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Involving Men: The Multiple Meanings of Female Genital Mutilation in a Minority Migrant Context

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ABSTRACT

The paper explores the roles of men in the continuation/abandonment of female genital mutilation (FGM) in a migrant minority community in Sweden. The aim is to contribute to the under-researched area of men's attitudes towards and experiences of FGM, using frameworks on engaging men, feminist theories on men and masculinity, and intersectionality.

It is based on an inductive qualitative design for data collection, including a focus group discussion with 13 male Somali migrants in Sweden. The analysis shows a window of opportunity for involving minority migrant men in prevention and to challenge a minority migrant gender regime. The ambivalent attitudes expressed are based on a will to reflect on roles, a desire to adjust to conflicting social norms and institutional rules, and an interest in the legal, health and medical consequences of FGM.

The paper concludes that successful interventions and involvement need to consider local activism, gendered dynamics, masculinities and empowerment; attempts to eradicate FGM will be more successful if they empower women and men.

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Female genital mutilation; gendered violence; minority migrant men; engaging men frameworks; complicity; oppositionality; intersectionality; Sweden

Introduction

Involving men in anti-violence work is gaining increased attention, yet little is known about the role of men in the process of female genital mutilation (FGM). The paper examines migrant minority men's roles in the process of its continuation and abandonment by analysing tensions and paradoxes in attitudes to the practice in a migrant minority community in Sweden. How do migrant minority migrant men reflect on their participation in the continuation and abandonment of FGM? How are migrant minority men complicit in or oppositional to the continuation and abandonment of FGM? How can men be engaged in eliminating FGM?

There is a continued and widespread lack of knowledge of men's attitudes towards FGM (Balfour, Abdulcadir, Lale, & Hindin, 2016; Berg & Denison, 2013). Men are important for understanding FGM, but men's attitudes and experiences have not systematically been explored; they have either been excluded from or numerically reduced in research populations (Akinsulure-Smith & Chu, 2017; Alcaraz-Reig, González, & Solano Ruiz, 2014), or rendered near invisible in the results (Gele, Kumar, Hjelde, & Sundby, 2012a, 2012b; Isman, Ekéus, & Berggren, 2013)—although there are exceptions (Axelsson & Strid, 2019; Varol, Turkmani, Black, Hall, & Dawson, 2015). In contrast to this and other previous research on FGM in Sweden (e.g. Essen & Johnsdotter, 2004; Johnsdotter, 2002; Johnsdotter, Moussa, Carlbom, Aregai, & Essén, 2009), this paper places men centre-stage:

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men as fathers, current or future husbands, migrants, ethnic minorities, and men as simultaneously gaining and losing from the practice.

FGM is a global health problem, a violation of human rights and a form of violence against women and girls (UN, 1989). It involves the amputation or damage of genitalia for non-therapeutic and non-medical purposes (WHO, 2016). It is performed on girls between the ages of 0–15, often without anaesthesia, and can have serious consequences for sexual and reproductive health. The UN (2016) estimates that 200–400 million women and girls are affected, and three million girls at risk annually. In Sweden, nearly 38,000 girls and women may have been subjected to FGM (National Board of Health and Welfare, 2015). Global prevalence is decreasing, but through migration processes, regional prevalence has increased in countries where FGM did not previously exist (Mergaert et al., 2015), attracting political attention from the EU (European Parliament [EP], 2012; European Commission [EC], 2013). FGM is illegal in many countries, but not all. In Sweden, it has been illegal since 1982.

In the Nordic academic debate on FGM in migrant communities, often led by health perspectives, two dominant discourses are distinguished. The main discourse condemns FGM as bodily abuse with devastating medical and health-related consequences. The counter-discourse critically addresses claims of commonality and regularity of severe medical complications, and their lack of scientific basis (Johnsdotter & Essén, 2016; Johnsdotter & Mestre, 2017; Obermeyer, 2005; Shell-Duncan & Hernlund, 2000). The counter-discourse does not deny that FGM can lead to severe pain and infections, but emphasizes that studies show different results and the field is characterized by contradictions and contestations, some of which are underpinned by racist discourses. In Sweden, pioneering research by Birgitta Essén, professor of international women's and maternal health care, and anthropologist and associate professor Sara Johnsdotter, has shown that opposition and resistance to FGM increase with migration to countries where FGM is not the norm (Essen & Johnsdotter, 2004; Johnsdotter, 2002). A third, alternative, discourse emanates from honour-based violence research, where FGM is conceptualized as a way of controlling the patrilineal succession, female sexuality, and men's rights to women's bodies (Wikan, 2004). The use of "Nordic" should not be interpreted as if we imply that the view from this part of the world is monolithic, but as an attempt to situate the research in a specific political, empirical, and academic context, part of producing what may be named an anti-FGM discourse (Njambi, 2004). This paper builds on this previous research but conceptualizes FGM as a form of *socially gendered and intersectional violence* within a gender order (Connell, 1995) and analyses it based on a feminist understanding of violence that extends the expressions and forms of *violence beyond the individual and intentional violence* (Strid, 2020).

