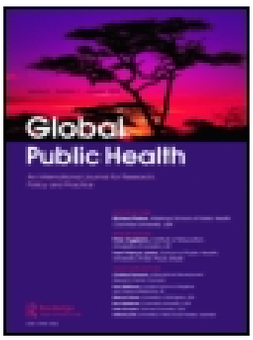

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Women's business? A social network study of the influence of men on decision-making regarding female genital mutilation/cutting in Senegal

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ABSTRACT

There exist two dominant but conflicting views on the role of men in the perpetuation female genital mutilation/cutting (FGM/C). One paints men as culprits, with FGM/C viewed as a manifestation of patriarchal oppression of women. An alternative portrays men as relatively uninvolved in a practice described as 'women's business'. These two perspectives lead to divergent predictions: if FGM/C underpins patriarchal structures, men should be expected to be ardent supporters of FGM/C as it bolsters their power and status; if FGM/C is a women's affair, men should have little involvement. We test these predictions using data from a mixed-method study of norms and social networks in two regions of Senegal. Data show that men comprise 50% of core network members, although they exert influence in different ways in each study site. In South Senegal excision is upheld by men, as well as older women, through a constellation of norms that define FGM/C as prerequisite to marriage and social inclusion. In Central Senegal these gender norms have eroded, opening possibilities for abandonment of FGM/C, and men, particularly fathers, at times successfully advocate this change. This suggests that men can play an important role in ending FGM/C, and should be involved in intervention efforts.

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Female genital mutilation/cutting; patriarchy; intersectionality

Introduction

In 2015 the United Nations General Assembly released a new set of targets, the Sustainable Development Goals, that include the aim to eliminate female genital mutilation/cutting (FGM/C) by the year 2030. This reinforces a decades-long international commitment to ending a practice recognised as a form of gender-based violence and a violation of the human rights of girls and women. Progress toward this goal has been uneven. Global statistics indicate that at least 200 million girls and women in 30 countries have undergone FGM/C (UNICEF, 2016), and approximately 70 million girls aged 0–14 years have already been cut or are at risk of being cut (Shell-Duncan et al., 2016). Analyses of data from 29 countries (27 African countries plus Yemen and Iraq) reveal that while 14 countries have experienced a decline in the prevalence of FGM/C, the other 15 countries – Senegal included – show no clear evidence of change (Shell-Duncan et al., 2016). This finding is perplexing, as Senegalese activists have long been at the forefront of both local and global campaigns to end FGM/C.

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Multisectoral efforts in Senegal include being signators on all international human rights instruments calling on governments to work toward the abandonment of FGM/C, the creation of National Action Plans, hosting a number of media campaigns and intervention programmes supported by governmental, non-governmental and international agencies. To support these efforts, in 1999 Senegal enacted a criminal law (Article 299A of Senegal's penal code) that applies to anyone who performs FGM/C or gives instructions for it to be carried out, carrying a penalty of 6 months to 5 years imprisonment (Middelburg, 2016).

As efforts to eliminate FGM/C have intensified, social norms theory has become a prominent framework for understanding the dynamics of behaviour change, and in recent years has been influential in the design of interventions aimed at accelerating abandonment (UNFPA, 2019). In a model first developed by political scientist Gerald Mackie, FGM/C was characterised as a social norm that spread and became locked in place by interdependent expectations regarding marriageability (Mackie, 1996). By making females sexually passive, FGM/C ensures women are chaste prior to marriage, and faithful to their husbands after marriage which increases paternity certainty, and thus improves marriage prospects. Mackie posited that in the competition for marrying to higher social strata, FGM/C provided an advantage by signalling fidelity, and thereby became a universal prerequisite for marriage (Mackie, 1996).

With the subsequent empirical investigations, as well as a growth in scientific literature on social norms, views have expanded to emphasise something that anthropologists have long understood: FGM/C may be held in place not only by norms related to marriageability, but also by a wide range of norms and associated meanings including ethnic identity, adolescent rites of passage, religion, and honour as well as restrictive gender norms (Mackie & LeJeune, 2009; Shakya et al., 2019). Gender norms are cultural schemas of what is masculine and what is feminine, and although some gender norms cross cultural boundaries, others are contextually specific (Shakya et al., 2019). Gender norms can be seen as the foundation for behavioural specific social norms. Behaviours that are driven by gender norms differ in their expression between those who are biologically male and female, and the cost of not conforming to those norms will also differ by the extent to which the norms are a salient factor in each specific context. Gender norms for women that support FGM/C are often associated with modesty and sexual restraint, aesthetics and hygiene (Mackie & LeJeune, 2009). What those norms dictate in terms of the role of men is, however, not yet clear.

