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MEN SPEAK OUT PROJECT

RESEARCH

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A mixed methods study exploring men's involvement in Female Genital Mutilation in Belgium, the Netherlands and the United Kingdom

O'Neill S., Dubourg D., Florquin S., Bos M., Zewolde S., Richard F.

REPORT

MARCH 2017

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FORWARD Safeguarding rights & dignity
HIMILO staat voor hoop in de toekomst
INSTITUTE OF TROPICAL MEDICINE ANTWERP
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Men Speak Out

"Men Speak Out" is a 27-month partnership (January 2015 - March 2017) between GAMS Belgium, FORWARD UK, HIMILO foundation in the Netherlands and the Institute of Tropical Medicine, Antwerp in Belgium, which responds to Daphne III priority on harmful traditional practices. The aim of this project was to engage men in the process of ending FGM and, on a larger scale, to end violence against women and promote gender equality through a human rights' approach. Peer educators have been trained in the 3 countries and specific tools (posters, booklet, video, TV and radio programmes) addressing FGM with a human rights and gender approach have been developed for men. Education tools have been disseminated in schools and migrant associations and outreach activities were organised by the male peer educators. National events have been held in the 3 countries with men AND women from the community to invite them to speak out and to engage in dialogue with women about FGM.

In the context of this project a mixed methods study was conducted in Belgium, the UK and the Netherlands to increase knowledge of men's role in the perpetuation of the practice. Four key problems were addressed in this research: (1) Men's understanding of FGM, its health risks and human rights violations, (2) Communication between women and men about the practice of FGM, (3) Men's opinions of FGM, (4) Male involvement in the decision making process to end the practice. For the qualitative research 60 in-depth interviews (IDI) and 9 Focus Group Discussions (FGD) were conducted across Belgium, the Netherlands and the UK (20 IDI and 3 FGD per country). In each country 16 male and 4 female participants were interviewed; 2 FGDs were conducted with men, one with women. Using snowball sampling techniques, the research participants were purposively selected among African migrant communities with a high prevalence of FGM. The objective of the quantitative study was to estimate the proportion of men who are in favour of the continuation of FGM in Europe as compared to their country of origin. The aim was therefore to find out whether migration and residence in Europe affects men's attitudes towards FGM.

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Men Speak Out Project
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REPORT

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Introduction

Definition of the problem

More than 200 million girls and women alive today in 30 countries in Africa and the Middle East have undergone some form of FGM (UNICEF 2016). Thirty million more are at risk over the next ten years. The WHO and experts around the world agree that FGM can have serious consequences on women and girls" physical and mental health. All EU member states have signed up to international treaties such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child (CRC) that seek to safeguard these rights and therefore make it mandatory for states to protect women and girls affected by, or at risk of FGM. Different organisations around Europe have developed strategies against FGM and legislative measures have been taken to protect victims. However, despite increasing commitment to combat FGM, there are still significant gaps in the approach to tackle the practice (EIGE 2013).

Since FGM was brought up as an important health issue by the WHO in 1975, it has often been taken for granted that men's domination and control of women has an important role to play in the perpetuation of the practice (Almroth et al. 2001; O'Neill 2013). The UNICEF report (2013), however, showed that in 16 African countries the percentage of men who want to stop FGM is higher than the rate of women who want to stop FGM, apart from in Sudan and Nigeria (UNICEF 2013:70).

This suggests that the role of men in the perpetuation of the practice either seems to have changed or has been misunderstood. The UNICEF report further shows that in 8 countries the rate of women who think that men want FGM to end is significantly lower than the reality. In Guinea Conakry, for example, 12% of women think that men want to stop whereas in reality 42% of men want the practice to end (2013:72). This seems to point to a lack of communication between men and women, which the report confirms (2013:72).

It has also often been claimed that in African countries where FGM is practised, men have a sexual

WHO classifications of FGM (2007)

Type I

Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).

Type II

Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).

Type III

Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).

Type IV

All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

preference for women who have undergone FGM (Hosken 1993). The recent UNICEF (2013) report however shows that in 12 countries only between 1-7% of men feel that the practice increases their sexual pleasure (UNICEF 2013:76).

Regarding health consequences, a study in the Gambia showed that 72% of respondents did not know that FGM had a negative impact on the health and well-being of girls (Kaplan et al. 2013). In a behavior change study by Shell-Duncan et al. (Shell-Duncan et al. 2011) it was found that if men were involved in the decision on whether their daughters should undergo FGM, they were more likely to remain uncut. Little is actually known about African men's views on the practice in Africa and in Europe.

A mixed methods study (qualitative and quantitative research) was conducted in Belgium, the UK and the Netherlands to increase knowledge of men's role in the perpetuation of the practice. This research is part of a European Daphne project "Men Speak Out" coordinated by GAMS Belgique with three main work streams: research, training and an awareness campaign aiming at engaging men in the prevention of FGM.

Objectives of research

The objectives of the qualitative research was to increase knowledge on the men's role in the perpetuation of the practice by addressing 4 key issues:

1. Men's understanding of FGM as a health risk and human rights violation,

2. Communication between women and men about the practice of FGM,

3. Men's opinions about FGM,

4. Male involvement in the decision making process to end the practice.

The objective of the quantitative study was to estimate the proportion of men who are in favour of the continuation of FGM in Europe as compared to in their country of origin. The aim was therefore to find out whether migration and residence in Europe affects men's attitudes towards FGM.

Ethics Review Board

The research received ethical approval from the Ethics Review Board of the Institute of Tropical Medicine, Antwerp (1004/15 - qualitative study and 1059/15 - quantitative study) and KIT Health, Amsterdam (S64).

Study sites

The study sites were Belgium, The Netherlands and the UK in collaboration with the community based organisations FORWARD UK, GAMS Belgium and HIMILO (The Netherlands) who have extensive experience campaigning against and conducting research on the practice.

FGM in the national context

Belgium

FGM is practised in the countries of origin of an estimated 48,000 women and girls living in Belgium (Dubourg & Richard 2014). Approximately 13,000 women and girls are likely to have undergone FGM, with a further 4,000 at risk. The Flemish and Brussels regions account for the majority of cases (those affected or at risk are estimated at 6,800 and 5,800, respectively) followed by the Walloon region (3,300). Asylum-seekers account for a further 1,300 cases. The total number of 17,000 affected women and girls in Belgium is a low estimate given the on-going influx of refugees from FGM-practising countries such as Somalia and Eritrea. Historically, the first FGM-affected community to arrive in significant numbers in Belgium were refugees fleeing the war in Somalia in the early-1990s and then families from Guinea Conakry. Since 2012, a third of the FGM-affected women in Belgium come from Guinea, followed by Somalia, Egypt, Ethiopia and Ivory Coast. Article 409 of the Belgian Penal Code (2001) provides for a prison sentence of three to five years for "all persons participating, facilitating or encouraging all forms of female genital mutilation or any attempt to do so, with or without the consent of the person concerned." As of July 2014, encouraging the practice of FGM is punishable with imprisonment, for a period of between eight days and one year. Despite the legislative tools available, however, just 19 FGM-related cases were filed in Belgium between 2008 and 2014, none of which have led to conviction.

UK

The United Kingdom has the highest prevalence of FGM in Europe. An estimated 137,000 women and girls with FGM, born in countries where FGM is practised, were permanently resident in England and Wales in 2011 (Macfarlane & Dorkenoo 2015). This represented a prevalence rate of 4.8 per 1,000 population. Estimated prevalence rates for all regions and local authority areas in England and Wales showed wide variations. Prevalence rates varied considerably by region, with London having by far the highest prevalence of 21 per 1,000 population. Rates for individual local authorities varied even more widely. The highest rates were in London boroughs, with 47.4 per 1,000 in Southwark and 38,9 per 1,000 in Brent. Outside London, Manchester, Slough, Bristol, Leicester and Birmingham have high prevalence rates, ranging from 12 to 16 per 1,000. Other authorities, including Milton Keynes, Cardiff, Coventry, Sheffield, Reading, Thurrock, Northampton and Oxford have rates of over 7 per 1,000. In contrast, many rural areas have a prevalence well below one per 1,000, but above zero.

According to the NHS enhanced dataset on Female Genital Mutilation published in December 2016, over 1200 girls and women with FGM were newly recorded every quarter since April 2015. Four out of every 9 newly recorded women live in London (45%). Ninety percent of these women were cut outside the UK but 5% underwent FGM in the UK according to the report (Health and Social Care Information Centre 2016).

Besides the 1985 "Prohibition of Female Circumcision Act" and related policies and the recent October 2015 "Mandatory Reporting of Female Genital Mutilation" policy of the Home Office, success in tackling the problem has been limited.

The Netherlands

The number of women living in the Netherlands originating from countries where FGM is traditionally practised was almost 70,000, (1% of the Dutch female population) in 2012 (Exterkate 2013). An estimated 40% of them have undergone FGM. Two thousand women originating from these countries live at asylum reception centres (35% of the total number of women in the reception centres), of whom an estimated 74% have undergone FGM. In total, 29,120 women with FGM are estimated to live in the Netherlands. The majority of these women fall within the reproductive ages.

In the Netherlands FGM is punishable as a form of child abuse. It carries a maximum prison sentence of 12 years. A higher sentence can be applied if the cutting is carried out by a parent (articles 300 to 304 of the Dutch Criminal Code). Parents are also liable to punishment if they arrange for someone else to carry out the practice. Those who have their daughters cut in another country (or who arrange for FGM to be carried out by someone else) are also liable to punishment. This applies to everyone who is living in the Netherlands, including those who do not have a residence permit. Parents who are sentenced for having their daughter cut (or arrange for someone else to do so) and who do not hold a Dutch passport, may lose their right to residence (Statement opposing FGM; the State Secretary of Health, Welfare and Sport and the Ministry of Security and Justice, February 2014).

Qualitative Study

Methods

The qualitative research was co-ordinated by Dr Sarah O'Neill, medical anthropologist at the Institute of Tropical Medicine, Antwerp and conducted by researchers from community-based organisations in Belgium (Stephanie Florquin - GAMS Belgique), the Netherlands (Marthine Bos - HIMILO Foundation) and UK (Solomon Zewolde - FORWARD). Research meetings were held on a regular basis for training, planning and analysis under the supervision of Dr Fabienne Richard, Director of GAMS Belgium and Guest Researcher at the Institute of Tropical Medicine, Antwerp.

Qualitative research methods were used to explore the views and perceptions of men and women from FGM practising communities. The data collection tools consisted of semi-structured interviews and focus group discussions (FGD).

Purposive and snowball sampling techniques were used to identify participants who met the selection criteria, which included:

1. gender and age
2. originating from an African country where FGM is practised
3. the role within the community
4. some men from non-practising communities.

The research participants were selected on the basis of being able to provide crucial information on FGM, i.e., African migrants from communities that have the highest prevalence of FGM, opinion leaders whose views are crucial for FGM practising immigrant communities. In total 60 in-depth interviews (IDI) were conducted (20 per country). In each country 16 were undertaken with men and 4 with women. In total, 9 Focus Group Discussions were undertaken (3 per country). In each country FGDs were conducted with:

1. senior Somalian/Djiboutian men
2. young men from different African countries
3. women.

The interview/ FGD guides for each category of informants were developed by the research committee and pilot-tested in the three countries.

Tables of research participant details per country

UNITED KINGDOM

N°	Country	Age	Gender	Status profile	Education	Migration background
1	Somali	75	M	Religious Leader, Muslim	High School	> 6 years
2	Somali	68	M	Religious Leader, Muslim	High School	> 6 years
3	Somali	61	M	Community Leader, Muslim	High School	> 6 years
4	Ethiopia	67	M	Religious Leader, Christian	Religious Education	> 6 years
5	Somalia	59	M	Opinion Leader	College	> 6 years
6	Somalia	41	M	Opinion Leader	University	> 6 years
7	Sudan	53	M	Married	College	< 6 years
8	Ethiopia	58	M	Married	College	> 6 years
9	Eritrea	39	M	Married	College	> 6 years
10	Somalia	47	M	Married	High School	> 6 years
11	Somalia	23	M	Single	College	> 6 years
12	Somalia	22	M	Single	College	> 6 years
13	Zimbabwe	18	M	Single	University	> 6 years
14	Somalia	21	M	Single	College	> 6 years
15	Chile	36	M	non-practicing Community	University	< 6 years
16	Jamaican	43	M	non-practicing Community	University	> 6 years
17	Ethiopia	41	F	Married	College	< 6 years
18	Uganda	66	F	Married	College	> 6 years
19	Eritrea	24	F	Single	High School	> 6 years
20	Uganda	25	F	Single	University	< 6 years

THE NETHERLANDS

N°	Country	Age	Gender	Status profile	Education	Migration background
1	Gambia	48	M	Religious Leader, Muslim	High School	> 6 years
2	Somali	57	M	Religious Leader, Muslim	University	> 6 years
3	Eritrea	32	M	Religious Leader, Christian	College	> 6 years
4	Ghana	53	M	Religious Leader, Christian	University	> 6 years
5	Ghana	55	M	Opinion Leader	College	> 6 years
6	Togo	35	M	Opinion Leader	College	> 6 years
7	Guinee	55	M	Married	University	< 6 years
8	Egypt	46	M	Married	University	> 6 years
9	Sudan	52	M	Married	University	> 6 years
10	Ethiopia	40	M	Married	High School	> 6 years
11	Somalia	22	M	Single	College	< 6 years
12	Eritrea	24	M	married	College	> 6 years
13	Eritrea	23	M	Single	University	> 6 years
14	Sierra Leone	33	M	Single	College	> 6 years
15	Congo	48	M	non-practicing Community	University	< 6 years
16	Sierra Leone	50	M	non-practicing Community	College	> 6 years
17	Kenya	30	F	Single	University	< 6 years
18	The Gambia	48	F	Married	Sec school	> 6 years
19	Sierra Leone	33	F	Single	Sec School	> 6 years
20	Guinee	21	F	Married	Sec school	< 6 years

BELGIUM

N°	Country	Age	Gender	Status profile	Education	Migration background
1	Guinea Conakry	18	F	No partner	Secondary education	> 6 years
2	Djibouti	30	F	Married	Secondary education	< 6 years
3	Guinea Conakry	16	F	No partner	Secondary education	> 6 years
4	Djibouti	46	F	Married	Secondary education	> 6 years
5	Guinea Conakry	20	M	No partner	Secondary education	< 6 years
6	Niger	47	M	Divorced, Non-practicing community	Primary educ >10 years	> 6 years
7	Guinea Conakry	42	M	Married	Primary educ < 10 years	< 6 years
8	Guinea Conakry	49	M	Married	Primary educ < 10 years	> 6 years
9	Ivory Coast	22	M	Has partner, Partly practicing community	Higher education	< 6 years
10	Niger	35	M	Married, Non-practicing community	Higher education	> 6 years
11	Cameroon	45	M	No partner, Non-practicing community	Higher education	> 6 years
12	Mauritania	48	M	Married	Higher education	> 6 years
13	Cameroon	42	M	Married, Non-practicing community	Higher education	> 6 years
14	Guinea Conakry	27	M	Has partner	Primary school education >10 years	< 6 years
15	Senegal	40	M	Married	Secondary education	> 6 years
16	Senegal	62	M	Married	Higher education	> 6 years
17	Somalia	55	M	Married	Secondary education	> 6 years
18	Mali	42	M	Married	Higher education	> 6 years
19	Djibouti	46	M	Married	Secondary education	> 6 years
20	Guinea Conakry	43	M	No partner	Secondary education	> 6 years
21	Guinea Conakry	29	M	Married	N/A	> 6 years

FDG

UNITED KINGDOM

FGD 1: Older married Somali men FGD participants profile

No	Nationality	Age	Gender	Marriage	Children	Education	Migration	Religion
1	Somali	50	M	married	Yes	High school	> 6 years	Muslim
2	Somali	62	M	married	Yes	High school	> 6 years	Muslim
3	Somali	55	M	married	Yes	High school	> 6 years	Muslim
4	Somali	57	M	married	Yes	College	> 6 years	Muslim
5	Somali	49	M	married	Yes	High school	> 6 years	Muslim
6	Somali	61	M	married	Yes	college	> 6 years	Muslim
7	Somali	54	M	married	Yes	High school	> 6 years	Muslim
8	Somali	46	M	married	Yes	High school	> 6 years	Muslim
9	Somali	48	M	married	Yes	High school	> 6 years	Muslim
10	Somali	53	M	married	yes	High school	> 6 years	Muslim

FGD 2: Mixed nationality young men FGD participants profile

No	Nationality	Age	Gender	Marriage	Children	Education	Migration	Religion
1	Ethiopia	21	M	Not married	No	High School	< 6 years	Christian
2	Ethiopia	20	M	Not married	No	High School	< 6 years	Christian
3	Eritrea	22	M	Not married	No	College	< 6 years	Christian
4	Eritrea	25	M	Married	Yes	College	> 6 years	Christian
5	Sudan	25	M	Married	Yes	University	> 6 years	Muslim
6	Somalia	24	M	Married	No	College	> 6 years	Muslim
7	Somalia	25	M	Married	Yes	High School	> 6 years	Muslim
8	Somalia	23	M	Married	No	High School	> 6 years	Muslim
9	Somalia	24	M	Married	No	College	> 6 years	Muslim
10	Somalia	20	M	Not married	No	University	< 6 years	Muslim

FGD 3: Married Somali women FGD participants profile

No	Nationality	Age	Gender	Marriage	Children	Education	Migration	Religion
1	Somali	31	F	married	Yes	High school	> 6 years	Muslim
2	Somali	55	F	married	Yes	College	> 6 years	Muslim
3	Somali	37	F	married	Yes	Not known	> 6 years	Muslim
4	Somali	49	F	married	Yes	High school	> 6 years	Muslim
5	Somali	33	F	married	Yes	Basic Edu	> 6 years	Muslim
6	Somali	36	F	married	Yes	High school	> 6 years	Muslim
7	Somali	38	F	married	Yes	Primary	> 6 years	Muslim
8	Somali	47	F	married	Yes	High school	> 6 years	Muslim
9	Somali	29	F	married	Yes	College	> 6 years	Muslim
10	Somali	53	F	married	yes	College	> 6 years	Muslim

THE NETHERLANDS

FGD 1: Mixed nationality 7 men and 1 woman FGD participants profile

No	Nationality	Age	Gender	Marriage	Children	Education	Migration	Religion
1	Sierra Leone	51	F	married	Yes	Sec school	> 6 years	Muslim
2	Sierra Leone	60	M	married	Yes	University	> 6 years	Muslim
3	Ghana	40	M	married	No	College	> 6 years	Muslim
4	Ghana	55	M	Married	Yes	College	> 6 years	Muslim
5	Ghana	50	M	Not Married	Yes	College	> 6 years	Muslim
6	Burkina Faso	36	M	Married	yes	University	< 6 years	Muslim
7	Togo	24	M	Married	Yes	University	> 6 years	Muslim
8	Ivory Coast	32	M	Married	No	High School	> 6 years	Muslim