In the following, the theoretical concepts are introduced, followed by the methods for data collection and analysis. Then, the empirical findings are presented and discussed. The paper ends with conclusions.

Engaging men, complicity, oppositionality and intersectionality

The paper draws on feminist studies, including critical studies on men and masculinities. First, we use concepts from the growing, but not new, research on strategies to engage men in anti-violence work (Flood, 2011, 2015; Hearn, 2012; Pease, 2008; WHO, 2007). These are underpinned by multiple theoretical frameworks, most relevant here are the *pro-feminist* and the *social norms approach*. The pro-feminist approach is based on the argument that men must be involved because they are the primary perpetrators of violence, and traditional notions of masculinity are associated with greater acceptance of violence (Carlson et al., 2015; Connell, 1995). Challenging notions of violent masculinity and engaging in critical reflection about one's own practices and locations, are key in involving men actively in anti-violence work (Flood, 2011). Men can have a positive role to play in ending violence against women, however, undermining

the patriarchal privileges that underpin men's violence against women comes with costs for men (Flood, 2015; Johansson, 2004).

The *social norms approach* challenges notions of violent masculinity and underlines the need for comprehensive, culturally relevant and sensitive interventions to engage men in violence prevention. Added to this approach should be the necessity of local activism. Developed in the context of sexual assault, studies have documented how men hold misperceived attitudes about other men's acceptance of violence-supportive attitudes and behaviours, and found that men's willingness to act as women's allies is influenced by their perceptions of other men's attitudes (Fabiano, Perkins, Berkowitz, Linkenbach, & Stark, 2004). Three conclusions are drawn: a) men believe that other men hold more violent attitudes and act more violent than they do; b) if men were more aware of other men's actual attitudes, they would be more willing to engage in anti-violence work; and c) it opens for an analysis of FGM as a specific form of gendered and intersectional violence against women, which sees men's violence through relations between men, rather than through the relation between men and women only (Hearn, 2012).

Second, we use the concepts of *complicit* and *oppositional masculinities* to analyse men's positions and roles in the FGM process (Connell, 1995; Johansson, 2004). In theorizing patriarchy, Connell (1995) recognizes how masculinities vary across time and context: hegemony, complicity, marginalization and subordination constitute four main positions. These are defined in relation to each other and in their relation to patriarchy. Complicit masculinity is defined as a position from which non-hegemonic men, although not completely overlapping with hegemonic masculinity, benefit from men's hegemony over women and do nothing or very little to challenge the prevailing gender order. The complicity in masculinity derives from men—by virtue of being men—reap the benefits of patriarchal society by not challenging the gender order or men's privileges in relation to women or other men (Connell & Messerschmidt, 2005). Men who neither strive for social dominance, nor are complicit in upholding the hierarchy, enact what Connell calls *subordinate* or *marginalized masculinities*. These are less relevant here, due to our understanding of FGM as a specific form of social violence, and because of our analysis of migrant minority men as husbands, fathers, heads of households; positions in which they indeed strive for social dominance. Further, the concept of oppositionality, or *oppositional masculinity* (Johansson, 2004), is useful to grasp non-hegemonic discursive and material practices which enable change in men's roles in the FGM process. While Connell's concept *complicity* stands for not challenging men's privileges in relation to women and other men, Johansson's concept *oppositionality* comprises a critical stance towards men's privileges. Oppositionality is thus used to capture the attitudes of men who challenge the gender order and patriarchal practices. We do not theorize FGM in terms of masculinities—we are interested in the *role of men* rather than in how masculinities are constructed—but the notions of complicity and oppositionality are still useful. They serve as conceptual tools, deployed to analyse how men are complicit in or opposed to the continuation/abandonment of FGM, by either challenging or not challenging the gender order within the migrant context. To avoid a simplified (mis)use of Connell's framework, often resulting in analysing masculinities as “kinds, forms, types of masculinities” (Hearn, 2012, p. 5), we focus on *the gendered and powered social processes and configurations of gender practice* that men are involved in related to FGM.

