to be married off or female genital mutilation is considered a requirement for marriage (Mackie and LeJeune 2009). The topic on whether female genital mutilation plays a role in influencing marriage prospects was widely discussed in the various group categories.

(Insert Table 3 about here)

In Narok, older women and younger men and women were in agreement that female genital mutilation heightened a girl's chances of being married early. A quote from Ntimama typifies this observation:

According to African [Maasai] tradition, female circumcision shows a woman is mature and has reached the age for marriage. (Ntimama, 24-year-old male, Narok)

The practice was noted to be driven, in part, by the prospects of the girl's parents receiving bride price since she would normally be married off immediately after the cut. There was, however, ambivalence regarding female genital mutilation being a prerequisite for marriage and the acceptability of marrying an uncut woman, as explained by Kiserian:

Unlike in the past, currently you don't have to be circumcised to be married. In the past, circumcision used to be important to the mother of the girl, because the girl becomes healthy, gains weight, then she is married off...Nowadays the girls stay uncircumcised, continue with their education, and when it is time to get married, they get husbands even if they are not circumcised. (Kiserian, 60-year-old female, Narok)

While younger men and women, and some older women mentioned that female genital mutilation was a prerequisite for marriage, there was near unanimous agreement that it was acceptable to marry an uncut woman.

In Kisii, marriageability emerged as a common theme from discussions across all groups but more so among younger men and women. Both younger men and women were of the view that undergoing the cut was a sign of readiness for marriage, which would result to early marriage (i.e. before 18 years). There were divergent views among younger men as to whether female genital mutilation was considered a prerequisite for marriage, with some observing that a "true" Kisii man cannot accept to marry an uncut woman. In contrast, other younger men observed that the belief that a Kisii man cannot marry an uncut woman has been overtaken by events as currently men are accepting to marry uncut women. There was consensus across all groups that it was currently acceptable to marry an uncut woman.

There is no benefit because of decreased libido in a circumcised woman. That is the reason Kisii men prefer marrying other tribes because they are not circumcised... Nowadays with the sensitisation, men are happy with uncircumcised girls. (Moraa, 35-year-old female, Kisii)

Female genital mutilation and culture/tradition

Culture has been described as an integrated pattern of human knowledge, beliefs, and behaviours that brings together shared values and practices that characterise a group of people, community or ethnic group (Kleinman 1980). In communities that practise female genital mutilation, the practice is embedded in their cultural systems through multiple ties to historical tradition and tribal/ethnic affiliation (Gali 1998). Upholding the tradition of female genital mutilation has been shown to be central in the formation of personhood and cultural identity, often demarcating "insider" status and the acceptance of gender norms that afford entrance into hierarchical and gendered social spaces and sources of social support (Shell-Duncan et al. 2011; Thomas 2000).

The practise of female genital mutilation to uphold culture/traditions emerged as an overarching theme in some of the group discussions in Narok and in all FGDs in Kisii (Table 4). Discussions about culture/traditions centred on whether female genital mutilation was a rite of passage from childhood to adulthood, whether female genital mutilation was a source of identity for women, and existence of social sanctions for women who remain uncut.

(Insert Table 4 about here)

In Narok, the only sub-theme under culture/tradition that was raised was the practise of female genital mutilation as a rite of passage from childhood to adulthood. This arose in discussions with younger men and women who observed that it was important for a girl to undergo the cut to be considered a grown-up and accepted in the community. This view was aptly captured by Naisenya who explained:

According to the Maasai culture, it is accepted that you are now an adult if you are circumcised. To be accepted in the community, you must go through the cut. So, in any family, you must be circumcised in order to be accepted that now you are a grown-up person. (Naisenya, 35-year-old female, Narok)

In Kisii, the belief in upholding culture/traditions emerged as a cross-cutting driver of female genital mutilation in all FGDs. Practised as a traditional requirement among the Abagusii people, female genital mutilation conferred a sense of identity to Kisii women (female genital mutilation signifying transition from childhood to adulthood), which earned them respect and acceptance from their peers, family, as well as the community as illustrated below:

What I can say on the advantage of female circumcision is the respect that one receives having graduated from childhood to adulthood... (Moseti, 52-year-old male, Kisii)

Female genital mutilation and respect

In communities where female genital mutilation is prevalent, social pressure and the fear of losing social standing for the uncut girl and her family are important factors that sustain female genital mutilation (Hernlund and Shell-Duncan 2007; Mackie and LeJeune 2009). Women in such communities undergo female genital mutilation to show respect for their family, show their bravery, and to mark their transition from girlhood to womanhood (Hernlund and Shell-Duncan 2007). Table 5 summarises how FGD participants described female genital mutilation as linked to the respect accorded to the cut girl by family or community members, and whether cut girls were respectful of others.

(Insert Table 5 about here)

In Narok, younger women and older men were of the view that cut women were more likely to be disrespectful of elders. They observed that since female genital mutilation was considered a transition from childhood to adulthood in the Maasai culture, girls who are cut view themselves as mature women and as equals to their elders. The notion that the cut girl

is mature even though still a junior by age leads to lack of respect by the cut girl to other members especially elder women as reported by Simaloi:

When a girl is circumcised, she sees herself as a grown-up person... her respect for the elder people is lost because she feels that she is an equal to elder women. (Simaloi, 35-year-old, female, Narok)

In Kisii, by contrast, women and men explained that the process of undergoing female genital mutilation entailed exclusion of cut girls to a certain location where they were taught how to relate with other members of the community including their fathers, husbands and elders—a form of structuring hierarchies of power along lines of gender and generation. This was aptly explained by Nyambaka:

Sincerely nowadays, when one is not cut, she has no respect. There were ceremonies among the Abagusii community that could take thirty days where girls were taught after circumcision how to talk to men after they have been initiated into adulthood, how to have respect to their fathers and not to sit where their parents are seated. (Nyambaka, 50-year-old man, Kisii)

Uncut girls were often disrespected and given derogatory names such as *egesagane* [immature uncut girl]. On the contrary, cut girls were considered respectful of others as exemplified in the discussions with younger women and older men who supported the view that cut women were respectful of others.

Discussion

This study set out to investigate variations in beliefs about female genital mutilation in two communities where the practice has remained high despite decades of female genital mutilation intervention programming. Findings suggest that the lack of large-scale abandonment in the communities in these two counties, does not mean that the practice, though persistent, is unchanging. Instead, people in these communities are actively reassessing norms and meanings associated with female genital mutilation.

Across the two counties, community members believed that female genital mutilation lowers women's sexual desire. However, there were differing views about whether reduced libido was beneficial or detrimental. For some in the community, a woman's diminished sexual desire due to female genital mutilation was reported to trigger infidelity and conflict in marriage as the man will engage in extra marital affairs. Conversely, some women considered sexual restraint an advantage attributed to female genital mutilation as it upholds women's morality and fidelity in marriage. Esho and colleagues (2017) investigated sexual experiences among cut and uncut married women in Kenya. They found that cut women had negative sexual experiences in form of adverse changes in sexual desire, arousal, and satisfaction (Esho et al. 2017). Mpofu et al. (2017) investigated whether female genital mutilation was an effective tool for controlling female sexual behaviour. Findings showed that female genital mutilation was not significantly associated with the age at which women first engaged in sexual activity or the number of lifetime sexual partners (Mpofu et al. 2017). Our findings show the inconsistency in how female genital mutilation is related to sexuality, especially sexual restraint. They highlight ambivalence in how both women and men talk