FGD 2: Married Somali men FGD participants profile

No	Nationality	Age	Gender	Marriage	Children	Education	Migration	Religion
1	Somali	36	M	married	Yes	High school	> 6 years	Muslim
2	Somali	44	M	married	Yes	High school	> 6 years	Muslim
3	Somali	50	M	married	Yes	High school	< 6 years	Muslim
4	Somali	25	M	married	Yes	College	< 6 years	Muslim
5	Somali	34	M	married	Yes	College	> 6 years	Muslim
6	Somali	60	M	married	Yes	college	> 6 years	Muslim
7	Somali	49	M	married	Yes	University	> 6 years	Muslim
8	Somali	36	M	married	Yes	college	> 6 years	Muslim
9	Somali	51	M	married	Yes	High school	> 6 years	Muslim
10	Somali	34	M	married	Yes	High school	> 6 years	Muslim
11	Somali	26	M	married	Yes	High school	> 6 years	Muslim
12	Somali	53	M	married	yes	High school	> 6 years	Muslim

FGD 3: Married Egyptian women FGD participants profile

No	Nationality	Age	Gender	Marriage	Children	Education	Migration	Religion
1	Egypt	50	F	married	Yes	College	> 6 years	Muslim
2	Egypt	48	F	married	Yes	Sec school	> 6 years	Muslim
3	Egypt	35	F	married	Yes	Sec school	> 6 years	Muslim
4	Egypt	18	F	married	Yes	Sec school	< 6 years	Muslim
5	Egypt	58	F	married	Yes	College	> 6 years	Muslim
6	Egypt	49	F	married	Yes	Sec school	< 6 years	Muslim
7	Egypt	45	F	married	Yes	Sec school	> 6 years	Muslim
8	Egypt	55	F	married	Yes	College	> 6 years	Muslim
9	Egypt	48	F	married	Yes	College	> 6 years	Muslim

BELGIUM

FGD 1 : Senior men FGD participants profile

No	Nationality	Age	Gender	Marriage	Children	Education	Migration	Religion
1	Djibouti	50	M	Married	Yes	Higher education	Unknown	Muslim
2	Djibouti	42	M	Married	Yes	Secondary education	Unknown	Muslim
3	Guinea Conakry	27	M	Single	No	Secondary education	> 6 years	Muslim
4	Djibouti	27	M	Single	Yes	Secondary education	> 6 years	Muslim
5	Djibouti	29	M	Single	No	Secondary education	< 6 years	Muslim

FGD 2: Young men FGD participants profile

No	Nationality	Age	Gender	Marriage	Children	Education	Migration	Religion
1	Guinea Conakry	16	M	Single	No	Secondary education	<6 years	Muslim
2	Guinea Conakry	17	M	Single	No	Secondary education	< 6 years	Muslim
3	Guinea Conakry	23	M	Single	No	Secondary education	< 6 years	Muslim
4	Senegal	19	M	Single	No	Primary educ > 10 years	< 6 years	Muslim
5	Guinea Conakry	18	M	Single	No	Secondary education	< 6 years	Muslim
6	Mauritania	22	M	Single	No	Primary educ > 10 years	< 6 years	Muslim
7	Guinea Conakry	23	M	Single	Yes	Secondary education	< 6 years	Muslim

FGD 3: Women FGD participants profile

No	Nationality	Age	Gender	Marriage	Children	Education	Migration	Religion
1	Somalia	38	F	Married	Yes	Higher education	<6 years	Muslim
2	Somalia	35	F	Married	Yes	Unknown	< 6 years	Muslim
3	Guinea Conakry	38	F	Married	Yes	Secondary education	> 6 years	Muslim
4	Mali	33	F	Married	No	Secondary education	< 6 years	Christian

Data Analysis

Ritchie and Spencer's (1994) qualitative data analysis method known as "Framework analysis" was used to analyse the data from this research. This method involves the organisation and management of responses through the process of summarizing data according to pre-defined categories, until a robust but flexible matrix is obtained. This allows the researcher to analyse data both by case and by theme. Framework analysis is often associated with policy-oriented research that aims at addressing an identified area of interest (Srivastava & Thomson 2009). Framework analysis has five key stages: 1) transcription 2) re-familiarisation 3) identifying a thematic framework 4) coding and indexing of transcriptions 5) charting, & mapping according to the thematic framework

Limitations of the study

The sample size of the qualitative study could be considered a limitation. The data provides for a basic understanding of issues across Europe, such as the decision-making process around FGM (continuation or abandonment), communication between the sexes regarding FGM and men and women's views on sexuality. The findings are valuable, as little research on these topics has been published. Nevertheless a more indepth study looking at barriers to communication among different African communities would be beneficial.

As in all social science research, responses can be affected by social desirability bias (responding with socially acceptable answers). Although there were initially concerns about having female interviewers interviewing African men on sensitive topics, we have not found that this has reduced the quality of the data. Men did not seem to mind being interviewed by female researchers on sexuality related topics. On the other hand, female research participants refused to speak to the male researcher about personal questions related to sexuality and intimacy.

Results

Reasons for practising FGM

✱ RELIGION AND CULTURE

Across all three countries religion and tradition were mentioned as the main justifications for practising. Although FGM is practised by Christians, Muslims as well as followers of indigenous religious practice, Muslims perceived "female circumcision" to be an essential element of their religious identity. Particularly younger male respondents, who had not resided in Europe for long, expressed uncertainty about whether the practice was an Islamic requirement or only a recommendation. However, they were certain that it was a religious tradition. Older participants across all three countries suggested that people who were in support of the practice believed that it was an Islamic practice but that this belief was wrong - it was just "cultural". In the UK none of the interviewed religious leaders said that there was a religious justification for the practice but that it was linked to social expectations, family honour and marriage. Religious leaders interviewed in the Netherlands mentioned purity and cleanliness as important reasons for the practice.

Table 1: RELIGION AND CULTURE

BELGIUM	
FGD, senior men, Djibouti and Guinea	"often the Muslims practice that" *(Djibouti, age 45)* " often the Muslims" *(Djibouti, age 50)* "those are the ones who practice that... circumcision for the women always" *(Djibouti, age 45)* "For you it is only Muslims who practice it?" *(interviewer)* "Yes" *(Djibouti, age 50)* (...) "those are practices, they are not religious, those are practices from before, before there was, I believe that the religion came like that, it's inherited from, from the ancient times ... It was those who became Muslims who practiced it. They are their descendants." *(Djibouti, age 50)*
FGD, young men, mixed backgrounds	"Yes it's the religion that says one should circumcise. We have found it that like that. (...) "Everything is written. Everything is written in the Quran." *(Guinea, age 16)* "... if it is written it is mandatory. ... the girls and the boys, it's written in the Quran." "You know there is Sunna and Farilla." *(Guinea, age 23)* "Sunna it's what you have to do." *(Guinea, age 18)* "It's not an obligation, while Farilla it's mandatory. So for men it's Sunna, for men it's Farilla, Farata. So for women it's Sunna. It's not a 100% for women." *(Guinea, age 23)* (...) "So, how to say, circumcising a girl it is Farata or Sunna?" *(Senegal, age 19)* "For me it is Farata [mandatory]" *(Guinea, age 17)* " I don't agree with what he says, even if it is written... it's not, it's not an obligation it is a Sunna" *(Mauritania, age 22)*
IDI men	"And yet the Haalpulaar (Fulani) are very very religious persons but I have never heard that the religion has said that one has to do it. ... And there are great knowledgeable and wise persons in my family and everything, I think that if there was a religious justification for it they would have said it in a much more precise manner" *(Senegal, age 62)*
THE NETHERLANDS	
FGD men, Somalia	People still think it's required by Islam; this is what you call lack of knowledge, its culture" *(Somalia, age 36)*
FGD women, Egypt	"It's not mentioned even in the Koran, it's culture not religion" *(Egypt, age 49)*
IDI religious leader	"In Somalia they call the parts to be cut haram. When I was in Somalia I was against type 3. It was only when I arrived in the Netherlands and got education I realised that we need to be against all forms of FGM. Even now some people in Somalia do not consider the small cut in the clitoris to be a form of FGM, but a sign of purification and cleanliness" *(Somalia, age 57)*
IDI religious leader	"it's important because our prophet spoke about it, for clarity about culture and religion you can approach a religious leader, he can speak and inform and educate men and women." *(Gambia, age 48)*
IDI woman	"In the Netherlands I attended Koranic school. I have only found out now in the Netherlands that female genital cutting is allowed by the scripture. There is 1 story about it. But female genital cutting is not required by Islam, it's your own choice,...but I don't see any reason for my daughter to be circumcised" *(The Gambia, age 48)*

UNITED KINGDOM	
FGD, young men, mixed background	"It's our tradition, like culture and we didn't ask why" "it's also religion. In Islam the girl must do it" "In Ethiopia, I believe it is more like culture or tradition; but they do it before the baby girl is christened" *(Ethiopia, age 22)* "Yes, it's same in Eritrea, before the ceremony in church for christening. We have the same culture" *(Eritrea, age 22)*
FGD senior men, Somalia	"FGM has been widely practiced in our communities for a long time; people talk about it a lot and it is one of the most important customs; our girls are seen as complete, clean, and marriageable only if they are circumcised" "The Imams say it's in the Haddith, it's Sunnah, and you must follow and respect your religion"
IDI community leader	"Its tradition/cultural but usually religion is used to justify the practice" *(Somalia)*

✱ TRADITION

In discourses on the reasons for practicing the notion of tradition was linked to a number of social ideals such as family honour and a wife's fidelity, discipline and control of sexual desire, religious purity and cleanliness as well as marriageability. Calling the practice a tradition endows it with importance and durability over time. The notion of tradition has a similar importance to laws or rights. It is taken for granted that ancient traditions have lasted for a long time because they are inherently good. Traditions are difficult to challenge and few people dare speak out against them. The data shows that it is perceived as impossible to challenge these traditions on one's own.

Table 2: TRADITION

BELGIUM	
IDI men	"In Africa, decisions come from above, the parents, the grandparents decide. The man or the husband...they are obliged not to say anything. They just follow the tradition." *(Senegal, age 40)*
FGD young men	"They have adopted that like a custom, right. You alone you cannot come and change that. If the whole family adopts that custom, you come and change... [...] it's cultural." "[...] We will listen to [the Imams who would be against excision] but because it is our custom we will not stop doing it, because we have found that like that, with our ancestors..." *(Guinea, age 17)*
UNITED KINGDOM	
Religious leader, Somalia	"Well, it is an old custom and tradition of many Africans. In Somalia it is related to marriage and family honour"
IDI religious leader	"It's just tradition. Traditionally, its believed that circumcision helps to keep the girls disciplined... specially to suppress their sexual desires in their teens so that they don't act wild" *(Christian Ethiopia)*

✱ SOCIAL PRESSURE

Men and women from different backgrounds in West and East Africa spoke of the difficulty of stopping the practice on their own because of social pressure. A number of participants said that even if they chose not to have their daughters cut, it was common for the elders in their community to override their decisions and have the girls cut. This especially concerned people from countries where the practice is linked to initiation rites and the cutting is taken care of by female elders who are part of secret societies that initiate and instruct girls on how to become "women" of a particular social identity (i.e. ethnicity or clan). Others spoke of social pressure in the sense that if people chose not to practice, they would be outcast, disowned and not included in decisions regarding the community. Regardless of the husband's preferences, uncut wives are said to be insulted as being "impure", oversexed and lazy. Food they have prepared may not be eaten and they have little help as far as housework is concerned. Other informants said that social pressure affects marriageability – no one wants to marry uncut women. In any case, no matter which form of social pressure is exercised, resisting the social norm and not having one's daughters cut is risky because of social exclusion and the decision not to cut may be overridden by elders who prefer the girls to conform to the social norm.

Table 3: SOCIAL PRESSURE

THE NETHERLANDS	
FGD men, mixed background	"In my society it was just a tribal mark. In my family, all the girls had to get this mark. My father was the only one who said "I don't want my daughters to be marked". Do you know what these old women did? My father left, and they went to my mother and forced her to give them the girls. Because of the tradition and being part of our community. So it's social pressure". *(Ghana, age 50)*
FGD men, mixed background	"If you want to be recognised as a women you have to go to the Bundu, if you go you will be circumcised. There is no escape, you have no choice to refuse... I did not want to go there they forced me into the Bundu, (it was in 2000)" *(Sierra Leone, age 51)*
FGD men, mixed background	"I will give an example from my country there was someone who said no to FGM/C, then the sheikh went in his car to visit them, he said "I know it's against the law but we will have to do it to all our daughters and whoever says "no" can come and see me tomorrow." So it is social pressure" *(Burkina Faso, age 36)*
FGD men Somalia	"only now we realise it's also social pressure" *(Somalia, age 49)* "if not then you are outcast" *(Somalia, age 51)* "we have been forced by the community and we did not know the dangers of it" *(Somalia, age 50)*
BELGIUM	
FGD young men	"No, for me really if I have children I don't force them to be circumcised, except if I'm in Africa, there I don't have a choice, it's the parents who lead you know, otherwise they will cause you problems in the family." *(Guinea, age 16)* "They will disown you right (...) I don't force them [the children], I give them the choice, here at least if they are here in Europe, if it is in Africa.. I have to, I will, I have to join the parents." *(Guinea, age 17)*
FGD women	"In the 90s and until 2000 that it went down like that. Before, it was like, no matter who you were you would be cut in Guinea. So in my society [Guinea], [...] they exclude the woman who is not cut. It's like they exclude you from society. If your female friends know that you are not cut, they will put you aside. At school or for eating, they put you aside. They won't come and play with you. They make fun of you." *(Guinea, age 38)*
UNITED KINGDOM	
FGD young men, mixed background	"Grandmothers and neighbours put pressure on a mother to do it on their girls. They advise that it is not good to leave the girls uncircumcised."

✱ VIRGINITY AND CONTROL OF DESIRE

Across all three countries men and women said that FGM would ensure that a girl stays a virgin until marriage and that women would not commit adultery during marriage. In the countries of origin of all respondents virginity upon marriage is highly desirable and linked to family honour and reputation. Women whose reputation is compromised through their sexual behaviour are not just socially excluded but their behaviour is perceived to be damaging to the family as a whole. If a girl loses her virginity before marriage she jeopardises her marriageability and "success" later on in life. The data clearly shows that a girl's marriageability is linked with FGM. A girl who has been cut is perceived to be a virgin upon marriage and a better wife, in control of her sexual desires.

Table 4: VIRGINITY, SEXUAL CONTROL AND MARRIAGEABILITY

THE NETHERLANDS	
FGD men, Somalia	"It's like an extra gate to protect her; it's for her own good to protect her from men penetrating her before marriage" (*Somalia, age 60)* "We believe that uncut women will run after men, the only way to trust a woman is to close her, we practice to discourage women to go after men." *(Somalia, age 53)* "There is no proof that FGM discourages women to go with other men" *(Somali, age 24)* "FGM is no protection, its sexual repression. It's because of us men, we require the women to be cut. In Somalia the idea is still alive that women who are not cut are like an open high way, because their desire to have sex is bigger than they can handle" (*Somalia, age 26)*
FGD men Somalia	"if you find out after the wedding that your lady is not circumcised she will return home the next day" (*Somalia, age 44)*
FGD women Egypt	"even now in the village you can't marry if you are not circumcised" *(Egypt, age 55)*
BELGIUM	
IDI women	"But your mother she gives you advice. As soon as you are 14,15, she says "be careful that man doesn't touch you, because you are closed" (...) "because (if you have sex before marriage) you will be open and no one will marry you, be careful, you mustn"t talk to men, you see, they will rape you, they will do things to you, and you won't have a good husband..." *(Djibouti, age 46)*
FGD young men	"Cut women behave well" *(Guinea, age 16)*
FGD young men	"In Fulani one says that an uncut girl "cannot sit" meaning she doesn't stay still, she runs around (with boys)" *(Guinea, age 17)*
UNITED KINGDOM	
FGD young men, mixed background	"Grandmothers and neighbours put pressure on a mother to do it on their girls. They advise that it is not good to leave the girls uncircumcised."

✱ POLYGAMY

A few respondents in the Netherlands and in Belgium linked the lack of sexual desire among cut women to the need for polygamy. The opposite was also the case: a polygamous husband's obligation to sexually satisfy his wives was given as a reason for the importance of FGM – to reduce women's overwhelming sexual desire and men's incapacity of satisfying various uncircumcised wives.

Table 5: POLYGAMY

THE NETHERLANDS	
FGD senior men	"In Somalia if you have more wives it's impossible to have sex every night several times"
BELGIUM	
FGD young men	"If you remove everything it's over. There are couples in our community, in Guinea, in the country, you will see a woman who is married who does not like to have sexual relations with her husband, there are always problems, they argue at home. That's why the husband has to marry another woman. Because the wife does not want to make love. [...] Whilst the husband wants to do it, the woman doesn't [...] she has no more desire because they cut everything." *(Guinea, age 23)*

✱ CLEANLINESS AND BEAUTY

Across all three countries male and female respondents from all over sub Saharan Africa said that FGC was perceived as rendering a woman cleaner and purer. Aesthetic notions were linked to this conception of purity. According to informants, women's genitalia, and especially the clitoris, is considered "ugly", "unclean" and "impure" when uncut and FGC is thus practiced so that the vulva corresponds to social expectations of beauty. Infibulation is believed to produce clean smooth skin and a beautiful vagina. After FGC a girl is considered clean. In some places people have reservations about an "impure" girl preparing food for the family. In Mali uncut women were said not to be able to go to certain sacred places. In many places across West and East Africa uncut women are insulted as being dirty.