In the vast literature on female genital cutting, there exist two dominant but conflicting views on the role of men in the perpetuation of the practice. One paints a system of gender norms in which men are culprits, with FGM/C viewed as a manifestation of patriarchal oppression of women. Rooted in second-wave feminist movements from the 1960s–80's, this perspective focuses on the subordination of women through institutionalised societal power structures that reinforce gender inequality (Lerner, 1986). As the concept of women's liberation became intertwined with the idea of sexual liberation, FGM/C came to signify masculine domination, sexually and otherwise (Gosselin, 2000; Lerner, 1986). An alternative perspective portrays a system of gender norms in which men are relatively uninvolved in a practice described as 'women's business' (Yoder et al., 1999). Noting that the practice is often organised and performed by women on women, scholars in various African contexts have described FGM/C as a highly assertive act that transforms adult women into figures of authority, and results in the formation of a ritual community that forges bonds between women (Ahmadu, 2000; Kratz, 1994; Thomas, 2000).

These two divergent perspectives on the role of men in the perpetuation of FGM/C lead to conflicting predictions. If FGM/C is an underpinning of patriarchal structures, men should be expected to be ardent supporters of the practice, as its elimination may pose a threat to their superior status in the social hierarchy. Alternatively, if FGM/C is indeed 'women's business', men should have limited interest in whether or not the practice is maintained and have little influence in the decision-making process. In this paper we ask:

(1) What role, if any, do men play in the perpetuation or abandonment of FGM/C?
(2) By whom are decisions regarding excision made, and are men ever amongst those who negotiate a decision?

(3) Who hold the greatest power and influence over FGM/C decision-making?
(4) Even if men play a peripheral role in decision-making regarding FGM/C, does their opinion carry any weight?

Context

The Republic of Senegal, with a 2018 population of about 15 million, is home to more than 20 ethnic groups, each with their own language, culture and history. The largest ethnic group is Wolof (37.1%), followed by Pulaar (also known as Fula) (26.2%), Sereer (17%), Mandinka (5.6%), Diola (4.4%), Soninké (1.4%) and other (8.9%) (Demographic and Health Survey [DHS], 2016). Although Senegal serves as the regional business centre for West Africa, it is one of the world's poorest countries, with dramatic disparities in wealth. FGM/C, also called excision in French, is practiced by a minority of the Senegalese population (22.7% of women ages 15–49 years, according to the 2016 DHS). National figures mask enormous regional variation in the prevalence of the practice.

This research reported here is a qualitative investigation of the social interaction and social influence regarding FGM/C in four communities: two from a low prevalence region in Central Senegal, and two from a high prevalence region in South Senegal. The prevalence of FGM/C ranges from 6% in Central Senegal to 77.8% in South Senegal (DHS, 2016). In Central Senegal, communities are ethnically mixed, including Mandinka, Sereer, Serahulé, Diola, Wolof, and other ethnic groups. The South Senegal study sites are much more homogenous in terms of ethnicity and FGM/C practices: nearly all residents are Pulaar (known in English as Fula or Fulani) and come from families that have long practiced FGM/C. Both regions have been the site of a number of government and media campaigns and intervention programmes aimed at encouraging abandonment of FGM/C, most actively by the non-governmental organisations Tostan (Gillespie & Melching, 2010) and The Girls' Holistic Development Project (Musoko et al., 2012). As a result, residents are well aware that FGM/C has become subject to censure. Additionally, there is wide spread knowledge that FGM/C has been criminalised, and to date the majority of court cases have been held in South Senegal (Middelburg, 2016). Study sites were selected to provide a rich mixture of perspectives and practices related to the care of young girls, including the practice of excision, and to uncover various ways that social interactions may serve to form, uphold, challenge and potentially transform socially embedded norms and practices.

In both the South Senegal and the Central Senegal study sites, families live patrilocally in multigenerational households. Co-residing family members often include parents, paternal grandparents, aunts, uncles and co-wives. Men are typically in charge of herding, large-scale farming using horse-drawn plows, and other income generating activities and skilled trades. Women are most often responsible for subsistence gardening, and in some instances, market trade. These roles are considered complementary, and men and women share responsibility for contributing to the well-being of the family.

This study used a mixed methods design to illuminate social norms and the social interactions that influence the continuation, change or abandonment of the practice of FGM/C. Using a parallel mixed design for social network analysis, we first conducted in-depth qualitative network interviews, and then quantified data elicited in these interviews. These data were complemented by focus group data to identify social norms associated with FGM/C and factors influencing changes in the practice.

Methods

Subject recruitment

Ethnographic network interviews began with randomly selecting mothers of children between the ages of three months and five years. A total of 40 mothers were selected as primary respondents to participate in these ethnographic network interviews. Using a snowball methodology, those

identified by mothers as influential in decision-making concerning their daughters were invited to become secondary respondents, and asked to participate in an ethnographic network interview. In total, 90 interviews (primary and secondary respondents) were completed.

