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Improved Understanding of FGM/C Abandonment among Sudanese Families in Khartoum and Kassala States

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1. Introduction

1.1.   Background: Female genital mutilation/cutting in Sudan

Female genital mutilation/cutting (FGM/C) is widely practiced in Sudan. At the time of the 2014 Multiple Indicators Cluster Survey (MICS) in Sudan, the prevalence of FGM/C among women and girls ages 15–49 years was 86.6% (CBS and UNICEF Sudan 2016, 214). A slightly higher proportion of women and girls in rural areas (87.2%) than in urban areas (85.5%) had undergone FGM/C (ibid., 215). The prevalence varied significantly across the 18 states of Sudan, from 45.4% in Central Darfur to 97.7% in North Kordofan (ibid., 214–215; see also figure 1). The prevalence of FGM/C among daughters also varied by their mother's age, educational level, and age at marriage. Specifically, a daughter's likelihood of being cut was lowest if her mother was young, well-educated, and married late. More highly educated mothers were less likely to circumcise their daughters than less educated mothers or, if she were to do so, it would be at a later age.

Figure 1. FGM/C prevalence among women aged 15-49 years in Sudan in 2014 by state and area of residence
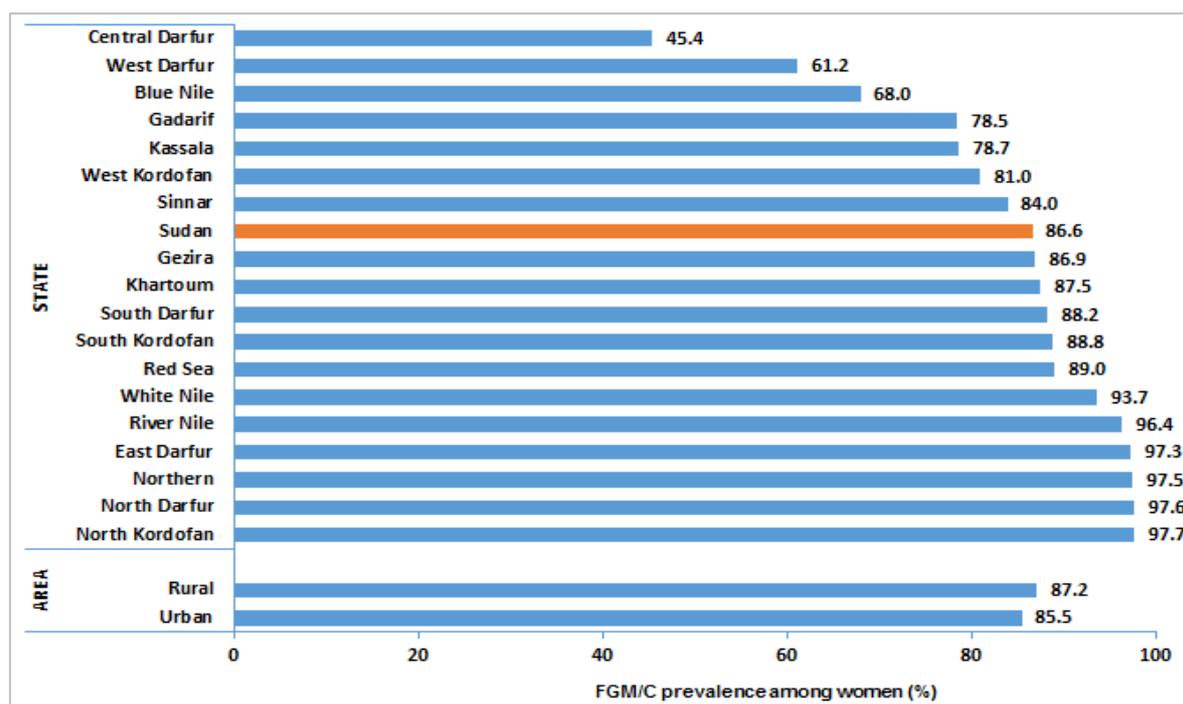
Source: Sudan 2014 MICS

Although a number of factors could explain regional variations in the prevalence of FGM/C, ethnicity and migration seem to be the factors with the most significant impact (Thiam 2016, 15). The ethnic composi-tion of the states in Sudan is not homogeneous; some states have ethnic groups that all practice FGM/C, while other states have ethnic groups that historically do not practice FGM/C

(ibid., 32-33). These differ-ences account for a large part of the variation among in FGM/C prevalence among states. Given Sudan's history of population influx and mixing, population movements may further explain diffusion of the prac-tice.