Table 6: CLEANLINESS AND BEAUTY

BELGIUM	
IDI men	" they say that it's to make, pardon the term, the cunt of the woman cleaner, like that, cleaner and all." Interviewer: "because it's more beautiful?" "yes it's more beautiful actually. (...) yes they do it because of men. *(Ivory Coast, age 22)*
IDI women	"it's very important [...] in our community, the Afar community, we say that if one does not excise a girl it is really very ugly, to leave a girl like that [...] they cut the little thing" *(Djibouti, age 46)*

THE NETHERLANDS

IDI women	" My mother told me it's very healthy for your body, it's purification" *(Egypt, age 49)*
IDI women	"Girls feel clean and neat, they think they are better off than girls who are not cut." *(Kenya, age 30)*
IDI opinion leader	"a girl from my village she was not circumcised, she was the fourth wife of an elderly men, she was young and had nothing to say, the other wives always bossed her around and told her that she was not really a woman, she was called names and told she was dirty, and sexual and not worthy of being one of the wives. One day they took her and she was circumcised, there was no respect for her, they told her it was for her own good." *(Togo, age 35)*

UNITED KINGDOM

FGD senior men	"It was very important for my parents. They said I have to marry a clean girl" *(Somalia)*
IDI men	"People take it as important for the girls to be clean, modest and sexually decent. It's important it brings dignity to the girl" *(Eritrea, age 39)*
IDI women	"In our area the girl is cut before she is christened (before the 80th day after her birth). The girl should be clean before going to the church for christening" *(Eritrea)*

Men's knowledge of FGM

✱ WHO PERFORMS THE CUTTING?

Across all three countries men said that the cutting is generally performed by women. However, in all countries people spoke of occasions when the cutting was done by male health professionals. Respondents from the Netherlands explained that in some places in Egypt and Sierra Leone men can be involved either as the cutter or as traditional/religious men.

The cutter was usually said to be "specialized", a "wise woman" or an "old woman". Some informants believed that the cutter has some kind of training. The practice is sometimes passed on from one generation to another (Senegal, Djibouti) or is specific to certain castes (Senegal, Mauritania). According to some Guinean men, a woman in the family, such as the grandmother, may perform FGM. The role of the circumciser varies within ethnic groups practising FGM/C. In some cases FGM/C is carried out by a group of traditional persons. In Ghana these ladies have other responsibilities within the community too, for example they wash the bride during the wedding ceremony, they are there to assist with deliveries, and are consultants in mother and child care. These women have much power and considerable status within traditional power structures and are highly respected by the community. In Sierra Leone, the circumcisers are considered priestesses by their followers who direct the activities the secret societies.

Table 7: WHO PERFORMS THE CUTTING?

THE NETHERLANDS	
FGD men mixed background	"Elderly ladies/grandmas practice. Some inherit it, they do it secretly they give you the green line number (phone) there is a special number for it so if you want to get your daughter circumcised you just call them" *(Ghana, age 55)*
FGD men mixed background	"We call them sowee people, a sowee is a traditional birth attendant and a cutter, these women gain a lot of respect through their occupation. We consider her wise and a spiritual leader. They are allowed to eat human flesh" *(Sierra Leone, age 51)*
IDI men	"But I have even seen it done by a man, this.....it was because he was in the neighbourhood and he was active doing this practice, we call him Kabbar" *(Egypt, age 46)*
UNITED KINGDOM	
FGD senior men	"It's usually older women who cut" " A man also cuts sometimes"(the rest agreed with him) "Nurses in clinics and hospital do sometimes cut" (other research participants rest agree) "Doctors also cut" (but the majority of research participants do not agree)

For some respondents from Egypt, Kenya and Somalia going through FGM was not more than a visit to the hospital and spending some time in the outpatient clinic. For others undergoing the practice involves travelling from the city to the country-side to be cut by their own grandmother, under a tree and without any celebration.

✱ MEDICALISATION

In Belgium and the UK some informants believed that FGM is never performed in a medical setting while others (Mali, Guinea, Somalia, Egypt) heard about the practice being done in the hospital. In the Netherlands people stated that particularly in cities there was a trend to medicalisation of FGM, where it is advertised under hygienic conditions by medical staff, who see the practice as an additional source of income. One female respondent was cut in the

hospital but had gone through an initiation ritual in the same year as well.

Sierra Leone age 60 "My wife was cut in the hospital in Freetown, they used anaesthetics, after that she was taken to the bush, for most of the girls its done by the secret society in the bush, they call it the Bundu" FGD mixed background.

✱ THE COST OF FGM

Among participants from all three countries the given prices of the cutting varied between "a gift", a symbolic sum of money such as 1 EURO. In the UK men suggested that the cost was between the equivalent of 10-50 GBP. Data from the Netherlands suggests that the cost of the ceremony that accompanies female circumcision is expensive, but not the cutting itself.

✱ MEN'S UNDERSTANDING OF "WHAT IS CUT"

Across the three countries, most men were able to name that the part that was cut was the clitoris. Some mentioned that the lips of the vagina were cut too and sometimes the woman "was stitched". Only a few said they did not know or remained more vague suggesting that part of the female genitalia was cut. Women's descriptions of what is cut were similarly vague. Very few men and women were able to describe what constitutes the different types of FGM according to the WHO classification. In the Netherlands 4 respondents could correctly identify the four types of FGM. Two of the respondents were of the opinion that the form of FGM they knew was harmless.

Table 8: MEN'S UNDERSTANDING OF "WHAT IS CUT"

UNITED KINGDOM	
IDI men	"I think they cut to reduce the size of the clitoris." *(Eritrea, age 39)*
IDI men	"I don't know the names; but I know they call it "Sunnah" where they cut the "tip" , I don't know what they call it; and there is another one where they remove the whole of the tip and the whole of the flesh around it, what we call "zahara pheronic". *(Sudan, age 53)*
IDI men	"They cut the small tip-that's Sunnah; it's not big problem; the other they cut everything and stich it; that's too bad." *(Somalia, age 47)*
THE NETHERLANDS	
FGD senior men, Somalia	"After the clitoris is cut everything from the outside (labia) is removed. After that the girl's vagina is closed with stiches till the counterfeited opening is very small. Women consider a "girl's like" vagina with a very small opening as "neat and beautiful" *(Somalia, age 49)*
IDI young men	"I don't know what they do, but it was hard for my sister she had to cry, I remember very well. Later on in the Netherlands I saw it on the internet,...and pffff its heavy" *(Somalia, age 22)*
IDI senior men	"I don't know what is done to them" *(Sudan, age 52)*

✱ KNOWLEDGE OF THE CONSEQUENCES OF FGM

More than 50% of the respondents indicated that they knew some of the consequences of FGM. Most of them said that it was only after arriving in Europe that they realized that the health problems their partners were experiencing were related to FGM. Older Somali men's accounts of sexual and health related problems were the most descriptive and detailed. Younger men of different origins in all three study countries tended to say that women with FGM did not enjoy sex as much as uncut women. Commonly cited health consequences were pain and problems related to menstruation, pregnancy and child-birth, infertility, illness, or death. Psychological consequences, such as trauma, were rarely mentioned by male participants. In all three study countries some research participants said that they did not know of any health consequences or that they had not seen anything negative about the practice.

Table 9: KNOWLEDGE OF THE CONSEQUENCES OF FGM

UNITED KINGDOM	
IDI leaders	"Yes, it has many serious consequences. I knew the first one from my own sexual experience with my first Somali wife. During sexual inter-course I saw a clotted blood on my penis. The colour has changed and it was crystallized like sugar; I was very shocked and went to a clinic with her. I asked the Doctor what's going on. He told me that my wife cannot discharge her periods properly because of the circumcision she has gone through. We were lucky to be in Europe at the time; they fixed the problem". *(Muslim Religious Leader, Somalia)*
IDI leaders	"Of course it can have consequences, I am not sure what the exact consequences are though". *(Christian Religious Leader, Ethiopia)*
IDI leaders	"Yes, circumcision has health consequences and also trauma, psychological. Yes. I had to take all of my four Somali wives to the Doctors in the past. Here in the UK I sign post them and also encourage them to protect their daughters from the practice" *(Community leader, Somalia)*
IDI leaders	"Yes, when they sew it like that and her period comes the blood can't come out and that will affect her; I think she is suffering three times; when they cut her; during her marriage pain of sex and again when they open her for birth." *(Muslim Religious Leader, Somalia)*
THE NETHERLANDS	
IDI leaders	"I don't think there are consequences" *(the Gambia, age 48)*
IDI young men	" I know now (in the Netherlands) about the consequences; one can die of blood loss, then pregnancy and delivery is extremely heavy" *(Somalia ,age 22)*
IDI married men	" Pain, pain pain,....." *(Egypt, age 46)*
IDI opinion leaders	"For some women it's not possible to have children, because of the damage done to her going through FGM/C the body looks healthy but the inside...." *(Togo, age 35)*
BELGIUM	
FGD Senior men, Djibouti	" I talked about it with a woman I was seeing and she said that she did not have any [sexual] feelings" "She said that she did not enjoy herself sexually [other participant laughs] Like other girls." *(Djiboutian men FGD senior men)*
FGD young men	"..in our community [Fulani, Guinea], the girls, I would say 50% of the girls it's not easy to have sex with them. To have sex with a girl you will get problems. You have to talk, talk, talk, get tired for hours.... It's not easy. [...] it's because of excision, they are excised they have less desire." *(Guinea, age 17)*
IDI men	"there was a woman who said that if a woman is excised, she has problems when giving birth [...] yes I often see, we have women who lose their children because of this... " *(Guinea, age 20)*
IDI men	"I haven't [seen any consequences]. But, obviously, we hear about accidents that happened or, bleedings or things like that" *(Senegal, age 62)*

✱ AWARENESS OF THE LAW AGAINST FGM

Across all three study countries, most participants were aware that there is a law against FGM in their European country of residence and in their country of origin. In the UK, all participants seemed to think that the law had an impact, that it was enforced and that punishment was severe, entailing imprisonment and loss of childcare.

Table 10: AWARENESS OF THE LAW AGAINST FGM

UNITED KINGDOM	
FGD senior men	"We heard about the law. If they catch you go to jail, I think for 3 years or 5 years" "Yes, you go to prison, if they know" "The law has impact; the law has already helped our community; because people fear the law" *(Somalia)*
FGD young men, mixed background	"The law is very, very important; in Somali community we campaign with the MPs, council and charity to get the law; now people fear the law; they afraid they go to prison if they cut their child; so yes law has impact"
FGD women, Somalia	"You cannot do it (FGM) here; it's against the law" "Yes, if you cut in UK, you are big trouble. Police can investigate you." Interviewer: "do you know the law?" "It's not legal; social service take your child and police prosecute you."
IDI, men	"It is forbidden. The practice is strictly outlawed; I don't have the specific details of the law; but I know that if somebody is found out there is a jail punishment." *(Sudan, age 53)*
IDI, men	"As I told you I don't know about the law here; but I don't think just the law can change people; we need to raise awareness; teach people about it. *(Eritrean, age 39)*

Research participants in the Netherlands and in Belgium thought that the law had a positive impact and discouraged people from practising. However, in the Netherlands some interviewees expressed concerns about the practice being driven underground, in the sense that people would not consult the help of a healthcare assistant in case something went wrong. For instance, if a girl hemorrhaged after the cutting this would not be reported because people would be scared of prosecution. Others suggested that people would take their daughters home for FGM instead of having them cut in Europe.

BELGIUM	
IDI women	"There's this aunt of mine, she lives in X. Her family, the family in Guinea say that she has to do it for the girl. But she says no, she won't do it because she will have problems with the law, she already has enough problems so... and they always check her daughter to see if it has been done or not, so..." Interviewer: "Alright ok, so do you know what your aunt thinks about it? Does she..." "She says no, she will not do it, that she doesn't want any problems with the law." *(Guinea age 18)*
IDI religious leader	"The law is important. Until proven the contrary, if the law is against, one should not do it, one has to listen to the law. If you don't want the Belgian law then go somewhere else, you cannot come here and impose anything." *(Guinea, age 42)*
THE NETHERLANDS	
FGD men mixed BG	"In Ghana there is a law against it and there is an important role for leaders, the law can be the start of the conversation to motivate people to stop doing the practice" *(Ghana, age 44)*
FGD men, mixed BG	"I saw a beautiful girl dying during circumcision because she could not stop bleeding, and we could not bring her to the hospital because it was supposed to be a secret" *(Ghana, age 55)*

Men's perceptions of FGC

✱ DOES FGM AFFECT THE SEX LIVES OF MEN AND/OR WOMEN ?

The research aimed to get a better understanding of men's perceptions of how FGM might be related to sexuality and marriage. Some research participants were very open whereas others were uncomfortable providing only brief responses. Across all three countries, young men were more open to talk about the effects of FGM on sexuality than older men, and West African men were more comfortable to address the effects of FGM on sexuality than East Africans. Across all three countries some men suggested that FGM affected their sex life negatively. Some of the issues that were raised were that cut women had less desire for sex, were less sexually active, asked for sex less frequently, sometimes "have to be persuaded" to have sex, were in pain during intercourse or did not feel a lot of pleasure. Other men had not had sexual experiences with uncut women or reported that they had not noticed a difference and it was impossible for a man to tell if his partner was cut or not. Some men vehemently disagreed with the idea that cut women do not experience any pleasure and said that they just took longer "to prepare" or "warm up".

Table 11: DOES FGM AFFECT THE SEX LIVES OF MEN AND/OR WOMEN ?

THE NETHERLANDS	
FGD mixed background	"If a man wants to have sex with his wife it becomes a problem, it's because she is cut she does not long for sexual contact" *(Sierra Leone female, age 51)* "In my country they say with a cut women even two years can pass without having sex, she doesn't have a feeling" *(Ghana, age 40)* "With circumcision they try to stop a girl misbehaving, but it's a sad story that her feeling is removed for the rest of her life" *(Togo, age 24)* "If you ask your cut wife for sex she will say forget it,.... the truth is that African women wait so long because they are cut" *(Sierra Leone female, age 60)*
IDI married man	"You know my wife is not my first wife, my former wife was not cut so.....(silence)..... I do notice the difference and I feel very sorry, it makes me sad... my wife tells me she does not feel pain and she enjoys it, but I feel the difference. It does not feel ok to compare....I'm sad... but maybe I can explain it like this. Someone who is not cut will come to you and ask.. in a way,... to be held and loved and to have sex, but someone who is cut misses part of this desire. My wife she is only sometimes in the mood of having sex. For me, I stopped talking with my wife about it, it makes me sad...." *(Egypt, age 46)*
IDI single man	"I had a girlfriend who was circumcised, she lived with me in the Netherlands. I asked her if she had an orgasm she told me she does not feel much,.... it made me sad and then she became sad as well" *(Sierra Leone, age 33)*
BELGIUM	
FGD young men	"If you remove everything, it's finished. [...] When you cut everything, the person will not be aroused. She will not want to make love. So they need to cut a little bit [gesture]. That's good. I say it's a necessary evil." "[my friend] is married, she tells me that her husband does not satisfy her...when he comes to make love with her, her husband, one minute, two minutes, her husband has an orgasm and he gets up, it's finished. And he leaves his wife like that. She told me she never had an orgasm." *(Man, Guinea)*
IDI men	"[she said] 'I don't like to do it, it's, really it hurts me a lot'. [...] I haven't seen any positive consequences. [...] I don't force her to do it...or through violence, no I don't do that. But I have to reason with her, I have to talk a lot. Or I have to convince her anyway, I have to convince her to do it, otherwise she prefers to stay like that without doing it. [...] She doesn't come to me. Never! That's right, I am the one who comes to her. [...] they explained to me that it's because of excision." (*Guinea, age 49)*

IDI man non-practising	"... For me with my ex [=cut woman] it was always me who asked her, every time. She never told me one single time 'I want to do it, I want to be with you, have sex and everything'. ... once we started she would feel good and she let go but in the beginning no." I: "For you that was a problem? Or that's just how it was?" M: ".. It bothered me a bit. [...] it should be reciprocal. I ask you today and next time you should [...] that you make an effort to also say "I want". [...] maybe he will go and see elsewhere." *(Man, Ivory Coast, 22)*
UNITED KINGDOM	
IDI man	"I don't think it did; but in some ways maybe it did; because she doesn't want to have sex often as it is painful because of the cut." *(Sudanese, age 53)*
IDI man	"My wife doesn't like sex; only sometimes; she says she feels pain; maybe it's because of FGM." *(Somalian, age 47)*

✱ MEN EXPERIENCE NO DIFFERENCE IN TERMS OF SEXUAL EXPERIENCE

Other men had not had sexual experiences with uncut women or reported that they had not noticed a difference and it was impossible for a man to tell if his partner was cut or not. It is important to note, however, that the respondents' answers are influenced by the degree of FGM their sex partner was subjected too. There is no way of knowing whether the men's sex partners had undergone a severe form of cutting or a less severe one. Furthermore, given the taboo to talk about such a topic in public, as the results show particularly among older East Africans, the responses may be what was perceived as appropriate and socially desirable in the group.

Table 12: MEN EXPERIENCE NO DIFFERENCE IN TERMS OF SEXUAL EXPERIENCE

BELGIUM	
FGD senior men Djiboutian	" For me it's not really a problem. [...] For me there is no difference." *(Djibouti, age 42)* "I will try to pay attention to it, I"ll see... [...] Because until now I didn't pay attention, so... I"ll see. [...] Yes I have had relationships with other women... I didn't even think excision, no excision it was.. I was with a girl, really [taps his hands together and H2 laughs] [...] At my time... I liked that girl, I saw her face she was beautiful, and I went out with her and see, we were good. If she was excised, well, blah, that... [...] I didn't care." *(Djibouti, age 50)* "It's not that there is no difference but.. hm... well you see, it's love that counts.. really. But frankly, I haven't seen any difference, no." *(Djibouti, age 27)*
IDI man non-practicing	"He [the male sex partner] will get tired for nothing because she [the cut woman] will not feel any-thing [...] it's like she doesn't participate, he will do his business, so... Yes he will feel embarrassed. [...]The man doesn't see any difference. He doesn't see any difference because for him it doesn't change anything. It's the same thing so... it's the woman who is deprived of that pleasure." *(Niger, age 47)*

IDI man	"Sincerely, I'm not saying that excision doesn't do anything, it's not that, but in the experiences that I have had, honestly, yes, no differences. [...] not in terms of sensations, reactions, behaviour, sexual taboo, or anything. None. [...] there were no barriers or, at any moment, some blockage or something. Very sincerely, that's not the experience I've had, and I've had a couple. [...] Frankly, from a sexual point of view it was like having a sexual relationship with a woman who is shaved or one who is not, really. [...] No, from my point of view, as a man, as for the question of sexual pleasure and everything, there is no difference. And that's the reason why I saw a film 6 or 7 years ago on which I even wanted to write an article and everything, it was filmed in Mali I think. There were so many things that were said in that film as if they were established truths and everything, the whole construction was founded on the fact that excised women cannot have sexual pleasure. And that, I thought it was false. [...]" *(Senegal, age 62)*

✱ WOMEN WHO HAVE UNDERGONE FGM ENJOY SEX JUST AS MUCH

During group discussions in the Netherlands in particular, some men vehemently disagreed with the idea that cut women do not experience any pleasure and that they just took longer "to prepare" or "warm up". Cut women enjoy sex too but take longer to prepare.