A factorial focus group design was employed, allowing comparison across different sub-groups (Shell-Duncan et al., 2018, 2019). This involved holding focus group discussions with separate groups, each homogenous in terms of control characteristics (residing in the study community for at least one year, being from a family that once practiced FGM/C), and break characteristics that differentiate each group based on age (younger, middle age, and older), sex, and region (South versus Central Senegal). Each focus group had 5–6 participants. Inclusion criteria were being member of the study community, while exclusion criteria were having provided a key informant or social network interview.

Data collection protocols

The interviews were digitally audio recorded, transcribed, and translated at the office of the Global Research and Advocacy Group in Dakar. The transcripts were shared with the data analysis team, and reviewed for clarity and completeness. Once all queries were resolved, the transcripts were anonymized and digital files were deleted.

Focus group discussions (FGDs) were conducted by two trained fieldworkers, one who moderated the discussion and another who digitally recorded the session and also took notes to guide the transcription of recordings. The field workers were trained to address problems that are known to arise in focus group discussions: there is a risk that one or two participants may dominate a discussion, or that critical comments may silence members with dissenting views. Fieldworkers were trained to encourage open and even participation in a supportive environment that invited exploration of a range of opinions. At the end of each FGD, the fieldworkers made notes about body language and tone, explained jokes or statements with double-meaning, and any other relevant observations that came from 'closeness' to the data that would aid in interpretation and analysis.

The study also employed in-depth social network interviews to illuminate not only how people are personally connected, but also the degree to which these specific connections influence decisions concerning childcare, and then more specifically FGM/C. A series of general name generator questions were used to create a network partner list. This list was then narrowed down to identify two categories of people: (1) those involved in decision-making regarding important matters for their daughter, and (2) those who do not participate in but influence decision-making. We refer to these as ***networks of care***. This information was used to create a network map, or sociogram, in a participatory fashion with the informant (ego). The conversation focused in the types of social support exchanged between network partners, and the degree of influence they have on decisions. This served as a springboard for deeper conversations about the nature of social interactions related to the care for girls. The next part of the interview centred on identifying which members of care networks are also involved in decisions regarding FGM/C. Finally, we collected demographic information for all members of networks of care (for further details see Shell-Duncan et al., 2019a).

Using a parallel mixed method design, data from social network interviews were quantified. The database includes information on name generators that elicited each named network partner, demographic characteristics of each network partner, patterns and types of social support, levels of influence on decisions regarding the well-being of young girls, and perceived views on support for excision.

Data analysis

A grounded theory approach was used to analyse transcripts from the network interviews. Grounded theory is an iterative process that involves successively engaging in more focused rounds of coding text to identify themes or categories, writing memos to explore each theme, and identifying relations

among themes or categories (Bernard, 2011; Creswell, 2007). A team approach was used, involving double-coding transcripts, and making comparisons to achieve consistency between coders. An initial set of topical codes were created, and expanded codes and sub-codes were added in the initial set of interviews. The first round of coding involved labelling key topics; this was followed by a round of analytical coding that identified themes. Analytic memos of paired primary and secondary interview findings were created, along with a digital combined network map. These documents were used to create a matrix that allowed for a comparative case analysis. This process was done in duplicate, and afterwards analysts met to discuss key findings and emerging themes.

The quantitative data were used to provide descriptive characteristics of primary and secondary respondents in each region, the size and composition of network members nominated (alters), and levels of influence broken down by alter's relationship to the respondent, demographic differences between key influencers and decision-makers, and the ethnic makeup of respondent's network of care.

Focus group transcripts were analysed by conducting a factorial analysis using methods described in detail by Shell-Duncan and colleagues (Shell-Duncan et al., 2019b). Briefly, initial coding was done in duplicate, and was followed by the creation of summary documents of the themes raised in each FGD. Notes were made on the emphasis placed on each theme (ranging from a passing remark to a prolonged topic of conversation), and the degree of consensus or disagreement on each topic. This was used to identify norms, and the strength of the norms – what Cislaghi and Heise (2018) call a normative spectrum that can range from strong to weak or absent. This approach was used to identify the degree to which norms surrounding FGM/C were shared, contested, or rejected by the members of the group. An overview grid was created to make comparisons across different FGDs, organised along the line of break characteristics: sex, generation, and region (South or Central Senegal). This grid was then used to create a summary matrix for overarching themes and sub-themes, allowing for identification of patterns in which norms are being upheld or challenged.

Ethics approval was provided by the Population Council in New York and the Comité National d'Ethique pour la Recherche en Santé (CNERS) (National Ethics Committee) in Dakar. In addition to reviewing the research protocol and informed consent documents and procedures, CNERS also made a field site visit to South Senegal in October of 2016. They observed data collection to assess compliance with ethical considerations, and reviewed consent documents and data collection and storage techniques to assure the protection of confidentiality.