Third, we adhere to the notion of intersectionality as mutually shaping inequalities, emphasizing the multiplicity and hierarchy of gendered inequalities simultaneously at play. Men are never “just” men, or male perpetrators; women are never “just” women or female victims, but young, old, able-bodied (or not), ethnic minority, ethnic majority, racialized, migrants, and more. Paying attention to the dynamics of complex gendered intersectionalities enables making visible how gender is shaped by and simultaneously shapes other inequalities, and the effects thereof (Walby, Armstrong, & Strid, 2012). Others argue for intersectionality as mutual constitution rather than mutual shaping of inequalities (e.g. Hancock, 2007; Lykke, 2003). Here, to enable empirical analysis, inequalities are conceptualized as temporarily stabilized, rather than fluid and mutually constitutive. Coined terminologically by Crenshaw (1989), but with

a significantly longer conceptual history in Black feminist studies and activism (most famously, Sojourner Truth's speech "Ain't I a woman?" at the Women's Convention in Akron, Ohio, 1851; also The Combahee River Collective [CRC], 1977; Hill Collins, 1990), intersectionality can be particularly useful when analysing violence if keeping the powerful in sight (Strid, Walby, & Armstrong, 2013).

Methods

FGM is highly debated in feminist scholarship, particularly in terms of the politics of location and situatedness of knowledge production. Race, colonialism/imperialism and gender intersect in scholarly work, and positionality affect these views (Pedwell, 2007). It is methodologically, ethically and politically important to note that even though we have been as inclusive as possible in the research process, trying to ensure an ethically sound and non-judgemental scholarly stance, our positionality as female and male white Swedish scholars will have impacted on the research process, including both data gathering and analysis: there is a clear racialized asymmetry of power between white Swedish scholars and migrant Somali men, which may have an impact on what can be said during discussions. In attempting to reduce some of this asymmetry, one of the two focus group leaders were recruited from a migrant minority community.

Participants and recruitment

The participants were 13 first and second-generation male minority migrants in Sweden. The participant population was identified using FGM prevalence and migration data; we wanted to include a migrant group from a country with high FGM prevalence and migration to Sweden. Personal experience of FGM was not a criterion. The participants were recruited in collaboration with local NGOs and major stakeholders in the area of honour-based violence and minority ethnic communities, a common approach when recruiting hard to reach groups (Gangoli, Gill, Mulvihill, & Hester, 2018). Two meetings with representatives from the migrant organizations engaged to recruit participants were held. The study was presented and issues around confidentiality, publication of results and volunteer participation were discussed. The importance of confidentiality, non-disclosure and sensitive issues were underlined, as was the possible need for future support for the participants. This recruitment method may have positive effects on accessing material, since the participants may already know or know of each other and feel comfortable in discussing sensitive topics. It could create a relaxed discussion. Simultaneously, it is also a problem since the participants may not feel at ease to express their opinions freely due to, for example, social control in the local community; the sense of being monitored during the group discussion; and due to more general racialized power asymmetries in Swedish society.

Data collection and analysis

The data were collected using a questionnaire and one focus group discussion. The questionnaire retrieved information about the participants age, age of migration, occupation, education, family, friends and social networks (see Table 1). The participants were first and second-generation minority migrant men, originating from Somalia and residing in Sweden. Some of them were married. Most of them had daughters. All participants were older than 18. Most participants were Swedish-speaking. An interpreter was present for one older man who occasionally needed language assistance.

The focus group discussion was semi-structured with predefined topics, yet taking the participants in different directions. Many topics were discussed: friendship and social networks; awareness of legal framework; meaning of FGM at a personal and social level; the role of women and men; family members involved in decisions to cut; social and cultural pressure;

Table 1. The participants demographic background.

No. of participants	13
From Somalia or with Somali parent	13
Age of youngest participant	27
Age of oldest participant	63
Age of arrival at youngest age	20
Age of arrival at oldest age	57
Average age of migration	35
No. participants with children	12
No. participants with daughters	10
Age of youngest daughter	1
Age of oldest daughter	23
No. participants with post-compulsory school education	13
No. participants that had lived in other countries	0

marriage and sex. At times, it required the active involvement by the discussion leaders through follow-up questions or to clarifications, and to make sure the pre-defined topics were covered. The discussion lasted two and half hours and took place at an ethnic minority community centre. It was recorded and transcribed by the second author word-by-word—except for when the participants occasionally spoke Somali. In those cases, the interpreter's translations to Swedish were transcribed verbatim. Before the analysis began, the first author, the two discussion leaders and their bilingual (Swedish and Somali) colleague listened to the recordings to authenticate the transcripts.