Table 13: WOMEN WHO HAVE UNDERGONE FGM ENJOY SEX JUST AS MUCH

THE NETHERLANDS	
FGD men, Somalia	"Women who are cut just lay and wait till it's over. Yeh that's how it is" *(Somalia, age 53)* Others reacted to this by saying: "I don't have this experience, I can tell you that if a women prepares herself mentally for love and intercourse she can enjoy and have an orgasm, you have to know what you like and talk about it" *(Somalia, age 51)*
IDI married man	" My friends told me there is a difference to have sex with some who is cut, you have to do a lot of efforts if you want to stimulate her, to bring her on line of the fire" *(Congo, age 48)*
FGD men, Somalia	"A women who is not cut can be hot instantly but she is not like this all the time; a women who is cut will take time, but if you are with her it will happen" *(Somalia, age 34)*
FGD men mixed background	"Some of the women who are cut still feel" *(Ghana, age 50)*

✱ SEX WITH UNCUT WOMEN

About half the men across all three countries suggested that sexual relations with uncut women were completely different to sex with women who have undergone FGM. Uncut women were reported to be sexually active and having a lot of sexual desire – sometimes more than the man. Although the respondents clearly enjoyed their sexual experiences with uncut women, the undertones, particularly among senior East African men were condescending - uncut women were dirty, not trustworthy, "an open door", prostitutes and not desirable for marriage.

Table 14: SEX WITH UNCUT WOMEN

THE NETHERLANDS	
FGD men, Somalia	"One believes that an uncut women can have an orgasm 5 times in one night " [...]"men would say to someone who is with a woman who is not cut "you"re lucky, you can do it" (*Somalia, age 53)* "I was looking for a women who was not circumcised, to have sex with (laughter...) "[others] we all do" (laughter)"everyone wants to have sex with a women whose is not cut but everyone wants to marry a women who is circumcised" (*Somalia, age 51)*
FGD men, Somalia	"My experience is that women who are not cut want to have sex every night because they have such a big appetite, a women who is not cut is hot instantly; she will go after men and there for considered a prostitute" (*Somalia, age 51)*
FGD men, Somalia	"It's a pity that I'm too old, it's now that women don't get cut any more but now I'm too old" (*Somalia, age 60)*
UNITED KINGDOM	
FGD senior men, Somalia	"She makes the man age faster, because she wants too much sex" "She is not purified so not marriageable"
FGD young men, mixed background	"In Ethiopia they call uncut girls "bale antenna" (girl with antenna) (lots of laughter). Men prefer them for sex...they are seen as having lots of feelings and are good at sex; but not for marriage; the man thinks she goes around and sleeps with men because she needs too much sex; the circumcised girls are without feelings; they say "she just lies there"- and she does not respond to the man; so the man goes and sees a bar lady"
FGD women, Somalia	"In my culture they say "you never trust an open door"-so the open girl is not trusted by people."
FGD young men, mixed background	"Yes, my friends have experience with uncut girls and they get excited when they talk about it" "My friend says uncut girls are better for sexual satisfaction" "But me, I don't know if it's cut or uncut because I haven't seen any." "My friends tell me uncut girls are free and "give you freely"-she is relaxed. You enjoy it more"
IDI man	"Yes my friends and I talk about sex. They have had experience with uncut girls and I also have; they say uncut girls have lots feelings and are easily motivated (aroused); I think that is true." *Somalia, age 23)*
IDI leaders	"Yes there are... they are considered as "horses" stepping on everything, dropping and breaking stuff carelessly... having blind eye to the circumstances surrounding them ... they are also considered as promiscuous". (*Ethiopian, age 67)*
BELGIUM	
IDI man	"It's different because with [uncut women], she wants you more than the man. Yes that's the difference." *(Guinea, age 27)*
IDI man	"Yes, here friends say, 'ah girls who are not cut, they kill you.' They have so much desire and everything. Because back home, excision diminishes, I don't know, the access to the female orgasm. [...] I don't know if it's true but back home when you have intercourse once, afterwards it's over she doesn't want anymore. [...] [uncut women are] jumping on everything that moves." *(Guinea, age 20)*

Women's perceptions regarding FGM and sexuality

Some respondents said that their husband knew how to satisfy them. Egyptian women interviewed in the Netherlands reported not to have any sexual problems but enjoyed sex with their husbands and said that they were satisfied.

Table 15: WOMEN WHO REPORT NO PROBLEMS

THE NETHERLANDS	
FGD women, Egypt	"I can't tell because I don't know the difference but I think I'm fine" *(Egypt, age 35)*
FGD women, Egypt	"Every woman is different cut or not, I don't have a problem I enjoy sex, I know how to satisfy my husband and he knows how to make me happy,....yes having an orgasm is part of that" *(Egypt, age 50)*
FGD women, Egypt	"I once discussed it with the gynaecologist she gave me this crème, it softens after this life is less painful" (*Egypt, age 49)* (Most of the women explained that sexual pleasure is something they do not think about) "Yes I like to be with my husband and have sex, but I think it is something very western to ask" *(Egypt, age 48)*

In the UK many women refused to speak about their sexual pleasure or satisfaction. Sadly, the majority of female respondents in the Netherlands and in Belgium said that they did not enjoy sex very much. Some women explained that they sometimes faked pleasure, others explained that they never made an issue out of it. They had been taught to be passive sex-partners. Some explained that female sexuality and the sexual intercourse were not only affected by FGM and its psychological factors but that their relationships with men were affected too. A Malian respondent in Belgium spoke of her psychological suffering and even considered divorcing her husband because she cannot have sex with him and also told him that he could have other sex partners. A Somalian woman, stressed the effect of psychological trauma of FGC (in her case infibulation) on women's sexuality and suggested that men stigmatize cut women, saying that they "sleep while [they] are working" and "complain all the time". She argued that trauma and stigma play an important role in the sexuality of the women who have undergone FGC, such as infibulation.

Table 16: WOMEN ON SEX AND PAIN

BELGIUM	
FGD Women	"Now I don't have any feeling, until now I don't have any feelings. [...] I can go one year without having sex, I can do one year with my man, no sex. [...] I do not feel like a woman." *(Mali, age 33)*
IDI woman	"It's something I regret. You see. Not to have pleasure with my husband. [...] The problem is that the woman, she has to pretend if she doesn't want to talk about it. She will just pretend and say "oh it's good""... *(Djibouti, age 30)*
IDI woman	"Yes women when they are excised they do not feel [...] the relation with a man, they do not feel. [...] there are women who feel less, there are women who do not feel anything. Yes, I have a friend, she said "I never felt anything". [...] For me, before I was married I felt a little bit but after, more and more, I don't feel anything, it's over. [...] And [my friend] she didn't want to sleep with her husband [...] she felt a lot of pain... and then they told her that she had a cyste." *(Djibouti, age 46)*

THE NETHERLANDS

FGD women, Egypt	"I would love to explain to the men but I can't .....but I think it's like this: if you have a cup with tea, its hot. If you put your finger in it something tells your brain to react and pull back your finger. The same signal is to sexual feelings, if they cut my organ of pleasure it will take long to respond, so our husbands need to know and be prepared to take time and cuddle; the foreplay" *(Egypt, age 58)*
FGD women, Egypt	"My husband explained to me that I was cold and that women who still have their clitoris are hot" *(Egypt, age 48)*
FGD women, Egypt	"I don't like sex, my husband comes home late, I make sure I sleep then, and during Ramadan you don't need to have sex". *(Egypt, age 58)*
IDI woman	"You know, I have been taught to listen to my husband and just obey him. If he wants to have sex, in Sierra Leone it's not possible to speak about pleasure the wife is not active more like waiting till it's over. I only learned the difference in the Netherlands through the primary health care service GGD) and from television and social media" *(Sierra Leone, age 33)*
IDI woman	"It hurts I hate it, so I don't do it" *(Sierra Leone, age 33)*

UNITED KINGDOM

FGD women, Somalia	"We never talk about, what happens is the man takes the initiative.... (shy) it's a taboo."
IDI woman	"I have problems with all my boyfriends; I am not happy but I can't tell you details about that; if you were a woman, ok, but it's embarrassing" *(Eritrea, age 24)*

✱ HOW CAN WOMEN BE SUPPORTED?

Some respondents from the Netherlands had followed education programmes within the health department at the centre for asylum upon arrival in the country. Migrants were taught about anatomy, men and women's sexuality, and sexual pleasure. Participants said that it was new to them to hear how they could enjoy sex. Other individuals invited professionals to their organisation to speak about sexuality in relation to FGM. They said it was good to learn that it was possible for women to have an orgasm despite FGM. Some were referred to a sexologist. The sexologist explained that women who have undergone FGM could be very tense and contract the muscles around the vagina. Relaxation exercises were used to learn how to open the vagina. Advice was given on pain and, for example, to look where the pain was coming from by using a mirror. The research participants explained how helpful the advice and the medical and psychological support had been for them. They also emphasized how important communication between partners was for an improvement of the sexual experience.

Table 17: HOW CAN WOMEN BE SUPPORTED?

THE NETHERLANDS

IDI married woman	"When I arrived in the Netherlands someone from the primary health care service talked with me, she was teaching us in a group of women to feel sexual pleasure not only in your vagina. We saw the body of a woman who was not cut and a body of a woman who was cut. She showed us that the clitoris is only partly damaged and that there are other spots to feel. We talked about sexuality as something you like to do not as a duty, something in your mind. She showed us the importance of the mind and the knowledge on how to cope with being circumcised and to experience sexual pleasure.....And then it's very important to talk about it with your husband, that time I did not have a boyfriend but later I experienced it myself, I could allow myself to relax" *(Guinee, age 21)*

BELGIUM

FGD women	"...there are probably links [between infibulation and lack of sexual pleasure], it's probably related, but.. it also depends because if in her [a woman's] youth she has been really traumatized with really strong things, very emotional, so, and she is really traumatized, so nobody touches her [...] if she had had the chance to have, to meet people that would take care of her, a psychologist, to help her psychologically, it could, I think that it could, that the feeling is always there. [...] I think that she could learn to live with her excision." *(Somalia, age 38)*

✱ TABOOS AROUND SHOWING PLEASURE

Literature suggests that in some African countries it is not acceptable for women to show that they are experiencing pleasure during marital sex, because it may lead the husband to think that she is enjoying the act too much and may seek pleasure elsewhere when he is not around. Therefore, the research also addressed how acceptable it is for women to show sexual pleasure. In a Focus group discussion with older Somali men the majority of men agreed that it was not acceptable for women to show pleasure during sex. In contrast to this younger men interviewed in the UK and in the Netherlands said that it was natural for women to show pleasure. However the suggestion was that this had changed and that it was not done in their country of origin and that their views on this had changed since they had come to Europe

Table 18: TABOOS AROUND SHOWING PLEASURE

UNITED KINGDOM	
FGD senior men, Somalia	"Why not? Yes she can show it; you can say before in back home it was difficult; but coming here they have rights, freedom; it's only with the husband in the bedroom; it is possible." *(Somalia, age 29)* "I don't agree; in our culture the woman will be judged; she does not show her feeling during sex; at least it's not common; because the man talk about her in village; that's not good for her" (the majority of FGD participants agrees)
FGD young men, mixed background)	To be honest, it's difficult in my culture, may be also other African cultures to talk about such things (sexual satisfaction); you just know, I mean from experience you guess or you know what satisfies her; I never openly ask or talk to her about her satisfaction"
FGD young men, mixed background	"It used to be a big taboo for a girl to show pleasure. It's better now but still a big problem; the women are not free."
THE NETHERLANDS	
IDI religious leader	"It's natural to show pleasure and show or say whatever you like or not, but in Eritrea I think it's not done" IDI religious leader *(Eritrea, age 32)*
IDI married man	"I talk because I'm in the Netherlands, you hear on the radio how you can be close to your wife, but you know I never saw my father doing such things to my mother" *(Ethiopia, age 40)*
IDI opinion leader	"The information I got in the Netherlands has changed my whole thinking, everyone should have the opportunity to learn and talk about it" *(Togo, age 35)*

✱ FGM AS A CRITERIA FOR MARRIAGE

Across all three countries, almost all participants admitted that FGM was an important criteria for marriage and that among their communities back home, uncut women were not considered desirable for marriage. Particularly older men from East Africa suggested that it had been an important criteria for their marriages and that their families made sure that their spouses were cut. A few older East African men said that no enquiry about whether the girl was cut was made, mainly because it was taken for granted that everyone in the community was cut. Some men thought that if the family found out that a bride was not cut it would be problematic. If made public, she was likely to return home or her husband might become jealous and uncertain about her fidelity. Marriages were usually arranged, with a bride price paid to the bride's family so the young woman was expected to be a virgin and to remain faithful to her husband. Nevertheless, most men felt that times were changing and that nowadays FGM was becoming a less important criteria for marriage.

Table 19: FGM AS A CRITERIA FOR MARRIAGE - OLDER MEN

UNITED KINGDOM	
FGD senior men, Somalia	"It was very important for my parents; they said I have to marry a clean girl" "My family chose my wife when she was very little; FGM was very important to them"
IDI leader	"Not at all. For example, I got married to a widow at a time when it was not acceptable to marry a divorcee. I loved her and she loved me, we are still together. She tells me she was not happy in previous marriage and that she is now happy with me. Circumcision should not be criteria." *(Somalia, age 75)*
IDI, man	"My family chose the circumcised girl for me; it was important for them and for me; because I had to marry untouched girl (virgin)." *(Somalia, age 47)* "Every woman was circumcised by that time so it was not an issue to worry about; her parents made sure it happened as it was the custom." *(Ethiopian age 58)*
IDI, man	"For me personally it was not; but for the community yes it was; Yes, it was important; they do not advise you to marry someone uncircumcised; If I decided to do otherwise, they wouldn"t have approved it." *(Sudan, age 53)*
THE NETHERLANDS	
FGD men Somalia	"I come from a village in which everyone strongly believes in FGM yes also now" *(Somalia age 51)* "In Somalia, it is not possible to marry if you are not circumcised" *(Somalia age 60)* "If you find out after the wedding your lady is not circumcised she will return home the next day" *(Somalia, age 44)*
FGD men mixed background	"In Burkina Faso everyone was cut so no question was needed. But I would never ask my wife to be about it and I would never say to someone I'm not going to marry you because you are cut,..... who loses there?" *(Burkina Faso, age 36)*
IDI position leader	"I think before you had to be circumcised before marriage, otherwise you would be outcast. This criteria is no longer existing, my wife is not cut" *(Ghana, age 55)*
IDI religious leader	"I hear that at this moment there are a lot of families again in Somalia who want to circumcise their daughter, for some families FGM is not an issue anymore, but for many it's still important, I think it's the family pressure" *(Somalia, age 57)*
IDI married man	"I don't think it was a criteria, but you know everyone was cut and the grandmother is the most im¬portant woman, she might ask about your fiancé" *(Guinee, age 55)*
IDI married man	"Female genital cutting is no longer a criteria for marriage, but it was 15 years ago, and I'm sure that if my wife had not gone through it, people would visit me and tell me to be careful because she is not circumcised" *(Egypt, age 46)*
IDI married man	"It was not asked as such but you know everybody is cut, it's only a 2 % who is not" *(Sudan, age 52)*
BELGIUM	
IDI community leader	"if your woman is not excised, she cannot marry, so what choice do you have? [...] What could be done to make people understand that it is not a good thing and that it is not a reason not to have a husband?" Interviewer: "So to access marriage, it's a reason why excision is practised, really?" "Yes, in practice, in practice it is a reason. [...] In the villages it is quite important to be [excised] or not to be [excised] [...] in some families it's one of the first questions asked [if the girl is excised]." Interviewer: "And what happens if she was not cut?" "If the parents still have power over the boy, it's sure that the wedding will not take place." *(Mali, age 42)*
IDI men	"I knew when I entered into a relationship with someone from Djibouti [...] if it's an Afar woman I knew that there was a 90% chance that she would be cut." Interviewer: "But was it something that you questioned?" "No, not at all." *(Djibouti, age 46)*

IDI man	"To say "this woman is she excised or not, if I take her as a bride", no." Interviewer: "and for your parents it was not a question either?" "No. Rather virginity than excision." *(Senegal, age 62)*

Although most young men admitted that female circumcision was an important criteria for marriage in their communities back home, it would not determine their personal choice in marriage partner and love was a more important criteria.

Table 20: FGM AS A CRITERIA FOR MARRIAGE - YOUNG MEN

UNITED KINGDOM	
FGD young men, mixed background	"No FGM was not important criteria for us" "For my parents it was important criteria. Because in Somalia they believe she should be virgin. But it was not criteria for me" "But not in my country, I mean not anymore. Before during my parent's days the girls should be a virgin to get a husband. But not now. People have changed. I married my wife because I love her." "We chose our wives but we asked for blessings from our family." "I like to get the blessing from my family but I don't have to marry who they tell me to marry. It's more of a formality nowadays."
IDI young man	"Not important criteria for me now; I will marry an uncut girl." *(Somalia, age 22)*
IDI young man	"FGM is not criteria for me; I will choose my wife for good character." *(Somalia, age 21)*
THE NETHERLANDS	
IDI religious leader	"At this moment anyone can marry the person he or she wants, but for my parents it was not possible, and even now..... maybe we don't say that our marriages are arranged, but people still marry from within, that means to say you know she is circumcised, ...but there is hope for the next generation" *(Eritrea, age 32)*
IDI single man	"I would say no it's not a criteria, on the other hand, you do get a lot of advice ; sometimes parents still arrange the marriage, but I'm not sure if it has to do with circumcision, it's important that the wife still is a virgin" *(Ethiopia, age 33)*
BELGIUM	
FGD Young men, mixed backgrounds	"Personally, for me it's love that counts.... To say that she is cut, or not cut..." *(Guinea, age 17)* "No as he says, for me it's not important, what counts is love. " *(Mauritania, age 22)* [...] "If you do not cut, if you have children, if they are over there [in the home country] it's mandatory, if you don't cut them nobody will want to marry them, in our community. [...] If it's in Africa they will not accept, they will say "no you cannot marry"..." *(Guinea, age 16)*
IDI young man	"Because if the family of the bride doesn't know, they won't ask because it's a secret, but if they know they will beware, they will not want to marry the girl." *(Guinea, age 20)*

✱ WOMEN ON MARRIAGEABILITY AND FGM

Almost all women suggested that FGM was an important criteria for marriage and that their husband's family had made enquiries about their status.