about female genital mutilation in relation to sexuality. The finding that some men prefer uncut marital partners and the proximate reason they give is that they want a marital partner who is sexually responsive deserves some scrutiny. In Kenya, studies conducted among the Abagusii and Maasai have shown that women adhere to female genital mutilation not only because they personally want to feel feminine and virtuous, but also because of the influence female genital mutilation has on the way they interact with other women and securing their future (Archambault 2011; Graamans et al. 2019; Mose 2008). Cross county analysis examining associations between female genital mutilation and marriageability showed consensus on the possibility that female genital mutilation heightens a girl's chances of being married early. From the discussions, it was evident that Narok girls who are cut are likely to be married off afterwards. While there was agreement that in the past female genital mutilation was considered a prerequisite to marriage, discussants were divided on whether this remains true. In an expanded formulation of social norms theory, Mackie and LeJeune (2009) argue that female genital mutilation may be associated with multiple norms, and that even if norms linked to marriageability erodes, the practice may be held in place by other norms and associated meanings. Consistent with this, we see that with the increased acceptability of inter-ethnic marriage, norms regarding marriageability have weakened, and may result in a shift in how communities associate female genital mutilation with marriage.

Findings from this study showed that a constellation of beliefs related to culture/tradition play a significant role in facilitating female genital mutilation. Beliefs that female genital mutilation is central in inculcating gender norms such as sexual restraint, that female genital mutilation is a source of identity for women, and the existence of social sanctions for the uncut were strongly expressed in Kisii. Among the Abagusii, research shows that female genital mutilation is associated with maturity, obedience, and conformity with gender roles (Njue and Askew 2004). In discussing the fluidity of culture with regards to female genital mutilation, Gruenbaum (2005) argues that cultural values within a community reinforce tradition, but can also act as the source of ideas for rethinking and reassessing practices such as female genital mutilation (Gruenbaum 2005). Although Abagusii culture is not static (Mose 2008), our study findings point to existence of strong gender norms associated with female genital mutilation in Kisii.

There were stark differences in how communities in Narok and Kisii associated female genital mutilation with "respect" towards men and elders. It is important to contextualise the term, which in this case refers to being less aggressive, obedient and subservient. Respondents in Narok associated female genital mutilation with lack of respect contrasting the situation in Kisii where a cut woman was considered to be respectful. The context in which female genital mutilation is practised in the two settings offers some explanation. Among the Abagusii, female genital mutilation involves extended training on how to relate courteously with peers, fathers, husbands and elders but this is not the case among the Maasai where cut girls do not necessarily undergo training (Mose 2008; Talle 2007). For example, among the Kisii, a woman has higher social standing (logical social benefit) if she is tolerant to norms of male dominance and condemned for going against the "values" that limit women from being treated as equal partners (Mose 2008).

This study was guided by evolving formulations of social norms theory. We now provide some reflections on the relevance of this theoretical underpinning. Social norms theory has contributed significantly to the understanding of the social aspects of female genital mutilation and how changes in social norms can lead to shifts in behaviour. However, critics argue that conceptualising female genital mutilation as a social convention limits its

applicability in exploring the initial stages of change or individuals and groups who may not necessarily follow social norms (Efferson et al. 2015; Johansen 2020). Recently, Brady et al. (2019) have suggested a broadening the theory of female genital mutilation as a social convention by applying the theory of planned behaviour, which is premised on the evidence that declared intentions are a better predictor for behaviour than attitude (Brady et al. 2019). As Johansen (2020) notes, there is need for more perspective on the conceptualisation of a community as a clear and defined entity with a uniform social convention. This is because in a community, individuals and families encounter multiple communities and networks with diverging social norms which could lead to changes in the constitution and power balance of decision-making groups (Johansen 2019).

With regards to observed changes in beliefs about female genital mutilation and how these findings can be used in informing interventions to end female genital mutilation, we observe that human behaviour is never influenced from a single cause and therefore relying exclusively on norms-based approaches oversimplifies the true complexity of human behaviour (Brennan et al. 2013). In addition to individual factors and social norms, there are broader social factors that influence behaviour change (Cislaghi and Heise 2018; Mackie et al. 2015; McLaren and Hawe 2005). Indeed, other studies have found some support for modernisation theories, which contend that economic development could lead to gradual abandonment of female genital mutilation (Grose et al. 2019; Hayford 2005). Seeing the dynamics of change—the discussions, differing beliefs and the factors that bring about these differences in diverse contexts is highly valuable. It helps to identify likely misinformation that has spread or that is based on past views, which is useful in the development of communication and messaging for programmes and policies. For example, ideas and dialogues about whether libido is increased or decreased among cut women and girls, about the potential influence of female genital mutilation on morality, and women's and men's sexual pleasure, play a role in preserving or helping to shift beliefs about the value of the practice. Factors like health knowledge, questioning of sexual enjoyment with and without female genital mutilation, and whether cultural traditions can accommodate change, are all valuable for abandonment efforts.