A focus group is a form of qualitative research in which people assembled in a group are asked about their attitudes towards a product or concept or a phenomenon (Kitzinger, 1995). They ideally provide a dynamic environment in which participants motivate each other's views. They are effective when exploring sensitive topics, and valuable when working with diverse linguistic and cultural environments, and with hard-to-reach groups (Culley, Hudson, & Rapport, 2007). However, focus groups can raise significant methodological and ethical challenges for researchers working with minority ethnic communities, in particular in relation to language, the role of community facilitators, recruitment, and FGM as a sensitive topic (Kitzinger & Farquhar, 1999). The use of a focus group raised some challenges in terms of language and gender, which were addressed through the presence of an interpreter and by recruiting two experienced discussion leaders, one migrant ethnic minority and one Swedish-born, both with in-depth knowledge about FGM and experience of working with minority men, women and girls.

Thematic analysis was used to identify and analyse themes (Braun & Clarke, 2006). The transcripts were systematically read to identify initial important themes. The coding process involved re-identifying important themes and selecting indicators and markers of the themes prior to interpretation (Boyatzis, 1998). The approach was helpful to bring together fragments of ideas, experiences, and beliefs that risked seeming meaningless when viewed alone. Themes emerging from the informants' stories could be pieced together to form a more comprehensive picture of their shared attitudes (Taylor & Bogdan, 1984). Further, the thematic analysis allowed for the identification of chronologically evolving thematic issues, which may otherwise not have been visible. An example is how the informants' perception of men's involvement in decision-making develops. Finally, the thematic analysis made visible attitudes and beliefs the participants did not know they had, and therefore could not express. By searching for specific indicators and markers of themes in the transcripts, these could be pieced together, analysed, and produce new knowledge. In applying this kind of analysis of rather sensitive material gathered through focus groups, it is important to pay attention to ambiguities, tensions and the statements that stand out, content that appears unfitting or incoherent. Such deviances and tensions are analysed below in terms of complicity (Connell, 1995) and oppositionality (Johansson, 2004).

Findings: involvement, adjustment, moderation and curiosity

The participants were interested, engaged and engaging. They willingly shared their perceptions and experiences with the discussion leaders and each other. The social dynamic was characterized by curiosity, interest and a willingness to contribute to the discussion. There were also tensions and conflicting views. Four themes, emerging from the analysis, draw on these tensions and contradictions around how men explain, rationalize and justify their roles and the FGM practice: 1) involvement in the practice; 2) adjustment towards formal and informal institutions; 3) moderation of effects and health problems; and 4) curiosity as a window of opportunity for transformative policy and political change. The following analysis and discussion relate the findings to the concepts discussed in the introduction: the pro-feminist and social norms approaches to engaging men in anti-violence work, and complicity, oppositionality and intersectionality.

Involvement

Involvement refers to the tensions and paradoxes the men—as fathers and husbands—experienced in the decision-making process surrounding FGM. The questions guiding this theme are: How and to what degree do men participate in the FGM decision-making process, and how do they reflect on their roles?

FGM was initially described as a woman's issue, concerning mothers, daughters and grandmothers only; men are defined as not involved in the practice and uninvolved in anything related to "it". Men as fathers have nothing to do with "it", they said. Men's role as heads of households and overall decision-makers are reiterated in contrast to decisions over FGM, where they have no decision-making power:

Participant: It used to be an old tradition that we have at home. And then, when it comes to, if I for example have a daughter, then I am a dad, and dad has nothing to do with it.

Participant: In Somalia, our dad has never told us or talked about it. It is the mothers that take care of the girls, if than shall be cut or not. The dad has not, nothing to do with it.

Participant: Yes, exactly. Right, right. [...] It's the mother who decides [...]

Discussion leader: Not the dad?

Participant: No [...] The dad decides everything else.

As the focus group discussion evolve, the participants describe men as financially responsible, as directly involved by paying for the procedure: women make the decision and perform the procedure; men pay for it. The above passage makes visible the gendered division of parental practices and obligations. While mothers are portrayed as the main decision-makers, fathers' roles as decision-makers are mainly restricted to money, to paying for the cutting. As the discussion evolves further, men's experiences of involvement in the practice and its abandonment is highlighted. There are men who do not want to cut their daughters:

Discussion leader: Do you think there are dads who don't want to cut their girls?