Table 21: WOMEN ON MARRIAGEABILITY AND FGM

UNITED KINGDOM	
FGD women, Somalia	"I think it is also very important for the man. When I got married I am told that he asked if I am virgin" "That's also true in my case; he asked if I am stitched, otherwise a woman is not virgin" "My mother-in-law asked if I am cut or uncut, because uncut girls are open the man thinks she is not virgin; she asked if I am "stitched well" "My marriage was arranged when I was very little but did not go to my husband until I was 13. I didn't know who he is and I didn't see him until much later."
IDI woman	"It's a given that all girls are circumcised in my area; so nobody needs to ask about circumcision; but if a man finds out the woman is not circumcised after the marriage, he controls her too much; he wants to know where she is going, who she meets, very jealous; but he doesn't send her back to her family; that happens if she is not virgin, but that even is not that much today" *(Eritrea)*
THE NETHERLANDS	
FGD women Egypt	"Even now in the village you can't marry if you are not circumcised" *(Egypt, age 55)*
IDI married woman	"In that way the husband will know you are still a virgin " *(Guinee, age 21)*
IDI married woman	"It's part of upbringing, my tribe the Mandingo's are fanatics, if they marry they can only marry a circumcised woman" *(the Gambia, age 48)*
FGD women Egypt	"He knew I was circumcised, but his question for me was, if I could promise him to say that I would not circumcise our daughters....." *(Egypt, age 55)*
IDI married woman	"Within my tribe the mandingo's they make sure you are going to be circumcised even when you are an adult, my husband is a Wolof, for him it's not an issue of importance" *(The Gambia, age 48)*
BELGIUM	
IDI Woman	"A girl who is not excised, no one will marry her, that's true. [...] the father doesn't say anything, but the mother, as soon as you are 14 or 15 years old, she says "be careful, that a man does not touch you, because you are closed [...] because you will be opened, and nobody will marry you" [...] you will not have a good husband. Nobody will marry you because you are a bit open. [...] when he wants to sleep with the wife and the wife is a bit open, I swear, after one month she will be divorced. That's how it is, he wants a closed wife, they will say "oh this woman, someone has seen her before you, I don't want her, I want to divorce". " [...] "I recall that my husband, before we go married, he wanted to know if I was closed, he told me "I want to marry you, I love you, I want to marry you, but I want to know if you are "that kind of woman"" *(Djibouti, age 46)*

Communication between men and women about FGM

Exploring communication between men and women on the practice of FGM was another major objective of this qualitative study. FGD participants were asked if they ever talked to the opposite sex about the practice and if they knew what their partner thought of it. With a few exceptions the initial reaction of the majority of participants across all three countries was that it was extremely difficult to talk about FGM with anyone. For most research participants the taboo around the practice was linked to codes of social decency and shame. In the Netherlands participants from Sierra Leone felt that FGM was not talked about because no member of an initiation group was allowed to reveal anything that happened in the bundu. Some suggested that there were ways to talk about taboo topics, like drama performances and songs. Although some men said that they could not speak to their wives directly about the practice, they had voiced their opinions about FGM in their presence so they were certain that their wives were aware of their views.

Table 22: FGM AS A TABOO

THE NETHERLANDS	
FGD men, mixed background	"Listen to me... I'm talking to you as if I'm used to it but actually I'm not" *(Sierra Leone, age 60)* "I've never done this before" *(Burkina Faso, age 36)*
FGD men, Somalia	"In Somalia is it impossible to talk about circumcision" *(Somalia, age 50)* "About sex; we don't talk we ask" *(Somalia, age 36)* "We never talk about sex, maybe we need to" *(Somalia, age 53)* "I wish there was a possibility of speaking as men and wife about what hurt and what not" *(Somalia, age 50)* "I can only speak with my wife" ...," the Netherlands its different" *(Somalia, age 34)*
FGD mixed background	"If a person from Sierra Leone knew that a member of the secret society would speak out about what happens in the Bundu, the person will be killed". *(Sierra Leone, age 51)* "In Sierra Leonne it's difficult to talk about. It is a taboo, because it's never asked, I have never asked because in our culture we cannot speak about those things. Culture is stronger than anything else". *(Sierra Leone, age 60)* "To speak about sex is taboo, it is never done in our culture we cannot speak about such things" *(Ghana, age 40)* "In Burkina Faso they communicate through songs and drama " "In Africa we never discuss about it there is no platform for it, even when you go to the secondary school, sexuality is a taboo, when we went to unite it's still a taboo *(Sierra Leone, age 60)* "As for me when it's done its done you never ask why". *(Ghana, age 50)*
IDI men	"My colleagues at the university in Khartoum were circumcised as well. They spoke with friends (male and female together... Others (all women) explained that they felt ashamed to speak about the consequences of FGM/C but they still did it, but only in the context of a school or university" *(Sudan, age 52)*

UNITED KINGDOM

IDI men	"Never, never talked about this issue with any woman. How could I? You know our culture why are you asking me this? *(Ethiopia, age 58)*
IDI men	"No, I never talked to a woman about this. But if I get the chance I will talk I think I am not afraid." *(Somalia, age 21)*
FGD senior men, Somalia	"If I raise and talk about such thing, my wife says "what's wrong with you today? Are you not an adult please stop it, please behave? She is too embarrassed for such topic."

BELGIUM

FGD senior men	"Yes, because in Africa it's a taboo subject really, discussing that with a woman, she will be, if you tell her yes, if you ask her the question, she will feel uncomfortable. You see... Generally, women don't like to talk about it too much, maybe between themselves, but with boys its..." *(Guinea, age 27)* "They are ashamed of.." *(Djibouti, age 50)* "They are uncomfortable, really." *(Guinea, age 27)* [...] "It's taboo." *(Djibouti, age 50)* "That's what I'm telling you..." *(Guinea, age 27)* "We never talk about that" *(Djibouti, age 27)* "No" *(Guinea, age 27)* "I never spoke to my wife" *(Djibouti, age 50)*
IDI leader	"...For us over there it's easy to insult a woman, you will talk about something that you don't know, it's an insult, she will tell you that you insult her" *(Imam, Guinea, age 42)*
IDI community leader	"If they [women] bring it up, if they make it a subject, we will talk about it. But if they do not make it a subject we will not ask questions about it. Because we consider in our culture and our education that it is an offence. [...] Because for us the woman is very very respected. [...] We say in our language that a woman is born naturally weak, that is why we must not hurt her." *(Guinea, age 43)*

✱ GENERATIONAL DIFFERENCES

Regarding willingness and ease of communication, there were differences between participants of different generations as well as region of origin. In Belgium, young men from West Africa seemed to talk about this subject with women more often than older men from West Africa and more than all male informants from East Africa. In the FGD with young men in Belgium all participants (from Guinea, Senegal or Mauritania) were under the age of 25 and had discussed this subject with female partners or friends. They claimed that it was easy to talk to female friends and lovers and explained that they discussed FGM in relation to how the procedure was carried out, including "what is cut".

Table 23: YOUNG MEN IN BELGIUM TALKING ABOUT FGM

BELGIUM	
FGD young men	Translator: "So he says that he had girlfriends with whom he discussed the issue, and who explained to him what they actually cut. Not friends but girls with whom he had sexual relations." *(Mauritania, age 22)*
FGD young men	"...With the girl who is an intimate friend of mine.. She talks about things like that. I said "tell me about excision, how is it done on girls?" And she told me, she also asks me how it is done on boys, I tell her." *(Guinea, age 18)*
FGD young men	"Girls like to talk about it all the time, with boys" *(Guinea, age 17)* Interviewer: "Do they talk about it with pride sometimes or... "Yes. With pride and joy too." Interviewer : "With joy, yes... And sometimes with pain too? "No, no pain" "If she doesn't want to talk, we don't talk" [...] "If you talk to a girl who is cut, she will tell you everything" *(Guinea, age 18)*
FGD young men	"...We send text messages like that...or when we are together" (*Guinea, age 17)*

In contrast to older men's descriptions of their partners suffering from negative consequences due to the practice i.e. during sex, among the young African men in Belgium no one mentioned having talked about pain or the negative consequences of the practice with their female friends and girlfriends. Instead, these informants' girlfriends spoke of the practice with pride or provided information about the practice. Given that girls who have gone through the practice are perceived to be "good girls", clean, and more controlled and potentially marriage material, it is likely that these young men's conversations about the practice are within the context of social expectations of the practice – girls would want to portray themselves in a good light, rather than sharing painful experiences, psychological or health-related problems.

In the UK young men also reported a much better level of communication between men and women. Some of these young men were already married and communicated with their wives about their daughter's cutting. Others said that they spoke to women when the occasion arose.

UNITED KINGDOM	
FGD men	"Yes, for example my wife who is back home called last month and asked me that her family is putting pressure to circumcise our children. I told her that if my child is cut I will never see her again. So she stopped them." *(Somalia, age 23)* "My daughter is born here, and I discussed it with my wife and we decided together not to cut her" *(Eritrean, age 25)*
FGD young men, mixed background	"I am a priest and if I get the chance I would tell the women not to cut their girls. I know it's bad for their health" "Our wives think circumcision is bad. They don't want it to continue" "I know my wife doesn't like it very much; I am sure she will not even think about doing it."

Data from the Netherlands suggests that it's easier for young men to speak about the practice than for older people. This young man from Guinea communicated with a girl about the practice via social media.

THE NETHERLANDS	
IDI young men	"When I came to the Netherlands ... I asked it myself,... to a young Somali women, but it was on the phone we were chatting and sending messages, I asked her what is important about FGM/C, she answered that you don "have sexual feelings anymore"! *(Somalia, age 22)*

Communication between men and women about FGM

✱ MEN'S VIEWS

For many, communication between partners was seen as more difficult than communication with other persons, such as friends or members of the family. Some male informants did not see the point in raising the question with their wives, since they supposed their (negative) opinion on the subject, or because they did not want to cause them further suffering. Other participants did not know what their wives thought of FGC and had not felt the need or urge to talk to them about it.

Table 24: MEN'S VIEWS

BELGIUM	
IDI men	Interviewer: so it is an issue that you discuss with [your wife] ? "not at all" Interviewer: "Why?" "Why would I talk about excision with my wife? [...] It's not the centre of interest, you see... It's not our primary concern. [...] her health is not affected. She has... of course in her youth she suffered from it. And afterwards? Life goes on. What do you want me to..? You see what I mean? ..It's not... spontaneously... Why would I talk about excision with my wife? "[...] Interviewer: "But is it something that you thought about?" "Not at all. I don't talk about it, mam", because, you see, it's like that over there, mam", what do you want me to do about it? [...] When going to marry in Djibouti I knew that the person I would marry would be excised." *(Djibouti, age 46)*
IDI men	"You know your wife, so, excision.. A woman who has suffered, who suffers from that, she will not impose the same thing, impossible." *(Djibouti, age 46)*
UNITED KINGDOM	
IDI men	"No. It's not polite to talk about it with other women except with your wife; you might say something like it's not good but you cannot talk in detail; not in social life." *(Sudan, age 53)*
IDI men	"It is embarrassing; we understand each other; she know what I want; But I don't raise the topic; it's difficult. My wife wants Sunnah; but she wants the bad one to stop." *(Somalia, age 47)*
THE NETHERLANDS	
IDI men	"My wife to be and I we spoke, but I don't want to speak anymore, because it makes her sad" *(Somalia, age 22)*

✱ WOMEN'S VIEWS ON COMMUNICATING WITH MEN ON FGM

Interviews with women revealed a similar uneasiness between men and women when discussing the topic of FGM. In the Netherlands, Egyptian women spoke of memories of their husband to-be's enquiries about whether they were cut or not.

Among respondents from other countries there was a consensus that the reason they did not talk about FGM/C was because it was perceived as shameful. Some were afraid that such inappropriateness would have harmful consequences. Speaking about sexuality or FGM/C violates the moral code of the society. Data from the UK shows that some women had spoken to older men in their families (i.e. uncles) about the practice and to religious leaders about whether or not they should have their daughters cut. The results showed that re¬ligious leaders' opinions have an impact on women's decisions to have their daughters cut.

Table 25: WOMEN'S VIEWS ON COMMUNICATING WITH MEN ON FGM

THE NETHERLANDS	
FGD women, Egypt	"We don't tell our partners until after the wedding this is a surprise, and then it is party or not" *(Egypt, age 55)* "My husband was very very happy that I was cut" *(Egypt, age 48)* "My husband was sad when he realised I was cut. It was no surprise to him" *(Egypt, age 48)* "My husband was not happy and not sad, he just understands" *(Egypt, age 45)*
FGD women, Egypt	"Every women is different cut or not I tell my husband what I like and what not, but it stays in the bedroom, if you speak about it outside the privacy it is haram" (Egypt, age 45) [...] "I can speak with my husband I think ,...but I don't I'm fine like this" (Egypt, age 35)
IDI married woman	"It's very private, I feel shy and I think it has to do with respect to keep it to yourself" *(Guinee, age 21)*
IDI married woman	"This is the first time to talk about it and I like it, I learn but I also feel sad "" *(the Gambia, age 48)*
IDI single woman	"I never spoke with male family members about anything close to sexuality or FGM/C" *(Kenya, age 30)*
UNITED KINGDOM	
FGD women, Somalia	"What our husbands think about FGM? "We don't know; I don't know" "I don't know, I never talked to him" "I think they want to stop the practice. But it's good if you ask them"
FGD women, Somalia	"I had the chance to talk to a man about circumcision when my uncle called me to ask me if I plan to cut my little girls; I explained to him that I don't want cut my girls. I also talked to a religious leader who said that women can't pray until cut." "Yes, I talk to them at different times and places. I talk with family members like my uncle at home and I talk to religious leader in the mosque"
FGD women, Somalia	"I talk to younger men because they come and ask me a lot of questions about uncut girls"

BELGIUM

FGD women	" When I want to tease him sometimes I say, I say what they will do like, "I will take her to Mali, what they did to me, do it to your daughter". And he says "S, I love you more than anything in this world, if ever you do that, know that I'll divorce you on the spot. [...] I say the girl that is not even born yet [laughing] He says "no no, no joking, don't ever say that to me again"." *(Mali, age 33)*
	"I recall my husband, before we married he wanted to know that I am closed." *(Djibouti, age 46)*
FGD women	"He [husband] says yes they took that away, that's why you do not feel a lot of pleasure" *(Guinea, age 38)*

✱ HOW DO PARENTS COMMUNICATE WITH THEIR DAUGHTERS ABOUT THE PRACTICE?

None of the female respondents were informed about FGM before they went through the practice nor what was likely to happen to them. Their mothers and female elders did not explain what was going to happen to them. In all countries respondents reported looking forward to the cutting or to the presents they were going to receive afterwards, however they all said that it was a painful experience. Some informants spoke of the depression and anxiety, and sense of betrayal they felt afterwards. Whereas some women did not speak about trauma in detail, others said that their lives changed the day they were cut and they lost joy in life.

Table 26: HOW DO PARENTS COMMUNICATE WITH THEIR DAUGHTERS ABOUT THE PRACTICE?

THE NETHERLANDS

IDI married woman	" the only thing I knew was that there was a party and that I would get groundnuts as a present"... "if I had been smart I should have known understood there was something behind it,..... but I was too young" *(Guinee, age 21)*
FGD women Egypt	"Not being prepared for the moment of the cutting, the fear the anxiety, I think that has caused the biggest damage to me, nobody spoke or explained anything to me. My own mother held me down instead of comforting me, I lost a lot of blood, it's the day I never forget" *(Egypt, age 58)*
IDI single woman	" I never spoke with my mum about it, that is considered respectless, but I know that she and my grandmother are circumcised" *(Kenya, age 30)*
IDI married man	"Nobody tells the girls anything about the practice. In the morning everything seems normal and then all of the sudden they can be picked up by some strong men and brought to a place to be circumcised " *(Ghana, age 55)*

UNITED KINGDOM

FGD women Somalia	"I was informed when I was cut and I believed it's going to be fun. But it was so bad and very painful" *(Somalia)*

✱ HOW PEOPLE SPEAK TO WIDER FAMILY, FRIENDS AND ACQUAINTANCES ABOUT THE PRACTICE

Data from all three countries showed that among close family members, such as sisters, brothers and parents, it is taboo to talk about the practice in detail. Boys would not ask their sisters, mothers other women in the family any personal questions about their experiences with FGM and women do not share personal memories of the cutting. Some men reported having spoken to their sisters about the practice on a very general level and knew what their views of the practice were. FGM is talked about in a very practical way among members of a family – for example dates of the circumcision or whether they should be cut or not. Interviews with leaders in the UK showed that they are willing to speak to women about the practice but that this is not easy and they do have reservations and concerns. One religious leader said he did not speak to women directly but let his wife speak about the consequences of the practices among his neighbours and acquaintances.

Table 27: HOW PEOPLE SPEAK TO WIDER FAMILY, FRIENDS AND ACQUAINTANCES ABOUT THE PRACTICE

UNITED KINGDOM	
IDI leaders	"Yes, I do. I especially talk to the mature women who have daughters or mothers of big girls; because she understands the pain; for example, one mature women told me how she buried her own pain for many years but found it difficult to be silent when she had her own baby girl and a decision was to be made to circumcise her; she told me she broke her silence and spoke against the practice". *(Somalia, age 59)*
IDI leaders	"Yes, I sometimes talk to them (others); some of them agree with me and some say it is religious and they have to do Sunnah; but it's difficult for a man to talk to them about circumcision and sex matters to woman". [...] No, I don't talk to women. But i make my wife talk to the women in the neighbourhood and they listen to her. I cannot directly talk to the women on such sensitive issues." *(Somalia, age 75)*
FGD young men, mixed background	"I am a priest and if I get the chance I would tell the women not to cut their girls. I know it's bad for their health" "Our wives think circumcision is bad. They don't want it to continue" "I know my wife doesn't like it very much; I am sure she will not even think about doing it."
BELGIUM	
IDI men	"No because at home in Guinea, maybe it will change, but 90% of boys don't talk with their sisters and mothers about the feminine part of the woman, I don't know maybe it's because of religion or something, boys concentrate on the boy's side, and women concentrate on the women's side." *(Guinea, age 27)*
IDI men	Interviewer: "So it's not something that you discuss with your family? "No" "No, never with any woman in your family?" "No" *(Senegal, age 62)*
IDI men	Interviewer: Did you know, for example, when your sisters, I guess your sisters were cut? "for the excision of my sisters it's a taboo question to ask "were you" or "were you not?" [...] but let's say it was not a conversation we had in the family but I knew my sisters" opinion on that, they were against [...] those were every-day conversations, when we saw something on the topic, we would discuss [...] but on the personal aspects." *(Mali, age 42)*
FGD senior men	"For my big sisters that, I would never have dared to ask you see it's... as I said those are taboo subjects, they will never discuss it with you." *(Guinea, age 27)*
IDI man	no [not with women] but with men, friends there, with whom we speak easily... between men we speak. *(Djibouti, age 46)*

THE NETHERLANDS	
IDI married man	" They told me it's not good to ask. They only arrange it, it's like you make an appointment for the dentist, just the same. And what they say? For example: " Amina needs to be circumcised next week 12 April" between generations, friends, family, partners.. " *(Eritrea, age 24)*

✱ COMMUNICATION ON FGM IN EUROPE

Many research participants explained that the ways in which they talked about FGM had changed since they had come to Europe. Some explained that it had become easier to speak to their partners about FGM and sexuality openly. It also frequently happened that they were expected to discuss the topic with when engaging with public services and governmental bodies, such as hospitals, social services etc. Across all three countries men reported that they changed their mind about the practice after they learnt that it was harmful to women's health and must be stopped.