Results

What role, if any, do men play in the perpetuation or abandonment of FGM/C?

The 'women's business' predicts that men should have little stake and interest in the practice of its role in bolstering the institutionalisation FGM/C. By contrast, the characterisation of FGM/C as an underpinning of patriarchal structures centres on its role in bolstering the institutionalisation of male domination over women, sexually and otherwise. Despite being central in the marriageability hypothesis, marital fidelity was not a strong concern in either of our Senegalese study sites. Other norms linked to marriageability were expressed but were quite different across our two study regions. In Central Senegal, FGM/C was only weakly associated with marriageability via concerns about maintaining virginity prior to marriage. Both older men and women in Central Senegal voiced concern over the fact that, in their view, it has become increasingly difficult to control the sexual behaviour of unmarried adolescent girls, and worried that their granddaughters may be 'ruined', or worse yet, become pregnant out of wedlock. They disagreed, however, about whether this trend was caused by no longer excising girls. In this region, 'love' marriages have begun to replace arranged marriages, and interethnic marriage and FGM/C discordant marriages have become increasingly common. Hence, there was strong consensus that FGM/C no longer directly influences marriage prospects:

"It used to happen before, people saying "I will not marry a Wolof, a Mandinka, Sereer, or Diola. And this is not happening nowadays." 43 year-old Mandinka man, Central Senegal

"I do not know any benefit as per men. I know that it's a tradition but do not know. I have travelled to Pulaar, Bambara and Sereer communities, but to say that it is important to men or it benefits women this way to get husbands, no." 44 year-old Mandinka man, Central Senegal

By sharp contrast, respondents in South Senegal strongly viewed FGM/C as a prerequisite to marriage. Our data suggest that the issue of marriageability is salient both directly and indirectly: (1) *directly* in terms of influencing chances of securing a good marriage, and (2) *indirectly* through concerns regarding harmony in the marital home, and beliefs about the link between FGM/C, sexual pleasure, and men's virility.

In South Senegal, marriages are most often arranged by the families of the bride and groom, with a preference for endogamous cross-cousin marriage. Endogamy, it is argued, affords stability for the couple and promotes social unity, solidarity and social order. As the practice of FGM/C has been near universal among Pulaar families in this region, the excision status of a potential bride was assumed. But now that abandonment efforts have been underway for many years, the prospect that a potential bride could be uncut has become a possibility. Some Pulaar men, but not women, speculated that an uncut woman would have serious challenges in obtaining a husband, and offered this as an important reason to uphold the practice:

"An uncircumcised woman has no value and she will not obtain a husband". 24 year-old Pulaar man, South Senegal

"Personally, I will not marry a wife who has not been circumcised. Marrying an uncut woman is an ugly fact. It is not normal.". 32, year-old Pulaar man, South Senegal

Another factor believed to hinder an uncut woman's marriage prospects is not simply men's moral and aesthetic preferences for an excised wife, but the prospect of resistance by a man's extended family members, and the possibility of generating familial discord:

"For example, you can fall in love with an uncircumcised girl. You love that woman and that is your vision. But for the family … . you know that you need your family's consent before getting married in our society. The man should first discuss with the family. You can marry an uncircumcised woman while you are the only one who agreed. No one agrees in the family. Even if you honor her, no one would respect her in the family." 24 year-old Pulaar man, South Senegal

In South Senegal men also commonly expressed internalised gender norms that involve repulsion to the image of uncut genitals. Some described that a clitoris can grow into a penis-like appendage that presents an obstacle not only for childbirth, but also intercourse.

"If you are with an uncircumcised woman, you feel something rubbing, and it is the clitoris. The circumcised woman makes it easier during sexual intercourse. For this reason, men prefer circumcised women." 43 year-old Pulaar man, South Senegal

Moreover, their aversion to sexual contact with uncut female genitalia is intimately intertwined with concerns about potential sexual insatiability of uncut women.

"An uncircumcised woman is not easily satisfied sexually; men have difficulties with their sexual satisfaction. Personally, I experienced uncircumcised women and circumcised, but the most pleasing was with circumcised. For others, there is more tiredness than pleasure, especially if the man is not powerful and strong. The circumcised girl gives exceptional pleasure." 45 year-old Pulaar man, South Senegal

Uncut women's violations of gender norms were described as a threat to men's virility:

"I heard that a man is impotent in front of an uncircumcised woman." 23 year-old Pulaar man, South Senegal

"A man couldn't do anything in front of an uncircumcised woman during marriage. He couldn't consummate his marriage." 63 year-old Pulaar woman, South Senegal

In Central Senegal FGM/C is no longer considered a prerequisite to marriage. At the same time, a new norm regarding marital preferences is beginning to emerge. It is believed that younger men are now beginning to prefer an uncut woman as a marital partner because she will be more sexually responsive to her husband. A number of older women in Central Senegal expressed awareness of men's shifting preferences regarding a wife's expressions of sexual desire and pleasure:

> "Non-excised girls will have a husband more easily, because there are men who don't want to be with those who were excised." 60 year-old Serahulé woman, Central Senegal

> "If the circumcised and uncircumcised share the same husband, the uncircumcised will win his heart … The circumcised (wife) has less feeling to (sexually) satisfy her husband, in comparison to the uncircumcised wife, who does not feel shame to entice or satisfy her husband." 42 year-old Serahulé woman, Central Senegal

This fits with a broader trend in Senegalese society concerning changing values regarding sexual relationships. As Falcáo (2018, p. 184) describes, with permeating influences through television, music and tabloid press, 'new relational categories' like romantic love and pleasure are today recognised as important to sustaining marital relationships. In response to this discourse, women in Central Senegal are reconsidering values associated with the notion of sexual pleasure, and new gender norms regarding women's sexuality are emerging:

> "Because men like the ones who do not practice it, ah! Also make sure that our daughters enjoy their marriage. We had lost (sexual pleasure), but our daughters will not lose, and will satisfy their husbands." 30 year-old Mandinka woman, Central Senegal (women's leader)

Hence, our data do not support the idea that men have little interest, even though it is arranged and carried out by women. We see, however, regional variation in men's vested interest in FGM/C. Among men in Central, but not South Senegal, gender norms regarding feminine virtue and women's sexuality have begun to shift, opening the possibility for abandonment of FGM/C.

> By whom are decisions regarding excision made, and are men ever amongst those who negotiate a decision?

Our data show that men feature prominently in networks of care: overall 50% of nominated core network members, decision-makers and influencers combined, are male. The majority of core network members live in the same household as the ego, and are kin. In both regions of our study, husbands were listed as decision-makers and not as influencers in networks of care, and have the highest reported average influence scores; this is followed by other male relatives: brother, son, and brother-in-law (especially in South Senegal). Senior women, particularly mother-in-laws and mothers, also have high reported influence scores.

The role that men play in excision networks is now changing, particularly in South Senegal. In the past, when excision was carried out on large groups of girls in the bush, elder women held the responsibility for assembling initiates, selecting a circumciser, caring for girls during their convalescence, carrying out training while girls were in seclusion, and hosting a community-wide coming-out celebration. Typically, the father of the girl was asked to provide his permission for his daughter's participation in this rite of passage, and was often asked to contribute money for the celebration, but was not directly involved in planning or carrying out the event. As pressures to end FGM/C mounted across decades of programming, the practice of FGM/C began to shift from being a public celebration to a private affair carried out at home with little or no celebration, and involving only immediate family and friends. Typically, however, older women in the family still made the arrangements for FGM/C to be carried out, fathers were asked to condone it, and oftentimes ask to contribute money to cover costs. In South Senegal, men have now increasingly become excluded from deliberations on or arrangements for FGM/C.

Case 1: Older women commonly arrange and carry out FGM/C, but in the past, fathers were asked to condone and finance it.

Saffie is a 24 year-old Jahanke woman who is a mother of two who lives in South Senegal. She explained that excision is now practiced underground in her community. At the beginning of the

interview, she declared that her four-year-old daughter was not cut. But later, as she became more comfortable with the interviewer, she admitted that her daughter had indeed been cut. This decision, she explained, was initiated by her late grandmother, but her husband's consent was sought:

"Q: Has your daughter been circumcised?
A: Yes, at that time my grandmother was alive, when she spoke to my husband, he said that it's also his tradition, and she was circumcised.
Q: Your daughter was taken for circumcision by your late grandmother who came for her?
A: Yes, … it was my grandmother to whom it was important.
Q Who participated in the discussion for your girl to be circumcised?
A: My grandmother, my husband and I.
A: What did you discuss?
A: She just said that she will circumcise my daughter, and my husband gave her money.
Q: Were there any disagreement?
A: No, we all agreed."

At times fathers are still asked to provide consent, and asked for money to cover the costs, but FGM/C is now considered a private and secret family matter. Saffie's husband, when interviewed separately, did not admit that his daughter had been cut. This was not surprising, as Saffie had explained that most people do not discuss excision in public except to say they are stopping: 'We do not discuss [excision] because of the gendarme'. She recounted witnessing the arrest of a circumciser who was later jailed. Since that time, she no longer talks about excision with anyone in the community, including with her close friend or with her neighbour both of whom were listed in her network map and, she believes, come from families that once practiced excision.

Other community members reported that increasingly, in an effort to assure that excision is carried out discreetly and limit the risk of detection, extended family members, and men in particular, are no longer notified, and the procedure can be hidden even from those living in the very same compound. Circumcisers are reported to arrive at night, while sleeping family members are unaware of what is taking place.