Participant: Yes, yes, after the 1990s, the 1980s you can say.

Participant: They [the mum and the dad] discuss it. And then, it can be without.

Participant: That's how it normally is [...] after the 1990s.

Participant: We have, we know many like that.

There is a further way in which men are directly involved in the abandonment and/or continuation of FGM: as potential future husbands. The participants discussed the issue of marriage, and it became clear that an uncut girl or woman would find it difficult to marry:

Interpreter translates: One can't, one can't get married.

Participant: If the girls isn't sewn.

Discussion leader: If the girl hasn't been sewn, you can't get married?

Participant: It means that, we are Muslim, and we do not have sex outside of marriage. And then you believe that if you don't sew, don't do genital mutilation, if you don't do that with the girl, you believe that she has committed [...]

Discussion leader: Adultery? Had sex [before marriage]?

Participants: Yes. That is why there is a reason for. It, that is, that the woman must be clean.

Participant: Untouched, yes,

The analysis of involvement shows the tensions and paradoxes men, constructed through multiple inequality intersections, experienced and expressed in relation to their own involvement in the decision-making process. Initially, FGM is described as a woman's issue, concerning daughters, mothers and grandmothers. FGM remains constructed as a women's issue: women/girls are cut, women make the decision, women arrange the practicalities, and women hold the knife. Thus, women are described as both victims and perpetrators of FGM. Men's involvement is initially non-existing. Throughout the discussion, however, men's involvement evolves, and increases: from non-involvement as men, to semi-involvement as heads of households and breadwinners, to full involvement as parents and husbands discussing the decision with his wife. Men's complicity (Connell, 1995) in the FGM process is developed throughout the focus group discussion. They talk about how men as part of the community exerts social control, how men—as husbands—will not marry an uncut girl, and about how men as breadwinners pay for the procedure. Here, gender, class and ethnicity intersect to uphold men's privileges.

The complexity of multiple perpetrators across intersections of age through generations, sexuality, genders and family bonds poses a challenge to the pro-feminist framework, which is based on *men* as perpetrators of violence (Flood, 2011, 2015). On the one hand, the individual perpetrators are women. Women make the decision, women plan the procedure, and women hold the knife. On the other, men as breadwinners are involved by paying, men as husbands and fathers are involved through marriage arrangements, men as minority members of a community are involved through upholding social norms, and men as a group benefit from the continuation of a practice that upholds the gender regime which privileges men. Men are complicit. However, that men enjoy certain privileges is not equivalent to a perpetrator position.

Although men's complicity is an obstacle for abandoning FGM, it may also be a potential for change, a window of opportunity: engaging complicit men in discussions and awareness-raising encourages men to reflect on their own roles as fathers, husbands, future husbands, and men in the community (Carlson et al., 2015; Flood, 2015). A further window of opportunity and potential for change is the fact that knowledge of FGM, in particular negative effects on health and wellbeing, is rather poor among the participating men: informing about the negative consequences might be a catalyst for change by enabling oppositional views. Oppositional views on men's "non-involvement" need to be developed. Men's multiple positions—as fathers, husbands, male migrants, male minorities, breadwinners—intersect and are particularly visible in their *discussion* on their involvement, and particularly relevant in their *actual* involvement.

Finally, although FGM is constructed as a women's issue an intersectional lens makes visible a taken for granted heterosexuality and the involvement of men as both younger future husbands and older fathers as explicitly complicit in the continuation of FGM.

Adjustment

Adjustment refers to the significance the men attached to social and cultural norms, tradition and legislation. FGM was discussed as an issue surrounded by legal, cultural, traditional and religious rules in both Somalia, the country of origin, and Sweden, the country of residence. The men related to each country in terms of adjustment: in both Somalia and Sweden, one needs to subordinate oneself to whatever rules there are.

Participant: When we were in Somalia, we cut our daughters, or we did genital mutilation. When we came to Sweden, I knew it was illegal.

Participant: It [FGM] is our tradition.

Participant: But here in Sweden.

Participant: One has to follow rules.

The men distinguished between two different types of rules, but insisted on the importance of following both types, even when contradictory. On the one hand, these are rules as traditions, which require that the girl one marries is cut. On the other hand, rules as laws, which forbid cutting girls. The participant on the study negotiated the tension between the two conflicting rules by separating the rules into different types and adjustment strategies: In Sweden, the importance to adjust to formal institutions was underlined, whereas in Somalia the importance of adjusting to informal institutions was underlined:

Participant: One must follow rules. There are rules in Sweden and there are Somalian rules. If you are in Somalia [...]