Table 28: COMMUNICATION ON FGM IN EUROPE

UNITED KINGDOM	
FGD senior men, Somalia	"It's only after we came to Europe that we heard it is a problem; it's bad, so we say it must be stopped."
FGD young men, mixed background	"We really changed once we came here; we didn't have the chance to talk about it back home."
FGD young men, mixed background	"...but it's not the same for everyone; I met her here; she lived here so I can freely talk; I even talk about positions (sex positions) and she tell me or I ask her which position is comfortable for her. But I know what, he said (referring to the previous speaker) is very true; even me when I was back home, I never ask my girlfriend about such things."
FGD senior men, Somalia	"I started talking to women after I came to Europe; I didn't talk to women when I was back home."
BELGIUM	
IDI man	"My own family, one of my nieces had been excised. I said "why did you excise her?", "that's it, with your European mentality." *(Djibouti, age 46)*
THE NETHERLANDS	
IDI religious leader	"The thing is; I got the information in 2013 whilst I'm living in the Netherlands for more than 15 years, I knew its forbidden in Eritrea now but I did not know anything about the consequences,..... I think everyone arriving in the Netherlands needs a chance to discuss it,... I'm so happy we are free from it now." *(Eritrea, age 32)*
IDI married men	"The difference of knowledge about sexuality and FGM/C before and after migration is 100 %, I learned everything here... I see it as the duty of the Netherlands to inform a woman who is from a country where FGM/C is a tradition,.... you have to teach her straight away. It's very hard and frustrating to bring the knowledge back to Ethiopia, they can only talk about war and hunger." *(Ethiopia, age 40)*

Men's involvement in the decision making processes of FGM (continuation or abandonment)

✱ WHO DECIDES TO HAVE GIRLS CUT?

The research explored whether men are involved in the decision making process of FGM. In all countries the FGDs and interviews with men and women show that decisions on whether or not to cut a girl, when to cut, where to cut, who should cut, is mainly made by women. It emerged that the mother, the grandmothers and elder women wield the ultimate power. In Belgium and in the Netherlands women from West Africa said that girls could be taken away for cutting without the mother being informed. It was also reported that on occasion the mother's wishes regarding the practice were ignored and even if a mother objected to her daughter being cut, older women such as grandmas, aunts and neighbours would have the girl cut.

Table 29: WHO DECIDES TO HAVE GIRLS CUT?

UNITED KINGDOM	
FGD senior men, Somalia	"The women, only the mother has the power" "It's the mother, grandmother and mother-in-law decide together"
FGD young men, mixed background	"Grandmothers and neighbours put pressure on a mother to do it on their girls. They advise that it is not good to leave the girls uncircumcised"
FGD women, Somalia	"It is my mother who talked to my grandmother and decided to cut me" "Yes, it's mothers who usually decide to cut" "My grandmother used to tell me cut women get husbands and uncut women can't marry" "Grandmothers, neighbours, friends talk about circumcision each other, and they make decision" [...] "Yes. I agree, the man never rarely gets involved; it is a woman's issue"
FGD senior men, Somalia	"This is not a man's business" he might not even know; they don't usually tell him"; "Yes, the man does not bother to ask"
FGD young men, mixed background	"The man has little say, in my culture; he doesn't follow such matters."

BELGIUM

FGD senior men	Interviewer: "So it is as much men and women who make the decision?" "Eh... yes..." *(Djibouti)* "But mostly the women I think" *(Guinea)* "the women." *(Djibouti)* "it's the mother." *((Djibouti)* "it's the mother." *(Guinea)* [...] "Often the fathers do not know about the girl. It's the mother who handles that. [...] Even if the father doesn't know, it's afterwards [...] afterwards she speaks to her husband "so today I have excised the, my daughter", and everything, she reports to her husband. [...] In our Arab community, the Arabs of Djibouti, it's the mother who arranges it. But afterwards she tells her husband. And it's obvious that the father will agree too." *(Djibouti)* [...] "it's the mother who makes the proposition [of cutting]" *(Guinea)* "the mother. But the father always has the last word." *(Djibouti, age 27)*
FGD senior men	the mother makes the decision because imagine, if for example, the girl does fooleries... a girl, she is between the hands of her parents, the mother will be faulty. *(Guinea, age 27)*
FGD women	"...a female friend can come without my knowledge, she takes my daughter, she leaves, she does the excision, or my sister-in-law or her aunts." *(Guinea, age 38)* [...] " ...my aunt said to my parents that we [her sister and her] have to go to the village, because we are children of the village and the capital city should not dominate us. Because there would be a big party over-there, and they have to send us." *(Mali, age 33)*
IDI Man	I: And who takes the decision of the moment it has to be done? M: Her aunt or her mother I: Will she say "it has to be done now"? M: Yes, "it has to be done now" I: Alright, and the dad? Does he say anything about it? M: No, in our community, women confide in their mothers who take decisions [...] men pay [for education] because often women don't work. *(Guinea, age 20)*
IDI Man	Interview: "So who in the family decides when the girl has to be cut? "Ah, the mother!" Interviewer: "The mother?" " Yes" Interviewer: And the father, what does he say? M: The father think's it's normal [laughs], *(Guinea, age 49)*

THE NETHERLANDS	
FGD mixed background	*"In my society it's a tribal mark, my father was against it he was the only one who said I don't want my daughters to be marked" do you know what this old women did, my father left town, they went to my mother and forced her to give the girls, they were cut" (Ghana, age 40)*
FGD woman Egypt	"My Mother did not agree to the circumcision of my youngest sister, but when she was not there, my grandmother took the decision and my sister was cut" *(Egypt, age 45)*
FGD woman Egypt	"I'm happy that my mother in law passed away, so she won't bother me anymore with the question on circumcision" *(Egypt, age 48)*
IDI single woman	"Something very bad that in Sierra Leone other women can come and pick your girl to circumcise it, they tell you it's not your child it's the child of the community..... Everyone does go to the bundu if not you can't live, you have to run" *(Sierra Leone, age 33)*

✱ MEN AND FGM

Most research participants agreed that men are traditionally less involved or uninvolved in decisions regarding FGM. The father is more often than not uninformed about the whole process. Most men suggested that it was not their place to be involved in the practice, that it was women's business and that they knew more about male circumcision because they were the one's who arranged for this to take place.

One senior man in a focus group discussion in Belgium did not even know if his own daughters were cut (see table). Another man expressed confusion about the fact that the media portrays FGM as being imposed by men although he personally felt that that he knew absolutely nothing about the cutting nor the procedure because everything happened in the realm of women.

Table 30: MEN AND FGM

UNITED KINGDOM	
FGD senior men	"This is not a man's business, he might not even know; they don't usually tell him"; "Yes, the man does not bother to ask" *(Somalia)*
FGD young men	"The man has little say, in my culture; he doesn't follow such matters."
FGD women	"Yes. I agree, the man never rarely gets involved; it is a woman's issue" *(Somalia)*
BELGIUM	
IDI Community leader	Interviewer: "And the dad, what role does he play in it [FGC]" ? Man: "No, because it's traditional, he doesn't say anything." *(Somalia, age 55)*
IDI Man	"Often when I hear about it [...] especially here in the West where the man is put in the centre of the debate [...] it's not the experience that I have. It seems to me that when we were small when we heard about it, it was always centred around women [...] often in the discourse [in the West], it's like excision is done in favour of men or something [...] That men would be at the base of the decision on excision" I: "You think it's incorrect." "Well the experience or the impression I have on the subject, I think it was even taboo for men." *(Senegal, age 62)*

FGD senior men	"No, they have not cut my daughters." *(Djibouti, age 50)* Interviewer: "Alright. But who made the decision? " "I don't think they have been cut. I don't know if they have. I don't know that." *(Djibouti, age 50)* Interviewer: "So you don't know?" "No. I don't think so. I don't think so at least. [...] I am abroad. So knowing if they did it..." *(Djibouti, age 50)* "I'm afraid they might have done that." *(Djibouti, age 42)* "Maybe, I don't know (M2 laughs). [...] For the circumcision of my boys I did it, but for the girls, I don't know what happened." *(Djibouti, age 50)*

THE NETHERLANDS

IDI married woman	"Men decide everything, but this is a women's thing, as soon as I wanted FGM to be discussed and said: "I don't want to circumcise my daughter", they would say "stop talking" I was the youngest of three wives. I had nothing to say, my child was their child. I had to save her, I heard in Guinee from my neighbour that people in the West, they don't cut their girls,..... I decided that my daughter will be safe,... that's the reason I ran away, that's the reason I'm now here in the Netherlands" (*Guinee, age 21*)

Nevertheless many participants agreed that although women are the practitioners of FGM, the practice is done for men's benefit and control over the female body. By not speaking out against it or by silencing the issue, men consent to having their daughters cut. In addition, men are the ones who pay for the practice or the party, if there is one. Many respondents suggested that decisions regarding FGM are also a communal matter and the man has the final say. If he opposes the practice then it is more likely to stop. If he shows support for the practice then it is more difficult for other members of the family who are opposed to it to stop.

Table 31: SILENT CONSENT

BELGIUM

IDI man	"When you are not against something it means you approve [...] in the tradition things have been left like that, taboos where people cloud the issue and do not bother, men too when saying, "yes there is that practice but I don't want to see anything, I don't want to know about it, it's a women's affair." *(Senegal, age 62)*
IDI man	"[Men] have a role to play, but they don't play it. [...] When you are not against something, it means that you are in favour." *(Guinea, age 27)*
FGD women	"In our community, in Mali, [...] Guinea, Senegal, it's the same, Burkina Faso, Ivory Coast, [...] women should not speak out in society. Even today, we say democracy and empowerment, it doesn't exist [...] If a man wants to circumcise his child in Africa, the woman does not get to speak about it, if you don't do it, you take your stuff and you leave, he will marry another woman. In Africa, the woman does not, the woman does not get to speak." *(Mali, age 33)* [...] "We can decide but we need the opinion of the man. [...] That's why I convince them [men]. [...] We are showing them the consequences of FGC." *(Somalia, age 38)*

UNITED KINGDOM

IDI man	"The man is the head of the house; the household will not have the same status if a man is not in it; people even don't value children brought up only by a woman; they believe the man is necessary to discipline the child; otherwise a child might be labelled "yeset lij" (child brought up by a woman as single mom)" *(Ethiopia, age 67)*

IDI man	"In Muslim traditions the overall power is with the man. The man is in charge of well-being. On any matter if the man says no, then she can't do it, I mean, she can't do it!" If it's circumcision and the man says don't do it, then that's it. She will not do it. She cannot go beyond that." *(Somalia, age 68)*

THE NETHERLANDS

FGD	"In Sierra Leone it is still till today that a women cannot disobey their husband" *(Sierra Leone, age 51)* "The man is going to pay but the money is handled by the woman" *(Ghana, age 50)* "In my country when father and mother talk it's the men who decides, most of the women don't want any more but some men want it" *(Ghana, age 40)*
IDI opinion leader	"Mothers decide but if she doesn't it's possible then the family of the husband does it for her" *(Togo, age 35)*
IDI religious leader	"It's a woman's decision I know. But some went from the North to the south to run away from the practice. But it's very tough because she is no longer part of the family. So if you take that into considerion, it's done with the agreement of men" (Ghana, age 53)

However, data shows that to make sure that the practice is not performed on their daughters, men sometimes have to find subversive ways to stop their daughters from getting cut.

Table 32: MEN'S SENSE OF POWERLESSNESS

BELGIUM

IDI Man	"The flesh it belongs to the tribe, even if you have a child, our child belongs to... [...] And the husband can sometimes agree with the wife to oppose, but there is the tribe, the weight... " *(Djibouti, age 46)*
IDI Man	"For me really, if you ask my opinion, the role is executory. [...] In the sense that we know that the girl has to be cut, so the choice that one gives to the mother, see it's the culture [...] everyone knows that she has to be [cut], that's it. But when, so that's what the mother will organize. [...] it's something that is rooted in society, we know that you have a girl, we know from birth of the girl, you already have in mind that a day or another she will be excised. So the only choice left now is to decide when, I want to do it at 5 years, or at 6 years, or at 7 years, see, that's the choice you have. You don't really have the choice to say "my girl will not be" *(Mali, age 42)*

In the Netherlands, some men spoke of what happens when men speak out against the practice or what they did to stop their daughters from being cut. As the previous sections show, some participants suggest that the man has the final say regarding the practice and if he is opposed, then the girls are more likely not to be cut. However, data shows that to make sure that the practice is not performed on their daughters, men sometimes have to find subversive ways of stopping their daughters from getting cut.

THE NETHERLANDS

FGD men Somalia	"Even if I did not want my daughter to be circumcised, my wife would organise it" *(Somalia, age 53)* "If the father does not pay , he cannot come home the wife will make trouble, trouble, trouble" *(Somalia,, age 44)*
FGD men Somalia	"The problem was that my daughter really wanted to be cut herself, to her it was not normal not to be cut, she felt ashamed of herself... I promised to buy her jewels and I spoke with the lady who does the cutting and asked her if she could act like she was doing the circumcision ceremony; act like she cutting our daughter. The lady agreed, I had to pay her a lot of money for keeping the secret. We celebrated and had a very big party. No one from the community was informed it was a secret between us and the cutter." *(Somalia, age 50)*
FGD men, Somalia	"It's clear it's for the women to decide, but I did not want my daughter to be cut, I had to pay a lot of money to prevent my second daughter from being cut" *(Somalia, age 49)*

What can be done to stop the practice?

Across all three countries male and female research participants suggested that communication between men and women was crucial for an abandonment of the practice. On an interpersonal and private level, it is important that husband and wife speak to each other about the practice and discuss the decision not to have their daughters cut.

Table 33: INTERPERSONAL COMMUNICATION BETWEEN PARENTS

BELGIUM	
FGD young men	"I say no! Right? I will tell her [wife] before the wedding, too. 'If we get married' I will say 'you see, we will make children together, sons or daughters, the daughters we do not cut them, right? We do not cut the girls'." *(Guinea, age 23)*
IDI man	"Yes, yes, I totally understand. I think the most important is communication. Being able to communicate with her [...] the first thing is to tell her, so "I have a daughter with you, but I don't want her to be cut, and that's all!" *(Senegal, age 40)*
UNITED KINGDOM	
IDI man	"Men are a major force and should be involved to stop the practice. Men are decision makers in the community. Women's role is restricted to household chores. *(Somalian, age 61)*

As we have seen, however, it is not always easy for men and women to break the taboo. Some suggested that having access to adequate information would make the task easier and that many who supported the practice simply "did not know". In the Netherlands participants were particularly outspoken about how people should learn to speak about the practice.

Table 34

THE NETHERLANDS	
IDI married man	"It would be good if there is an interactive information session with women in Sierra Leone done by a professional about FGM but then also speak about sexuality to stop this practise we need men and women working together, first get knowledge and also dare to speak up" *(Sierra Leone, age 50)*
IDI married man	"If you want to stop this practice in Eritrea, the parents need education, there are no benefits" *(Eritrea, age 23)*
IDI married man	"But we need to educate the women back home they need to know all the things I could see on the internet. We as parents need to learn how to raise our children in a good way so that circumcision is not the same as virginity anymore"" *(Eritrea, age 23)*
IDI married woman	"If it's true that the practice is called women's business it should be eradicated by women with support of the men" *(The Gambia, age 48)*
IDI married woman	"There is a Facebook group from women in diaspora, we discuss all sort of issues, FGC could be one" *(Kenya, age 30)*
UNITED KINGDOM	
FGD young men mixed background	"To stop it they need the man. It is much easier when a man and woman talk together. In our society, the man has influence; in my country they say "be decisive like a man"; so if the man makes decision then he follows it. So if he say no circumcision then it can stop"

IDI, man	"Women can never ever stop it by themselves; I am very sure about that; because I know man use circumcision to control the woman; so if man want that always then how can you stop it?" *(Ethiopia, age 58)*
IDI man	"For women to stop it alone?- no I don't think so; I think we need to engage men; men should participate in all the activities." *(Eritrea, age 39)*
IDI, man	"Well, it is possible; people have to be educated about that it is a bad tradition and inhuman practice; and I believe it depends on the family in particular and the community in general; the key is to educate the family." *(Sudan, age 53)*
IDI man	"Men are a major force and should be involved to stop the practice. Men are decision makers in the community. Women's role are restricted to household choruses. *(Somalia, age 61)*

✱ THE ROLE OF LEADERS

Many participants mentioned that it was very important to involve different kinds of leaders in the abandonment movement, such as religious leaders, opinion leaders and community leaders. People thought that it would help if they spoke out about the practice.