> "In the past, if you had to circumcise your daughter, you told everyone up to _____ and organized a ceremony without fear. Now that it is prohibited, none dares to talk about it. Even if you want to do it, you hide because you fear being reported and getting arrested. Now, even a father does not know if his daughter has been circumcised. Everything is kept secret between the mother, the grandmother and the circumciser." 40 year-old Pulaar man, South Senegal

Although there are some cases when South Senegalese men are directly involved in decision-making regarding FGM/C for girls in their family, it is becoming increasingly common for men to be uninvolved. Some fathers insisted that as head of the family, they should be consulted on all important matters in their family, including excision. But in reality, many did not assert this authority when it came to excision, and allowed the arrangements to become furtive 'women's business'. Thus, networks of excision are constricted, excluding men who are in broader networks of care. This protects men (and other excluded family members) from being indicted on criminal charges, and also enhances the ability of men to adopt a public stance in favour of abandonment of FGM/C while possibly privately supporting the continuation of the practice. Thus, it is disproportionately women who are culpable and vulnerable to criminal prosecution.

Who hold the greatest power and influence over FGM/C decision-making?

As noted above, men are commonly nominated as core network members involved in 'important matters' regarding the well-being of young girls. Fathers and other male family members are reported to have a high level of influence in these networks of care. It is more variable as to whether men are directly involved in excision networks, especially in South Senegal. Our data show that in both Central and South Senegal, when men are directly involved in excision networks, they typically have a tremendous amount of authority regarding the final decision, whether it is to uphold or

abandon FGM/C. When differences of opinion exist among network members, men can have the power to respectfully override the preferences of women, including senior women such as their own mothers.

Case 2: A father can have the authority to overrule the input of his own mother regarding whether his daughter will undergo FGM/C.

Dallo is a 33 year-old Mandinka woman who moved to Central Senegal 18 years ago when she married a Serahulé man, Bunama. Together they have seven children. Dallo's eldest daughter underwent excision at the age of three. The women who attended the event knew something was gravely wrong when the young girl fainted, and heavy bleeding continued. Binta and her 'sister' Tata (fictive kinship; she is really a friend) rushed the young girl to the clinic. Diallo explained, 'the doctor refused to treat her. He said I deliberately circumcised her'. Because the doctor blamed her for causing the injury, the young girl was denied care. Binta boiled herbs, and gave this to the girl to drink. 'She recovered, but I decided to not circumcise my other girls'. Bunama and Tata supported this decision. 'You could lose too much blood', Tata explained sadly. Bunama's mother remained unconvinced that girls in their family could be raised properly without undergoing excision, and she remains one of the rare outspoken supporters of excision in this community. 'As you can see', Bunama explained, 'in this world consensus cannot be all the time'. His delicate role has been to convince his mother to honour their decision, and not 'take' the girls for excision despite the parents' wishes, something that most agree grandmothers have the right to do. Even though filial piety is a core value, as men age and becomes fathers, they gain stature in their own home and acquire the authority to engage elder women, including their own mothers, in discussions about matters pertaining to the welfare of their own children.

Bunama, like many men in Central Senegal, has come to oppose the practice of FGM/C. But some men, particularly in South Senegal, express clear support for the continuation of FGM/C in their families, and can hold great sway when directly involved in the decision-making process.

Case 3: Men have power to preserve the practice of FGM/C in their own family.

Khady is a 36 year-old married Pulaar woman who is a mother of seven children. She resides in South Senegal in a compound shared by her husband and his second wife, her mother-in-law and father-in-law, and her husband's two brothers (by a different mother) and their wives. Khady underwent excision at an early age, and recognised the importance of the practice in terms of the formation of women's identity and their inclusion and social recognition amongst other cut women. She was keenly aware that the practice has been subject to debate in her community due primarily to the criminalisation of excision. 'In my knowledge … the opinions are divided', Khady explains.

> Some say that because it is tradition, it must be respected, and an uncircumcised girl will have troubles finding a husband. Even if she does, she may not be treated well. For others, however, excision is prohibited by law, and that must be respected.

Similarly, Khady herself is conflicted about the continuation of the practice. Early in the interview she stated that, 'For me, since excision is forbidden, it should be stopped'. Later her position shifted, as she noted that girls who remain uncut will still suffer from discrimination, being called *solima* (a powerful invective meaning not only 'uncut', but also dirty, ignorant, and uncouth). She concluded that, 'In my opinion, we should not stop excising girls because it is a tradition and gives the girl a certain grandeur'. At the same time, she acknowledged that she personally has little power or authority over the decision regarding excision for her own daughter, noting that 'decisions are not shared [equally] in the family, and I do not have the last word'. Notably, Khady's mother-in-law, who worries about being reported to the authorities if her granddaughter is excised, is perceived by Khady as having much less influence than many grandmothers are accorded. The interview with Khady, as well as her brother-in-law Mamadou, revealed that the men their family have the greatest authority over decision-making regarding excision, and while they are concerned about the law banning the practice, they ultimately have decided that it is important for girls in their family to undergo FGM/C. Mamadou explained that excision should be preserved 'because it is our tradition, because

we were born into it'. He added that 'the uncircumcised girl is difficult to penetrate and the intervention of the circumciser is necessary'. Mamadou's opinion, along with that of his brothers and father, stood in contrast to those of many older and some influential women: Khady's mother-in-law, Mamadou's mother and wife, and a family friend who is the president of the women's group. While a final decision had not yet been reached, it appears that it will be difficult to overrule the wishes of these powerful men.