Participants: [...] Culture, tradition.

Participant: If you are in Somalia, you have to follow the rules. Tradition. And everything that is there, and if you are in Sweden one has to follow the rules.

In relation to marriage, the men discussed rules in a similar vein: adjusting to the Somalian *informal* institutions *and* to the Swedish *formal* institutions. They talked about how a son can choose to marry a cut or uncut girl in Sweden, whereas, in Somalia, there are social rules embedded in the environment, making it difficult to marry an uncut girl. At one point, the participants started talking in Somali with each other. They discussed the topic amongst themselves and then agreed on a joint conclusion, which the interpreter translated:

Interpreter: There are rules. I have rules that we have to follow. They are social and in the surrounding. In Sweden, the son decides. In the home country, one cannot let the son marry in whatever way he wants. One cannot let the son marry an uncut girl. The surrounding will not allow it.

There are different forms of social pressure/control and punishment for those who do not follow the rules: In Somalia, the social control operates via shame. There is a social pressure to cut even if the father wouldn't want to cut their daughters. A man would be ashamed if he married an uncut woman:

Participant: Yes, when one gets married [...] if the girl hasn't had FGM, the man feels shame.

Discussion leader: In the Somali society?

Participant: In the Somali society.

Discussion leader: And in Sweden too?

Multiple participants: No, no, no. No, no.

In Sweden, adjusting to and following rules is important to avoid punishment and deportation:

Participant: One has to follow rules or else one has to go back [to the country of origin].

Discussion leader: But what if [...]

Participants: [Talk amongst themselves in Somali]

Participant: One has to follow the rules.

Adjustment can be understood as the men's way of fitting in, of making a conscious attempt to act, believe and to hold the attitudes they are expected to hold. Adjustment was also visible in the discussions as a strategy of subordination deployed to negotiate the ambivalences experienced in relation to conflicting rules. In the analysis of adjustment beliefs and behaviours, the tension between formal and informal institutions related to FGM was underlined. The men distinguished between informal rules (Somali tradition) and formal rules (Swedish laws) and underlined the necessity to adjust to both, even when contradictory. The risk of others, the surrounding community and society, finding out that one has or intends (or indeed, has not or does not intend) to have one's daughter cut is important to determine whether to follow informal (Somalian) community rules, or formal (Swedish) rules, i.e. laws. Social control operates in the community via shame and punishment of those who do not adjust to informal rules, while not adjusting to formal rules may lead to prosecution and imprisonment.

The negotiations between these conflicting rules were described as difficult, but necessary. Altogether, men's adjustment is diverse and at some points contradictory. Adjustment thus poses a challenge to both the pro-feminist and the social norms approaches to interventions; both underline that strategies to engage men in reflection about their practices and locations are more likely to be successful when responsive to the specific cultural, economic and contextual concerns of the local community (Carlson et al., 2015). However, our findings suggest that the participating minority migrant men express a will to adjust to contradictory contextual institutions: Swedish formal legal institutions and Somali traditional, informal, institutions. The migrant minority men in this study simultaneously live in two conflicting cultures, with conflicting norms and institutions. Intervention strategies based on social norms approaches when engaging men need to bridge multiple cultures. There is however some promising work: if men are adjusting to perceived cultural norms and expected behaviour, the social norms approach can be useful to close the gap between men's attitudes and men's perception of other men's attitudes and could potentially be helpful in engaging men in interventions against FGM (Fabiano et al., 2004).

In the context of FGM and migration, adjustment has at least two faces, which can be analysed as a dynamic between *complicity* and *oppositonality*. First, adjustment may, in settings where FGM is normative, serve as a factor reproducing men's non-involvement in the continuance of FGM. Second, adjustment may, in settings where FGM is non-normative and criminalized, support a development in which FGM is abandoned. In both cases, men's agency is limited, or not clearly articulated. Following from this, men's complicity in the FGM process appears illusive. The first case is an illustrative example of how men's complicity in patriarchal practices may work. By not declaring an oppositional standpoint towards FGM, a male complicit position is stressed. In the second case, men's complicity is acknowledged, which makes some room for oppositional standpoints towards FGM. Intersectionally, adjustment is interesting as it does not show specific age-generation-class axes, but cuts across the entire group. Adjustment seems to be related to the processes of migration itself and the inequalities produced therein: what intersects and creates conflicts are the men's simultaneous positions as men, migrants and heads of households. Adjustments are required by all, but adjustment differs along the positionings of the men as migrants and men as heads of households, where the second is a privileged position.