Table 35: THE ROLE OF LEADERS

UNITED KINGDOM	
IDI leader	"Leaders can stop it, we need to campaign very heavily. Here and in Somalia; if we stop it then the women will not suffer and it's good for our community; the community listens to leaders, they respect us". Somalia, *(Muslim religious leader, age 75)*
IDI leader	"We need to stop it. The leaders must campaign hard". *(Somalia, Muslim leader, age 68)*
IDI leader	"Yes, I believe that I can play a great role by discussing it publicly; that it's harmful and has to stop, starting with my close family and friends." *(Ethiopian Christian priest, age 67)*
FGD senior men	"Women need men to stop it. Especially they need the Imams, if they say it's haram then everyone stops it" *(Somalia)*
THE NETHERLANDS	
IDI married woman	"Religious men are key leaders, they can speak, but also for instance the man who was doing the wedding ceremony, if there are problems in the marriage he comes and speak with the men and then may be also with the wife, he could be of importance to discuss FGM maybe." *(The Gambia, age 48)*
FGD mixed background	"I think we need to reach the religious and traditional leaders first. They are very important to approach and educate." *(Burkina Faso, age 36)* "If you ask me Mother as are the big leaders, so their leaders they need education, maybe through the ministry of education or ministry of health" *(Togo, age 24)*
IDI married man	"If you start to speak you have to speak to the grandparents and parent at home. Approach schools, religious leaders and traditional leaders the health department and give them knowledge" *(Guinee, age 55)*
BELGIUM	
IDI leaders	"It would not bother me, but, for that one has to have all the tools at one's disposal so at the moment, I would be incapable of talking about it publicly because I don't have much to say, but with training, with documents, why not, if I managed to assimilate it as needed, to understand in order to repeat it. [...] talking in public it's risking to get loads of questions and one has to be capable to respond to those questions, one cannot just come like that..." *(Mali, age 42, leader of a Malian diaspora organisation)*
IDI leader	"Jesus tells you, "if it's your hand cut it off" but Jesus does not mean to say, he does not ask you to cut off your hand, it's written, but it's an interpretation." *(Cameroon, age 45, catholic priest)*

✱ INFORMATION PROVISION THROUGH IMMIGRATION AND HEALTH SERVICES IN EUROPE

In the Netherlands, the majority of the respondents from Somalia had received information on FGM upon arrival in the Netherlands. When they first arrived most of them were convinced that FGM was required by religion. The majority changed their minds and now think that FGM is outdated. Some respondents thought that the main problem was that there is still an awkward silence among African men and women who have experienced initiation and female circumcision. In the UK, the influence of migration on people's views and attitudes towards FGM was also highlighted in interviews and FGDs. Men reported that they were able to talk about FGM much more openly in ways that was not possible back home. FGM and sexuality were not just addressed at governmental and public health institutions (hospitals, social services etc.,) but in general many men felt that they were able to talk about sexuality with their partners in ways that was not done in their country of origin.

Table 36: INFORMATION PROVISION THROUGH IMMIGRATION AND HEALTH SERVICES IN EUROPE

THE NETHERLANDS	
FGD man Somalia	"If we had known that circumcision was so dangerous we should have stopped before, but we did not know, this is the first time I can talk about the practice, in the AZC -centre for asylum- we could always only listen, today I liked the interaction, I could give my opinion and think about my girls ; one is cut and the other not." *(Somali, age 40)*
FGD men, Somalia	"In Somalia people need to start teaching in schools and speak about FGM it during primary healthcare." *(Somalia, age 36)* "Use the media, there are still people in Somalia who are prisoners of their lack of Knowledge, I was set free, I am aware now I have knowledge. Somalia is one big village a lot of cutting still happens, knowledge is needed. A bridge from Europe to Somalia." *(Somalia, age 51)*
UNITED KINGDOM	
FGD senior men, Somalia	"It's only after we came to Europe that we heard it is a problem; it's bad, so we say it must be stopped."
FGD young men, mixed background	"We really changed once we came here; we didn't have the chance to talk about it back home."
FGD senior men Somalia	"I started talking to women after I came to Europe; I didn't talk to women when I was back home."

✱ THE AFRICAN DIASPORA'S INFLUENCE BACK HOME

A number of men and women felt that although they had changed their mind about FGM since they had come to Europe, they thought that their change of mentality was perceived as a bad thing back home and even if they spoke out against the practice people would not understand and even insult them.

Table 37: THE AFRICAN DIASPORA'S INFLUENCE BACK HOME

BELGIUM	
IDI Man	I haven't tried. Because since I came here I did not go back, I did not try. Will they listen to me? [laughs] if I said that, I would lie, I don't know right now. [...] Maybe, I think that they will say no. They won't listen to me. [...] the young generation, maybe [...] They don't listen, but maybe someone that they don't know, maybe if they sensitize, maybe they will listen." Interviewer: "So you think they would rather listen to someone else than you?" "Of course! [...] because they know me normally, they will say 'why you?' They will think that I left, that I changed my ideas you see." *(Guinea, age 49)*
IDI Man	"My own family, one of my nieces had been excised. I said "why did you excise her?", "that's it, with your European mentality." *(Djibouti, age 46)*
IDI Woman	"They will insult you, they will tell us "those are families who think like Europeans." (Djibouti, age 46)
IDI community leader	"Not us alone but with leaders they are listened to. Directly, o, they will say "he comes from Europe with that mentality. [...] me alone, no, but with a group yes." (Somalia, age 55)

✱ THE RISK OF RETURNING

Despite the sense of liberation many men and women felt when talking about FGM, sexuality and the consequences of the practice, many expressed concerns about returning home with their daughters because they did not want to take the risk of them getting cut. Some feared that taking one's daughters home might be interpreted by others as consenting to having them cut. To some extent people are afraid of the law in Europe and potentially being prosecuted for having one's daughters cut, even if the performance of the practice is not their personal initiative but a decision taken by the elders back home.

Table 38: THE RISK OF RETURNING

THE NETHERLANDS	
FGD mixed background	"For me it's easier to decide because I live in the Netherlands. I'm sure that I will no longer support this practice, but at the same time I feel confused, it's hard to say whether it is possible for my family and my daughters to visit my country and if I'd be able to keep my daughters away from being circumcised. In Europe its possible but in my country, it's immature in my country. All the girls need to be circumcised" *(Burkina Faso, age 36)* Others agree "Bringing your child to Sierra Leone it's the same as giving permission to circumcise her" *(Sierra Leone, age 60)*
BELGIUM	
IDI woman	Interviewer: "Have you imagined going back to your country with your daughter, on vacation? "No, at the moment, no." Interviewer: No? Because you think that the risk is too big, or there are other reasons? "A too big a risk. Because I'm afraid that they take my daughter. Like they will take her to... buy ice-cream, have a little party for her, go to an attraction park... but then... *(Djibouti, age 46)*

Quantitative Study

Objectives

The objective of the study was to estimate the proportion of men in favour of the continuation of FGM and to capture any differences in the proportion of men living in the country of origin and in the country of residence after migration, who think the practice of FGM should be continued.

Methods

The quantitative part of the research was coordinated by Dr Dominique Dubourg, medical doctor and demographer and conducted by researchers in Belgium, the Netherlands and UK. Research meetings were held on a regular basis for training, planning and analysis under the supervision of Dr Fabienne Richard, Director of GAMS Belgium and Guest Researcher at the Institute of Tropical Medicine, Antwerp.

Country Selection criteria

We chose to conduct the survey with migrants from 4 countries: Guinea, Sierra Leone, Sudan and Somalia.

Guinea and Sierra Leone were selected (i) because the large number of migrants originating from these countries living in Belgium, the Netherlands and the UK and (ii) because a baseline was available in the DHS surveys of the countries of origin. Somalia and Sudan are important groups of migrants in the three European hosting countries, and it was decided to add interviews with Somali and Sudanese men as well, even if a baseline of comparison is not available in MICS survey.

Sampling

The sample size was based on the hypothesis that, after migration to the UK, The Netherlands or Belgium, the proportion of men who think the practice should continue would be significantly lower.

The baseline for the study was men's views of FGM as indicated in the Demographic and Health surveys (DHS) or the Multiple Indicator Cluster Surveys (MICS), which is done every 3 or 4 years in the country of origin. The sample size in United Kingdom, The Netherlands and Belgium was calculated for an expected decrease of 8 points between the proportions of men who think the practice should be continued in the country of origin and the country of actual residence.

Required samples in each country:

- **Belgium:**
Guinean migrants: 331 + Somali migrants: 120

- **UK (England and Wales):**
Sudanese migrants: 239 + Sierra Leonean migrants: 196

- **The Netherlands:**
Sierra Leonean migrants: 113 + Somali migrants: 265

Questionnaire

The questions are identical to those in the DHS questionnaire. Some additional questions were included in order to capture some demographic characteristics.

Questionnaire

Q1. Year of birth (or age)

Q2. When did you arrive in Europe? (Year of arrival)

Q3. Have you ever heard of female circumcision, that is, a practice in which a girl may have parts of her genitals cut? Yes/No

Q4. Do you believe that female circumcision is required by religious precepts? Yes/No/Don't know/No religion

Q5. Do you think that the practice of female circumcision should be continued (or should it be stopped)? Yes/No/Depends/Don't Know

Recruitment of interviewers and training

The interviewers were male peer educators, which were recruited through the three organisations

(HIMILO, Forward and Gams Belgium) and extensively trained. Some key figures of the community were also involved in the survey and facilitated access to populations that were difficult to reach such as the Sierra Leonean community.

In total, 32 interviewers (11 in The Netherlands, 14 in United Kingdom and 7 in Belgium) were trained for a time period of 2-3 days in which they practised administering the questionnaire on members of the community.

Recruitment of study participants

Migrant populations can be considered "hard-to-reach" populations, as they are effectively impossible to sample using conventional survey methods with predefined sampling frames. The sampling was purposive – a systematic method by which controlled lists of specific populations within geographical districts are developed, and detailed plans are designed to recruit adequate numbers of cases within each of the targets.

Interviewers (peer educators) were placed at various selected locations, and were instructed to interview a specific number of study participants.

The interviewers identified and targeted social spaces and areas inhabited by community members and visited these locations to randomly pick potential respondents who consented to participate. The locations included cafes, train and bus stations, community events (celebrations, sport tournaments), community centres, restaurants, mosques and churches, koranic schools, shopping malls, hairdressing salons, asylum seekers centres and migrant organisations.

Data were collected from February to April 2016 in Belgium, from April to October 2016 in The Netherlands and from May to September 2016 in England and Wales.

Selection criteria for respondents

- All men aged 15-59 year old.
- Born in Guinea, Somalia, Sudan or Sierra Leone
- Having lived in a European country for at least one year

Interview procedure

Anonymity was assured during the interview (the name of the interviewee was not required). Oral consent was obtained before the beginning of the interview. The interviews were carried out in English, French, Dutch or in the language of the interviewee if the peer educators spoke the same language (i.e. Fulani or Somali).

Data Analysis

The completed questionnaires were entered into EPI Info 7 in each study country (Belgium, the Netherlands and the UK) and subsequently cleaned and analysed in Belgium.

Results

Data description

In total 1618 men between 15 and 59 years of age were interviewed.

Table 2. Number of respondents by country of residence and country of origin, MSO 2016

Country of origin	Country of residence: BE	NL	UK	Total
Guinee	436			436
Sierra Leone		112	200	312
Somalia	148	264	196	608
Sudan			262	262
Total	**584**	**376**	**658**	**1618**

Source: Men Speak Out survey 2016

Age of respondents

The average age of the respondents was 36.4 years old. Respondents in UK were older (39.8 years) than in The Netherlands and in Belgium. In Belgium the respondents were youngest (33.1 years on average). This could be explained by the fact that the UK has been a country of asylum for a longer than Belgium, which is a more recent destination for sub-Saharan Africa migrants.

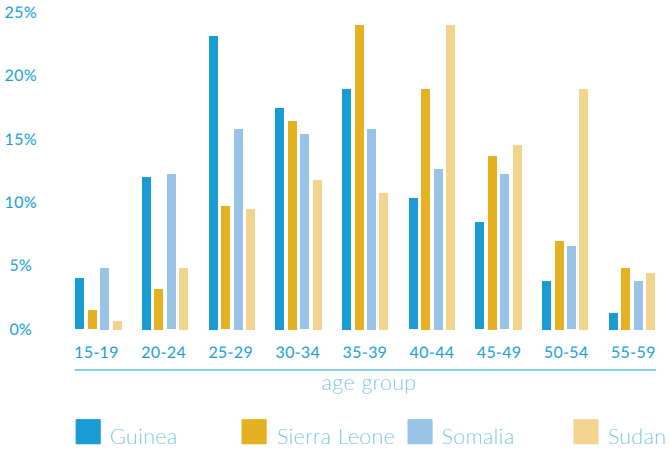
Table 3. Mean age of respondents by country of origin and country of residence, MSO, 2016

Country of origin	Country of residence: BE	NL	UK	Total
Guinee	33.3			33.3
Sierra Leone		38.8	38.8	38.8
Somalia	32.4	34.1	39.4	35.4
Sudan			40.7	40.7
Total	**33.1**	**35.5**	**39.8**	**36.4**

Source: Men Speak Out survey 2016

This difference of age by country of origin can also be seen in the figure below. The most important age group for Guinean respondents is the age group 25 to 39 years, the main group for Sudanese respondents is 40 to 54 years, while for Somali and Sierra Leonean respondents the age group are wider.

Figure 1. Age group distribution by country of origin, MSO 2016



Source: Men Speak Out survey 2016

Duration of stay in Europe

The Guinean men had been living in Belgium for 7.8 years on average. For the Somali men, the average duration of stay varied by country: 6.5 years in Belgium, 9.8 years in The Netherlands and 12.6 years in United Kingdom. Sudanese men had been living in Europe for 12.9 years on average and Sierra Leonean men for 14.6 years on average.

Table 4. Duration of stay by country of residence and country of origin

Country of origin	Country of residence: BE	NL	UK	Total
Guinee	7.8			7.8
Sierra Leone		15.8	14.0	14.6
Somalia	6.5	9.8	12.6	9.9
Sudan			12.9	12.9
Total	**7.5**	**11.6**	**13.1**	**10.7**

Source: Men Speak Out survey 2016

Knowledge of female genital mutilation

Almost all the respondents have heard of the practice. There were no marked variations in knowledge by country of origin or country of residence. The youngest respondents, aged 15-19, were less aware of the practice. In this age group, only 90.9 % had heard about the practice. This difference with older men is

statistically significant (p value = 0.001).

Table 5. Percentage of respondents 15-59 who have heard of female circumcision by country of residence and country of origin, MSO, 2016

Country of origin	Country of residence: BE	NL	UK	Total
Guinee	95.6			95.6
Sierra Leone		95.5	99.5	98.1
Somalia	95.9	98.9	98.0	97.9
Sudan			99.6	99.6
Total				**97.6**

Source: Men Speak Out survey 2016

Religious attitude towards practice of FGM

Table 6 shows that 23 % of respondents believed that their religion required female genital mutilation.

A higher proportion of Guinean men living in Belgium thought so (36.7%) while only 13% of Sudanese men believed that religion required the practice. The opinion of Somali men varied between the three countries of residence. In United Kingdom, only 7% believed that FGM was required by religion

Table 6. Percentage of respondents 15-59 who have heard about FGM by opinion on whether their religion requires female mutilation, MSO, 2016

Country of origin	Country of residence: BE	NL	UK	Total
Guinee	36.7			36.7
Sierra Leone		15.0	20.6	18.6
Somalia	31.7	24.9	7.3	20.8
Sudan			13.0	13.0
Total	**35.4**	**22.0**	**13.7**	**23.3**

Source: Men Speak Out survey 2016

Attitudes towards continuing FGM

Table 7 shows that 13% of men aged 15-59 who had heard of female circumcision believed that the practice should be continued. Guinean men were more likely to believe that circumcision should be continued (24.7%) than Sierra Leonean men (12.7%) and Somali men (8.7%). Only 3.8 % of Sudanese men thought that the practice should continue.

We observe noteworthy differences in the attitudes of Somali men between countries of residence: 16% of Somali men living in Belgium believed that the practice should continue, in contrast to 5.7% of respondents in the Netherlands and 7.3% in the UK.

Only one Sierra Leonean respondent living in The Netherlands answered "yes" to the question.

Table 7. Percentage distribution of respondants who have heard of female circumcision who believe that the practice should continue.

Country of origin	Country of residence: BE	NL	UK	Total
Guinee	24.7			24.7
Sierra Leone		0.9	19.1	12.7
Somalia	16.2	5.7	7.3	8.7
Sudan			3.8	3.8
Total	**22.5**	**4.3**	**9.5**	**12.9**

Source: Men Speak Out survey 2016

There was variation in attitudes towards circumcision by men's age. The youngest men were more likely to believe that FGM should continue. The difference of attitudes regarding the continuation of FGM was statistically significant between the men aged 15-29 (19% thought that the practice should continue) and men aged 30 and above (11 % to think the practice should continue) (chi-square test for trend= 24,758, p-value<0.05). The proportion of men who thought the practice should continue was lowest between the ages of 30 and 39.

Table 8. Number and proportion of men who have heard of female circumcision who believe that the practice should continue by age group.

Age groups	Number of respondants	%
15-19	11	22.0
20-24	28	19.1
25-29	45	18.4
30-34	24	9.8
35-39	25	9.0
40-44	25	10.5
45-49	22	11.6
50-54	16	12.5
55-59	8	14.3
Total	**204**	**12.9**

Source: Men Speak Out survey 2016

New migrants were more likely to think the practice should continue. Those who arrived within the last five years were 2.5 more likely to think that the practice should continue than men who arrived more than five years ago (Odds ratio 2.5, CI 1.83-3.41).

Table 9. Proportion, by year of arrival, of men age 15-19 who have heard of female circumcision by their opinion on whether the practice of circumcision should be continued, MSO, 2016

Year of arrival	Continue	Not continue	Don't know/ missing/ depends	Number of respondents	% of "continue"
2014	14	53	14	81	17
2010-2013	71	198	77	346	21
2005-2009	56	255	65	376	15
Avant 2005	63	622	91	776	8
Total	**204**	**1128**	**247**	**1579**	**13**

Source: Men Speak Out survey 2016

Comparison with the Demographic and Health Surveys

We were able to compare the results of our study with the demographic health surveys of Guinea Conakry and Sierra Leone. Unfortunately there was no baseline data available for Sudan. UNICEF informed us that due to a high level of non-response among men, the results were not included in the report for Sudan (Sudan MICS 2016). As for the MICS for Somalia (2006) there was no questionnaire for men.

Guinean men living in Belgium

The age distribution was statistically different in the two surveys ($p<0.05$). In the MSO survey, the youngest (15-19) and the oldest (50-59) men were underrepresented.

Table 10. Number of Guinean respondents and proportion by age group, DHS Guinea 2012 and MSO 2016

Age groups	DHS 2012		MSO 2016	
	Number of respondents	%	Number of respondents	%
15-19	711	20	18	4
20-24	569	16	53	12
25-29	505	14	101	23
30-34	397	11	76	17
35-39	401	11	83	19
40-44	381	10	45	10
45-49	268	7	37	8
50-59	411	11	23	5
Total	**3643**		**436**	

Source: Men Speak Out survey 2016, DHS Guinea 2012

We also observed a statistical difference between the region of origin of respondents ($p<0.05$) with an over representation of Moyenne Guinée and an under representation of Guinée Forestière.

Table 10. Number of Guinean respondents and proportion by region of origin, DHS Guinea 2012 and MSO 2016

Region	DHS 2012		MSO 2016		
	Number of respondents	%	Number of respondents	%	Valid %
Moyenne Guinée	392	12	175	40	41
Guinée forestière	694	21	39	9	9
Haute Guinée	611	19	62	14	14
Conakry	770	24	74	17	17
Basse Guinée	765	24	80	18	19
Don't know/ Missing			6	1	
Total	**3232**		**436**		

Source: Men Speak Out survey 2016, DHS Guinea 2012

The proportion of men aged 15-59 who believed that the practice was required by religion was 56% in 2012 (DHS) and 37% in Europe in 2016 (MSO). The difference was statistically significant (Chi square=34.184, p-value< 0.005).