This case illustrates a number of important network features. Some people are feeling a tension between upholding social norms and legal norms. Members of the excision network are not all in agreement on the best course of action. Senior women, who are acutely aware that they are under surveillance and can be reported for violating the ban on FGM/C, are at times hesitant to carry out FGM/C for fear of prosecution. And finally, the power and influence of male relatives directly involved in FGM/C decision-making may outweigh that of senior women in their network.

Regarding FGM/C programming, this evidence suggests that it is important to engage men, particularly fathers of young girls, and informal opinion leaders amongst this group of men.

Even if men play a peripheral role in decision-making regarding FGM/C, does their opinion carry any weight?

Interviews with both men and women revealed that despite the fact that men are at times not directly involved with FGM/C decision-making, particularly in South Senegal, their perceived preferences are commonly understood, this exerts influence on decision-makers. Gender norms define the importance of deference to men, as head of the family, as well as the gravity of going against their expressed or understood wishes. It appeared that in South Senegal, men's negative perceptions of uncut women as wanton and insatiable, their repulsion with the image of uncut genitals, and their concerns over the standing of their family and with the moral education of their daughters can exert considerable influence over the continuation of excision, despite their lack of direct involvement in making the decision or preparing arrangements for excision to be carried out.

Case 4: Perceptions about men's preferences can influence FGM/C decisions even when they are excluded from excision networks.

Awa is a 19-year old South Senegalese Pulaar woman with an infant daughter who shared her own conflicted feelings regarding excision. Although Awa herself has undergone FGM/C and is proud of her cut status, her highly influential mother-in-law, Sadio, has come to have grave concerns about violating the law banning FGM/C. Sadio notes that if there are health complications, 'we will not dare bring girls to the hospital' for fear of being reported and prosecuted. These discussions occurred between Awa and Sadio in private, as men in their family are now excluded from such discussions. Yet the deliberations between these two women were strongly influenced by their perceptions of the views of men in the family. According to Sadio, men in her family strongly value the social benefits of FGM/C, and believe that an uncut girl would face major challenges in finding a husband. 'To go against them (the wishes of men in the family) shows no respect', she explained. Awa added that men find cut women to be well-mannered and refined, and are therefore respected in their family and community. The perception that men in their family prefer conformity with feminine ideals has influenced their decision to continue FGM/C,

Discussion

In this study we used a mixed-methods approach includes social network analysis to consider the role of men in the practice of FGM/C, using social norms theory as a lens for our analysis. The literature on the role of men and masculinity in perpetuation of FGM/C points to two divergent predictions. Second wave feminist analyses long promoted the view that FGM/C represents a manifestation of patriarchal power structures, serving to perpetuate women's subordinate status (Gosselin, 2000). As such, men are predicted to view ending FGM/C as a threat to their power

and authority, and should be strongly vested in the continuation of the practice. By contrast, the 'women's business' argument suggests women have primary authority over decisions that pertain to certain domains of reproductive health and gender socialisation, including FGM/C (Yoder et al., 1999). Hence, it predicts that men are hands-off in the decision-making process, and should have limited interest in whether FGM/C continues or ends.

Our data paint a picture of the role and influence of men that is more complex and fluid than either one of these predictions. In both regions men, and especially fathers, were commonly listed as decision-makers regarding 'important matters' for young girls. Regarding the issue of FGM/C, we found much variability within and across regions in the opinions, roles and influence of men. In both regions men articulated compelling rationales for supporting or opposing FGM/C, and at times were internally conflicted regarding the proper course of action for girls in their family. Notably, even though FGM/C has been traditionally organised and carried out by women, men, as husbands and fathers, often expressed a vested interest in whether the practice of FGM/C will be perpetuated, and were found to influence decisions regarding excision either directly or indirectly.