Moderation

Moderation refers to a set of attitudes in which problems around FGM are diminished, softened or questioned. They include talk about men's role in the FGM process, the procedure as such, knowledge about the post-operative health risks, and the psychosocial effects and the awareness of the girl who undergoes the procedure, related to age.

The participants repeatedly stated that FGM is a woman's issue: they described how it is the mother's decision, the mother's planning, and it is a woman's task to perform. Men do not talk about FGM:

Participant: If the mum [decides to] cut, then, another woman must fulfil the [inaudible word].

Participant: But it's she who decides. The mum, she decides.

Participant: Yes, exactly. Right, right. [...] It's the mother who decides [...]

Participant: In Somalia, our dad has never told us or talked about it. It is the mothers that take care of the girls, if they are cut or not. The dad has nothing to do with it.

The participants described the procedure as something that is simple and part of one's ordinary life in the family. FGM does not have to be a big thing:

Participant: The family have that is ok [Speaking in Somali].

Interpreter translates: It may be the case that one shouldn't sew the girl. You can't do that, but you can do it lightly, just a little bit.

Discussion leader: The incision can be both big and small?

Participant: Yes, exactly, a little or a lot. It doesn't have to be a lot.

The participants feared health problems—disease and illness—if girls were not cut: “if she is not cut the health [consequences] will be catastrophic”, and participant said. Others agreed and expressed a genuine concern for the girls' health, believing it was better to cut to be on the safe side—even if just a little bit.

The participants described girls under a certain age as feeling less pain and as unaware of what is happening around them, therefore it is better to cut them young—even if the participants disagree about at what age exactly: “five”, “seven”, “six to ten” but certainly not older than ten. Why “not older than ten”, one of the discussion leaders asks:

Multiple participants: [Speaks in Somali.]

Interpreter: It's too late because from 15 you're prepared to get married.

Participant: It hurts more.

Participant: If the girl is about ten, she's capable of understanding everything that is happening around her. That's why.

Here, the participants soften men's role in the FGM process, the procedure as such and the psychosocial consequences. Further, they believe it is beneficial for the health of the girls to have her cut, and the earlier the better: it is better to cut the girls young, before they are fully aware of what is going on around them, and because it hurts more the older the girl is. This demonstrates a knowledge about the immediate impact of cutting, but it does not necessarily demonstrate knowledge about further consequences or long-term impacts.

The analysis of *moderation* reveals a set of expressed attitudes in which the harmful consequences of FGM were moderated, denied or questioned, for example, men's role in the process, their knowledge about it, the procedure as such, and the various risks involved in terms of mental

and physical health. Moderation may be understood as the result of lack of knowledge and involvement, which thus poses a challenge for both the pro-feminist approach and the social norms approach, in particular, if moderation is linked to strategies of avoiding responsibility and maintaining patriarchal privileges. Men, both as individuals and as a group, may benefit from the continuation of FGM as it upholds a gender regime which privileges men. Here, the conclusion is that interventions that challenge men's (capacity to) moderate, which enables men to engage in critical reflection about their own practices, are key to contribute to the eradication of FGM.

In addition, moderation does not foster oppositional attitudes towards FGM. It can be interpreted as a strategy, conscious or not, for maintaining male and paternal privileges. To moderate one's role means downplaying one's responsibility. If the risks of FGM can be moderated, men can reject responsibility for power and authority in the process of cutting girls. Further, moderating men's role in the process dichotomizes and divides women and men, women's relations and men's relations, and thereby opens for an analysis of FGM as violence through the relation between men, rather than the relation between men and women only (Hearn, 2012); when men as fathers moderate the negative consequences of FGM, they create an alliance with men as future husbands to uphold the practice. The alliance cuts across the age axes and intersects gender and age. When interpreted in these terms, men's role in the FGM process could be deeply complicit, since the effects of this complicity may (re)produce gender inequalities and gendered violence.

Curiosity

Curiosity refers to the men's desire to learn more about FGM in terms of national legislation and policy, and health consequences. The curiosity, the will to learn and to increase knowledge were expressed on multiple issues and in two ways. First by the participants repeatedly asking the discussion leaders about Swedish policy and law, and about what they called "Swedish tradition", and second as demonstrated by the participants requests for further discussions and seminars. The men were also interested in knowing more about the rationales behind the policy and law, and its gendered nature, and asked if: "This law, does it only concern girls?"