The difference was statistically significant for age groups 30-34, 35-39 and 45-49 but not for the other age groups.

Table 12. Proportion of men age 15-59 who have heard of female mutilation, by opinion on whether their religion requires female circumcision by age group, DHS Guinea 2012 and MSO 2016

Age group	DHS Guinea 2012				MSO 2016				
	Required	Not required	Don't know/ missing	Number of respondents	Required	Not required	Don't know/ missing	Number of respondents	p value
15-19	58	33	9	711	59	18	24	17	0.313
20-24	61	34	5	569	56	22	22	50	0.602
25-29	58	36	6	505	39	45	16	95	0.077
30-34	51	41	8	397	33	53	14	72	< 0.05*
35-39	58	36	6	401	26	61	13	82	< 0.05*
40-44	52	36	12	381	39	32	30	44	0,672
45-49	55	40	5	268	23	63	14	35	< 0.05*
50-59	51	42	7	411	36	59	5	22	0.137
Total 15-49	**57**	**36**	**7**	**3232**	**37**	**46**	**17**	**395**	**< 0.05***
Total 15-59	**56**	**37**	**7**	**3643**	**37**	**47**	**17**	**417**	**< 0.05***

* Significant - Source: Men Speak Out survey 2016, DHS Guinea 2012

The proportion of men who believed the practice should be continued was 58.8 % in 2012 (DHS) and 25 % in 2016 (MSO). This decrease was statistically significant (Chi-square=122.98, p-value<0.05).

There was no variation in attitudes towards FGM by men's age except for the youngest men. In the MSO 2016, 53% of men aged 15-19 believed that FGM should be continued (in contrast to 55% in the DHS 2012).

Table 13. Proportion of men age 15-59 who have heard of female circumcision, by opinion on whether the practice of circumcision should be continued, by age group, DHS Guinea 2012 and MSO 2016

Age group	DHS 2012				MSO 2016				
	Continue	Not continue	Don't know/ missing/ depends	Number of respondents	Required	Not required	Don't know/ missing/ depends	Number of respondents	p value
15-19	56	41	4	711	53	35	12	17	0.85
20-24	53	44	4	568	30	50	20	50	< 0.05*
25-29	57	39	3	507	29	55	16	95	< 0.05*
30-34	57	38	5	397	22	57	21	72	< 0.05*
35-39	62	35	3	401	15	66	20	82	< 0.05*
40-44	64	30	6	381	25	57	18	44	< 0.05*
45-49	61	32	7	268	14	57	29	35	< 0.05*
50-59	68	26	6	419	32	55	14	22	< 0.05*
Total 15-49	**58**	**38**	**4**	**3235**	**24**	**56**	**19**	**395**	**< 0.05***
Total 15-59	**59**	**37**	**5**	**3643**	**25**	**56**	**19**	**417**	**< 0.05***

* Significant - Source: Men Speak Out survey 2016, DHS Guinea 2012

The decrease in the proportion of men who believed the practice should continue was observed and is statistically significant for all regions.

Table 14. Proportion of men age 15-59 who have heard of female circumcision, by opinion on whether the practice of circumcision should be continued, by region of origin, DHS Guinea 2012 and MSO 2016

	DHS 2012				MSO 2016				
	Continue	Not continue	Don't know/ missing/ depends	Number of res-pondents	Required	Not required	Don't know/ missing/ depends	Number of res-pondents	p value
Conakry	61	32	7	268	28	51	21	68	< 0.05*
Basse Guinée	68	26	6	419	26	62	13	78	< 0.05*
Moyenne Guinée	58	38	4	3235	25	56	19	169	< 0.05*
Haute Guinée	59	37	5	3643	25	53	22	59	< 0.05*
Guinée forestière				0	14	70	16	37	< 0.05*
Total	**59**	**36**	**5**	**7565**	**25**	**57**	**18**	**411**	**< 0.05***

* Significant - Source: Men Speak Out survey 2016, DHS Guinea 2012

Sierra Leonean men living in United Kingdom or in The Netherlands

The age distribution is statistically different in the two surveys (p<0.05). In the MSO survey, very young men (15-19) are underrepresented while men age 25-39 are overrepresented.

Table 15. Number of Sierra Leonean respondents and proportion by age group, DHS Sierra Leone 2013 and MSO 2016

Age group	DHS 2013		MSO 2016	
	Number of respondents	%	Number of respondents	%
15-19	1423	20	17	4
20-24	999	14	50	12
25-29	1008	14	95	23
30-34	799	11	72	17
35-39	956	13	82	20
40-44	683	10	44	11
45-49	623	9	35	8
50-59	676	9	22	5
Total 15-59	**7167**		**417**	

* Significant - Source: Men Speak Out survey 2016, DHS Sierra Leone 2013

We also observed a statistical difference between the region of origin of respondents (p<0.05) with an over representation of the Western region and an under representation of Eastern and Northern regions.

Table 16. Number of Sierra Leonean respondents and proportion by region of origin, DHS Sierra Leone 2013 and MSO 2016

Age group	DHS Sierra Leone 2013		MSO 2016	
	Number of respondents	%	Number of respondents	%
Eastern	1428	22	42	14
Northern	2263	35	83	27
Southern	1404	22	65	22
Western	1396	22	112	37
Total	**6491**		**302**	

* Significant - Source: Men Speak Out survey 2016, DHS Sierra Leone 2013

The proportion of men aged 15-59 who believed the practice was required by religion was 47.6% in 2013 (DHS) and 19% in 2016 (MSO). This difference is statistically significant (Chi square=44.27, p-value< 0.005). The difference is statistically significant for all age groups above the age of 24 years.

Table 17. Proportion of men age 15-59 who have heard of female mutilation, by opinion on whether their religion requires female circumcision by age group, DHS Sierra Leone 2013 and MSO 2016

	DHS Sierra Leone 2013				MSO 2016				
	Continue	Not continue	Don't know/ missing/ depends	Number of respondents	Required	Not required	Don't know/ missing/ depends	Number of respondents	p value
15-19	48	41	11	1423	16	74	10	5	**
20-24	48	40	12	999	13	79	9	10	**
25-29	51	40	9	1008	8	78	14	31	<0.05*
30-34	51	41	9	800	22	67	10	47	<0.05*
35-39	52	38	10	957	30	60	9	74	<0.05*
40-44	53	36	11	684	26	55	18	58	<0.05*
45-49	47	40	13	623	18	72	10	43	<0.05*
50-59	48	40	12	683	19	70	11	38	<0.05*
Total 15-49	**47**	**40**	**13**	**6491**	**18**	**72**	**10**	**268**	**<0.05***
Total 15-59	**48**	**40**	**12**	**7174**	**19**	**70**	**11**	**306**	**<0.05***

* Significant - ** Three cells contain number < 5, Chi square cannot be computed - Source: Men Speak Out survey 2016, DHS Sierra Leone 2013

The proportion of men who believed the practice should be continued was 46.8% in 2013 (DHS) and 13% in 2016 (MSO).

The difference is statistically significant (Chi-square=153.52, p-value <0.005). This decrease is observed in all age groups.

Table 18. Proportion of men age 15-59 who have heard of female circumcision, by opinion on whether the practice should be continued, by age, DHS Sierra Leone 2013 and MSO 2016

	DHS 2013				MSO 2016				
	Continue	Not continue	Don't know/ missing/ depends	Number of respondents	Continue	Not continue	Don't know/ missing/ depends	Number of respondents	p value
15-19	43	40	17	1423	0	80	20	5	<0.05*
20-24	46	44	10	999	10	70	20	10	<0.05*
25-29	44	42	14	1008	13	65	23	31	<0.05*
30-34	46	41	13	799	2	83	15	47	<0.05*
35-39	49	38	14	956	8	77	15	74	<0.05*
40-44	50	39	11	683	16	74	10	58	<0.05*
45-49	52	36	12	623	28	63	9	43	<0.05*
50-59	52	33	16	676	38	150	50	16	<0.05*
Total 15-49	**46**	**40**	**13**	**6491**	**12**	**74**	**14**	**268**	**<0.05***

* Significant - Source: Men Speak Out survey 2016, DHS Sierra Leone 2013

The decrease in the proportion of men who believed the practice should be continued was observed in all regions. For the Western region, the number of respondents is insufficient to calculate a Chi-Square.

Table 19. Proportion of men age 15-59 who have heard of female circumcision, by opinion on whether the practice should be continued, by region of origin, DHS Sierra Leone 2013 and MSO 2016

Region	DHS 2013				MSO 2016				
	Continue	Not continue	Don't know/ missing/ depends	Number of respondents	Continue	Not continue	Don't know/ missing/ depends	Number of respondents	p value
Eastern	46	36	19	1427	26	55	19	42	<0.05*
Northern	54	33	13	2265	19	69	12	83	<0.05*
Southern	44	47	9	1404	11	68	22	65	<0.05*
Western	40	51	9	1396	4	87	10	112	**
Total	**47**	**40**	**13**	**6492**	**13**	**73**	**14**	**302**	**<0.05***

* Significant - ** One cell contain number < 5, Chi square cannot be computed - Source: Men Speak Out survey 2016, DHS Sierra Leone 2013

Influence of migration on attitudes towards the continuation of FGM

There are correlations between the age of respondents / age at arrival and the length of stay in Europe as well as between age and year of arrival and the belief that FGM is required by religion. To find out which of these three determinants is the most important in their influence on attitudes regarding continuation of the practice, we used a logistic regression.

The model shows that the (believed) role of religion on the practice is the most important factor influencing attitudes regarding continuation of the practice. Men who thought that FGM was required by religion were 15.21 more likely to think the practice should continue. The length of stay in Europe also influenced attitudes: men who have been in Europe for a long time were less likely to think that the practice should continue. The age of the respondent or the age at arrival did not influence attitudes regarding the continuation of FGM and whatever the age of the respondent or the age at arrival in Europe, the oldest migrants were less to believe that FGM was required by religion.

Table 20. Estimated Odds Ratio for attitude regarding continuation of FGM by age, length of stay in Europe and the believe that FGM is required by religion, MSO 2016

Variable	Odds Ratio	95% CI		P-Value
Age	1.019	0.9981	1.041	0.07
Length of stay in Europe	0.933	0.9005	0.967	< 0.01
Required by religion	15.216	10.6958	21.648	< 0.01
Cases included:	1579			

Source: Men Speak Out survey 2016, DHS Sierra Leone 2013

Table 21. Estimated Odds Ratio for attitude regarding continuation of FGM by age at arrival, length of stay in Europe and the believe that FGM is required by religion, MSO 2016

Variable	Odds Ratio	95% CI		P-Value
Age at arrival	1.019	0.998	1.041	0.07
Length of stay in Europe	0.951	0.925	0.978	< 0.01
Required by religion	15.216	10.695	21.648	< 0.01
Cases included:	1579			

Source: Men Speak Out survey 2016, DHS Sierra Leone 2013

This is the first quantitative study evaluating men's perceptions of FGM as a religious requirement and their attitudes towards the continuation of FGM in Europe. This study reveals that almost all respondents have heard of the practice regardless of country of origin.

Among those who had heard of the practice, between 13 % (Sudanese respondents) and 37% (Guinean respondents) believed that the practice was required by religion and 3.8% (Sudan) and 24.7% (Guinea) thought the practice should continue.

Our results show that migration influences men's attitude regarding the continuation of the practice. The youngest men or those who arrived at an older age were more likely to believe that FGM should continue. Nevertheless, the length of stay in a European country seems to be the factor that most influences the belief that the practice should be abandoned.

A study amongst Somali migrants in Norway (Gele et al. 2012) showed that men and women who lived in Norway for less than 4 years were twice as likely to support the continuation of female genital mutilation, compared to those who lived in Norway for more than 14 years. However, this difference was not statistically significant.

Conclusion / Summary

CONCLUSION/ SUMMARY

Research on men's views on FGM and their implication in the decision-making process regarding the practice is limited (Shell-Duncan et al. 2011). Previous research suggests that their implication in the abandonment process may have a significant impact (Kaplan et al. 2013). In line with existing literature on FGM (Varol et al. 2015; Shell-Duncan & Hernlund 2000; Kaplan-Marcusan et al. 2009), our qualitative research found that commonly mentioned reasons for practising were religion (although the practice is not mentioned in the Koran), control of desire, the preservation of virginity, marriageability, cleanliness and aesthetics as well as social pressure. In the quantitative survey, 23% of respondents believed that religion required female genital mutilation. Guinean men living in Belgium were more numerous to think so (36.7%) compared to Sudanese men (13%). The opinion of Somali men varied in the three countries of residence. The qualitative research showed that younger research participants from West Africa were more uncertain of whether FGM was a religious obligation than older research participants who had resided in Europe for longer. The latter suggested that FGM was commonly believed to be a religious requirement in their communities but that this belief was erroneous.

The belief that FGM is a religious requirement is an important factor influencing attitudes regarding the continuation of the practice. Men who think that FGM is required by religion are 15 times more likely to think the practice should continue. This finding corresponds with the DHS Guinea, which showed that if FGM was considered to be accepted by religion, men were more likely to be supportive of the practice (Gage & Van Rossem 2006).

Our quantitative and qualitative data show that migration influences men's attitudes regarding the continuation of the practice. Men who have been in Europe for a long time were less likely to think that the practice should continue. In the qualitative research, men reported that they changed their mind about the practice after migrating to Europe when they learnt that it was harmful to women's health. Previous studies on attitudes towards FGM and migration examined the attitudes of Somali men in Norway (Gele et al. 2012) and the US (Johnson-Agbakwu, Crista E. Helm et al. 2014), and Eritrean and Ethiopian men in Sweden (Johnsdotter et al. 2009) found that migrants rejected the practice. As far as the attitudes of African migrants in Belgium, the Netherlands and the UK are concerned, only very limited data are available (Dieleman 2010).

In the MSO qualitative research, most men were aware of the problems associated with the practice. Commonly mentioned consequences were pain, bleeding, pregnancy and child-birth related problems, infertility, illness, or death. Psychological consequences were rarely mentioned. Very few men did not know any health consequences or said that they had not seen anything negative about the practice. The majority of men and women reported that FGM affected their sex lives in a negative way. Many men thought that cut women have less desire for sex, were less sexually active and "have to be persuaded" to have sex. Pain during intercourse and lack of pleasure were also commonly mentioned. Other men had not had sexual experience with uncut women or reported that they had not noticed a difference and said it was impossible for a man to tell if his partner was cut or not. This finding is in line with Ahmadu (2007) whose ethnographic research in the Gambia showed that men often cannot tell the difference between cut and uncut women during sex (Ahmadu 2007). As we have no information regarding the type of FGM the women who these men had sex with had undergone, it is not possible to draw further conclusions on this. However, it is likely that these women had undergone less severe forms (not type II and III). During the MSO research a few men vehemently disagreed with the idea that cut women do not experience any pleasure and said that they just took longer "to prepare" or "warm up". No one reported that FGM enhanced their sexual pleasure.

New female migrants in the Netherlands who were experiencing difficulties during sexual intercourse, were affected by trauma or were not experiencing pleasure found the immigration support services provided upon arrival very helpful. Men and women reported benefitting from lessons on FGM and sexuality and some women spoke positively of the support they had received from a sexologist. To our knowledge an evaluation of the support services received by women who have undergone FGM in Europe (including clitoral reconstruction, psychotherapy and sexology) has not been made (WHO 2016; Abdulcadir et al. 2015). In the MSO research most men and women were aware that FGM was a punishable crime in their country of origin and in their European country of residence. They believed that perpetrators risked imprisonment and loss of childcare.

As previously shown in research on FGM (Hosken 1993; Abdelshahid & Campbell 2015; Shell-Duncan & Hernlund 2000; Varol et al. 2015), the MSO research participants also stated that FGM was an important criteria for marriage and in their communities back home, uncut women were not considered desirable for marriage. Particularly older men from East Africa reported that their families back home made sure that their spouses were cut. Younger unmarried men

said that they would not make FGM an important criteria when choosing their wives. This is in line with previous research which shows that although FGM is an important criteria for marriage many men are ambivalent about the practice, and would prefer abandonment (Abdelshahid & Campbell 2015; Fahmy et al. 2010; Varol et al. 2015).

Across all three countries men and women reported that traditionally, it was extremely difficult to talk about FGM across gender or cross-generationally. For most research participants, the taboo around the practice was linked to codes of social decency and shame. In Belgium, young men from West Africa seemed to talk about this subject with women more often than older men from West Africa and more than all male informants from East Africa. Many said that the ways in which they talked about FGM had changed since they came to Europe. Some explained that it had become easier to speak to their partners about FGM and sexuality openly. A recent systematic review suggests that further research on communication and FGM is needed but the literature suggests that although many men want to abandon, "the silent culture" around FGM is a major obstacle to change (Varol et al. 2015; Berggren et al. 2006).

As indicated in anthropological literature on the practice (O'Neill 2013; Dilley 2005), the decision of whether or not to cut the girl, when to cut, where to cut, who should cut, is mainly made by women. Most research participants agreed that men are traditionally less involved or uninvolved in decisions regarding FGM. The father is often uninformed about the whole process. Nevertheless, respondents suggested that decisions regarding FGM were a communal matter and that the man had the final say. By not speaking out against it or by staying silent on the issue, men consent to having their daughters cut. The participants thought that if the father opposed the practice then it was more likely to stop. If he showed support for FGM then it was more difficult for other members of the family who were opposed to the practice to stop. However, some men felt very powerless as far as their say in an abandonment of the practice was concerned.

How to stop FGM?

Across all three countries male and female research participants suggested that communication between men and women was crucial for an abandonment of the practice. On an interpersonal and private level, it is important that husband and wife speak to each other about the practice and discuss the decision not to have their daughters cut. Some suggested that having access to adequate information would make the task easier and that many of those who supported the practice simply "did not know". Involving different kinds of leaders, such religious leaders, opinion leaders and community leaders in the abandonment movement was considered to be beneficial. Furthermore, data from the Netherlands has shown that the information new migrants and asylum seekers receive upon arrival has a strong impact on their attitudes towards the practice. Most men and women said that having more detailed knowledge of the consequences had changed their minds. Information provision for African migrants should no longer remain the responsibility of NGOs and associations but the MSO research shows that receiving such information through a governmental institution and public service may be of benefit and is likely to improve knowledge of the practice and reduce the willingness to continue.

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