Limitations

This study has several limitations. First, the transferability of the findings to other female genital mutilation prevalent settings is limited. Nonetheless, the methodology used in this study can be replicated in other settings. Second, since study participants were recruited with the help of programme implementers, there is a possibility that study participants' attitudes/beliefs may have been influenced by interventions implemented in the community. Third, due to the qualitative nature of this study, findings cannot be generalised. However, the use of FGDs and factorial focus group analysis technique produced rich insights documenting changes in cultural meanings and norms as experienced by community members living in two study settings. Lastly, the cross-sectional design of the study limits our conclusions on the observed changes. Nonetheless, by comparing variations along the lines of age, the study was able to illuminate changes across generations.

Conclusion

In conclusion, our findings demonstrate that the lack of large-scale abandonment in the two communities does not mean that beliefs and attitudes associated with female genital mutilation are static. People are rethinking and reassessing female genital mutilation in light of changing social circumstances. This cultural heterogeneity may provide a useful starting point for programmes that seek to create dialogue and critical reflection on the practice of female genital mutilation and other harmful gender-related practices to accelerate their abandonment. Such dialogues if well-structured could lead to ‘organised diffusion’ whereby participants share their new knowledge, thoughts, and experiences systematically with others in their social networks (Cislaghi et al. 2019). Critical reflection and community dialogue that include strategies to ensure a shift in gender relations and increase girls’ agency may be helpful.

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Table 1. Number of focus group discussions

Group Categories	Narok County	Kisii County	Both Sites
Younger women (18-35 years)	2	2	4
Older women (36+ years)	1	1	2
Younger men (18-35 years)	1	1	2
Older men (36+ years)	1	1	2
Total	5	5	10

Table 2. Summary matrix of themes related to the overarching theme of sexuality.

Sexuality	Narok County				Kisii County			
	Older men	Younger men	Older women	Younger women	Older men	Younger men	Older women	Younger women
Sexual restraint – upholding morality and fidelity			+	+	+/-	+/-		
Reduced sexual desire	+	+	+	+	+	+	+	+
Marital instability	+	+	+	+	+	+	+	+

+, positive consensus

–, negative consensus

+/-, divergent views

Blank, theme not raised.

Table 3. Summary matrix of themes related to the overarching theme of marriageability.

Marriageability	Narok County				Kisii County			
	Older men	Younger men	Older women	Younger women	Older men	Younger men	Older women	Younger women
Cut means readiness for marriage / early marriage		+	+	+		+		+
Cut as a prerequisite for marriage		+	+/-	+		+/-		
Acceptable to marry uncut women	+		+	+	+	+	+	+

+, positive consensus

-, negative consensus

+/-, divergent views

Blank, theme not raised.

Table 4. Summary matrix of themes related to the overarching theme of culture/traditions.

Culture/Traditions	Narok County				Kisii County			
	Older men	Younger men	Older women	Younger women	Older men	Younger men	Older women	Younger women
Female genital mutilation as a rite of passage from childhood to adulthood		+		+	+	+	+	+
Female genital mutilation as a source of identity for women, earns respect from family and community					+	+	+	+
Social sanctions for uncut women – disrespected and given derogatory names					+	+	+	+

+, positive consensus

–, negative consensus

+/–, divergent views

Blank, theme not raised.

Table 5. Summary matrix of themes related to the overarching theme of respect.

Respect	Narok County				Kisii County			
	Older men	Younger men	Older women	Younger women	Older men	Younger men	Older women	Younger women
Cut girl earns respect from family / community					+		+	+
Cut girl considered respectful of others e.g. elders, fathers and husbands	–			–	+			+

+ , positive consensus

– , negative consensus

+ / – , divergent views

Blank, theme not raised.