The participants showed a clear desire to engage further in the topic via discussions and seminars. They were interested in participating in similar focus group discussions and made suggestions for how to improve them:

Participant: I will, he says I should ask you to apply for, so that we, this programme, seminar. It is better to make it bigger.

Participant: Yes, to discuss.

Participant: Yes, yes.

Participant: A larger discussion for questions and answers.

Discussion leader: Yes, my take is that this has been very positive and interesting and one could think/assume that it's important to [...] do this in a wider context.

The men often interrupted the discussion leaders to ask questions and asserted their interest in more information. As men declare their interest in FGM, they also locate themselves in time and space. They show an interest in the past (is cutting a Swedish tradition or not?), the contemporary gendered and legal conditions of FGM in Sweden (what will happen if I cut?), and in the future conditions of men as knowledgeable and responsible actors in the FGM process (make this seminar/program bigger).

The analysis of *curiosity* problematizes the interest men showed to discuss FGM in terms of health consequences, historical and legal aspects related to the Swedish context, and gender relations more generally. This curiosity, which at one point resulted in the men asking for

more and regular (men only) seminars on FGM, challenges the notions of “violent masculinity” and shows a willingness to engage in critical reflection about ones’ own practices, complicit or oppositional. It could also suggest that the participating men on some level locate the problem of FGM, conceptualized as gendered and intersectional violence, with men and society—opening for regime-oriented approaches aiming to transform social norms and gender relations (Jewkes, Flood, & Lang, 2015ab). It supports the pro-feminist framework and shows that men can have a positive role to play in abandoning FGM; it appears to be in their own expressed interest (Flood, 2011). It reveals a window of opportunity for policy and prevention interventions and can counter men’s understandings of themselves and their role in the FGM progress as non-involved. Further, it may counterbalance the tendency to non-critically adjust to those formal and/or informal institutions regulating FGM, and the tendency to, consciously or not, moderate the negative effects of FGM.

Through *curiosity*, men may “come out” as complicit and gendered agents in the upholding as well as the abandonment of FGM. Men’s interest in different aspects of FGM and related issues indicate that men’s roles and participation are complex and shifting. Men’s complicity has already been stated. In the first three themes—involvement, adjustment, and moderation—men’s complicity is not explicitly articulated during the focus group discussion. Rather, it is embedded in the obscure roles the men are ascribe to themselves. In *curiosity*, however, men’s complicity is stated more clearly. They appear as personally driven and socially engaged actors of change. Their complicity, shown through curiosity, is turned into standpoints that may be interpreted as oppositional to the harmful practices of FGM.

Conclusions

The paper has focused on men’s role in the continuation and/or abandonment of FGM. While acknowledging the severe health and economic costs of FGM, conceptualizing FGM as intersectional gendered violence means recognizing the multiplicity and hierarchy and temporary stability of different structural inequalities simultaneously at play in the FGM process, and how they intersect at different spatial locations: men are never “just” men, their gender is shaped by, and shapes, their position as fathers, husbands, members of the community. Age, ethnicity and minority migrant status all mutual shape men’s role in the FGM process, and helps explain the tensions and paradoxes expressed.

The focus on men and conceptualizing FGM as a form of intersectional gendered violence have important implications: First, contextualizing and conceptualizing the analysis in the broader research field of gendered violence, rather than health, uncovers the analytical tools of intersectional gender power relations and opens up access to a broader field of research. It could mean accessing interventions that have developed from treating men simply as perpetrators of violence against women and girls, to treating men as allies in prevention, to interventions that may transform gender relations and systems sustaining gender inequality through violence. Second, a focus on men’s attitudes and self-perceived roles underlines the responsibility and accountability of men as a group for the continuation or abandonment of the practice. The analysis of men’s attitudes and self-perceived roles make visible the power of men as a group, and the possibilities to engage men. Although the individual use of violence differs, the engagement of men and boys in actions to prevent violence against women and girls is essential. Men’s explicit interest in learning more about the consequences of FGM, if acted on, prevents the possibility and strategy to remain an outsider; it destabilizes the privilege to not get involved. Third, successful systems of intervention and prevention need to consider complex gendered dynamics, multiple victims’ voices, masculinities and empowerment; attempts to eradicate FGM are more likely to be successful if they apply to and empower both women and men. Considering masculinities in this context makes visible how FGM comes with expectations on men: on their choice of spouse and on their role as responsible fathers, as breadwinners and as migrant members of the community. In this context, men are resources in the process of eradicating FGM, rather than obstacles, outsiders, or mere perpetrators.

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