Men who spoke most strongly in defense of FGM/C were from South Senegal, a high prevalence region. They often mentioned issues of respectability, articulating their belief that uncut women will be looked askance upon by the community. Men expressed that an uncut woman will have a difficult time finding a husband, because even if the man is indifferent to whether or not she is cut, his family will reject her because of it. Men who support FGM/C also expressed their own personal aversion to uncut women, describing them as repulsive, less pleasurable to have sex with, and a threat to men's virility. In Central Senegal, men's preferences contributed to considerations around FGM/C but in the opposite direction. There people were aware that sexual mores were changing, and that some men find women who are sexually responsive more satisfying than those whose sexual desire has been dampened by FGM/C. In neither case are men supporting or opposing FGM/C for reasons specific to patriarchal oppression of women, and in neither case are they indifferent to its occurrence.

Importantly, then, we find that characterising FGM/C as a form of patriarchal oppression of women is overly simplistic. FGM/C most certainly is an important element of feminine gender identity, but the social norms surrounding this, particularly in relation to marriageability and inscribing feminine virtue, have weakened and all-but disappeared in Central Senegal. This is attributable to changes not only among men, but also women. Notably, the power and influence of men and women regarding FGM/C shift across their life course. Men acquire power and influence as they become fathers and recognised as the head of the family – that is patriarchs. At the same time, women acquire power and power as they age, becoming matriarchs. Thus, patriarchy and gerontocracy are simultaneously at play.

Our findings resonate with developments of third-wave feminist scholarship that critique traditional second wave feminist treatments of patriarchy for focusing solely on gender without taking into account other possible intersecting domains that may simultaneously shape and constrain power (Crenshaw, 1991; Patil, 2013). Rather than elevating one category of division, such as gender, subordination can be reinforced through multiple social divisions (Iyer et al., 2008; Patil, 2013). The concept of intersectionality emphasises that that there may be multiple axes of power, and that gender inequity may be intertwined in broader systems of social inequity (Patil, 2013). Here we find that in addition to gender, generation, and locality, structural factors are importantly at play. By integrating an intersectional analysis of power with the study of social norms and the ways in which they are being altered, we reach unexpected findings regarding the role of men in perpetuating or ending FGM/C; we do not find unequivocal support for predictions of the role of men generated either from the view of FGM/C as patriarchal oppression of women or as exclusive women's business. Instead, we find that at the domestic level, where decisions about FGM/C are made, the dual dimensions of patriarchy and gerontocracy are structuring patterns of influence.

Limitations and conclusion

This study applied a parallel mixed-methods approach to the study of social networks and patterns of power and influence over FGM/C decision-making, and generated rich qualitative and quantitative information on the social interactions salient to the formation of norms surrounding the practice of FGM/C, and patterns of power and influence. One important limitation of our study is that participants were often reluctant to disclose their personal opinion on FGM/C or their perception of the opinions of network partners. This was due to people's awareness that FGM/C has been targeted for elimination and criminalised. However, by triangulating interviews with primary and secondary respondents, and also collecting focus group data, we were able to obtain a rich picture of the social norms, network dynamics, and structural factors influencing FGM/C. Additionally, the analysis presented here focuses on decision-making and influence over FGM/C at the level of local networks of care that are comprised primarily of extended family. While we highlight the intersecting axes of generation and gender, further analyses will explore interactions with anti-FGM/C programming, as well as changes that arise from unprogrammed factors such as socioeconomic conditions and political marginalisation.

We find that FGM/C is indeed 'women's business' to the extent that it is arranged and carried out by older women on young girls. There is a generational component, wherein FGM/C confers access to the resources and support offered by older women (Shell-Duncan et al., 2011); this system is however, in flux, and changing rapidly in Central Senegal. Men, however, are far from uninvolved in FGM/C, with their fathers and their brothers commonly included in core networks of care, and having high influence over FGM/C decision-making. In Central Senegal, as the link between FGM/C and marriageability has eroded, new norms have begun to appear, reworking previous dominant norms, and a male preference for an uncut marital partner is now emerging. Moreover, men have the ability to negotiate with older women who also have great influence over FGM/C decision-making; indeed, when men are directly involved in decision-making, they in certain instances are advocating for abandonment of FGM/C. When they are not directly involved, their opinion about whether FGM/C should continue is often well known and influences decision-making. At the same time, broader structural factors are altering the role of men in excision networks. In South Senegal in particular, men are increasingly excluded from excision networks in order to minimise detection of criminal activity, and protect men from prosecution.

Regarding FGM/C programming, our evidence suggests that it is important to engage men, particularly fathers of young girls, as well as young men who will soon become husbands and fathers. However, while men's opinions and preferences are taken into account, older women are also influential, and in high prevalence areas are protecting men in their families from legal repercussions by fully taking responsibility for the practice themselves. Women are acutely aware that they are under surveillance and at risk of being reported as suspected violators of the ban on FGM/C. Comprehensive solutions may involve strategies beyond educating residents on the legal and health risks of FGM/C. This study points to the need to engage leaders amongst both fathers and older women. Moreover, it appears crucial to also address the resistance generated by imposing legal restrictions on FGM/C on a poor, rural, minority population that already feels powerless and marginalised.

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