Generational differences in the prevalence of FGM/C suggest a trend towards the abandonment of the practice. At the time of the MICS, the prevalence of FGM/C among girls ages 10-14 years was 69.0%, compared to 81.7% among 15 to 19-year-olds, 88.0% among 30 to 34-year-olds. and 91.8% among 45 to 49-year-olds (CBS and UNICEF Sudan 2016, 215-216). The MICS results also show widespread support for abandonment of the practice: 52.8% of women ages 15-49 believe that FGM/C should be abandoned, although support for abandonment is higher among women in urban areas (67.3%) than rural areas (45.5%) (ibid., 218). The percentage of women favoring the abandonment of FGM/C practice also varies significantly across the states, from 30.6% in East Darfur to 71.0% in Khartoum (ibid.).

1.2.   Theoretical Framework

While many theories may explain decision to abandon FGM/C, little is documented in theoretical frameworks about how FGM/C abandonment, the social sanctions or benefits associated with abandonment, and strategies for risk mitigation. According to the theory of planned behavior, a certain behavior or act is influenced by the person's positive or negative intention to display the act or behavior. The person's intention is formed as a result of three constructs, 1) personal attitudes towards the act i.e personal beliefs whether positive or negative towards the act/behavior 2) Subjective norms i.e group belief and cultural norms towards the act/ behavior and 3) perceived behavioral control i.e how hard or easy for a person to display/handle a certain behavior. According to the theory of planned behavior, if all three constructs are favorable of the act/behavior, a positive intention will be formed and the person will thus adopt the specific act/behavior. Any Unfavorable construct will influence the person's intention and the person will be less likely to adopt the act/ behavior. Likewise, if all constructs are unfavorable, a negative intention will be formed and thus the person will not adopt the act/behavior. Thus the person's behavior is influenced by the person's positive or negative intentions which is formed as a result of the person's belief and control to display the act and social beliefs. 1 (Aizen 1991).

Fig 2: Theory of planned behavior
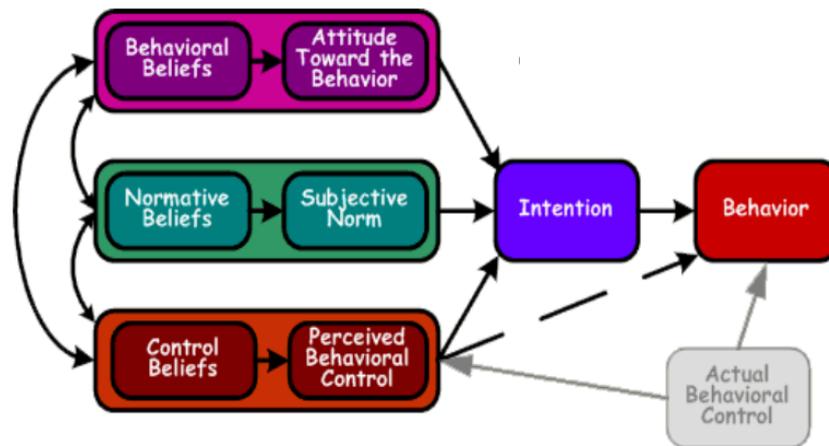
Source: Ajzen (1991)

Social norm theory states that behavior is influenced by misconceptions and how our agency and social network perceive and act toward the questioned behavior (Berkowitz 2004). Berkowitz (ibid.) points out that people overestimate network or the community perceptions towards a questioned behavior, while they underestimate the benefits of the behavior; this can lead to abandonment of a desired behavior. Social network perceptions are one of the important factors that influence individual beliefs and behavior (Hahn-Smith and Springer 2005). Using social norms theory to correct misperceptions is likely to result in decreased problem behavior and increased prevalence of the good behaviors. By presenting information that is correct and accurate about peer group norms in a believable fashion, the mythology of the perceived norm is abandoned, and the healthier norm is adopted. Ultimately, this leads to healthier attitudes and behaviors (ibid.).

To defect from a dominant social norm, individuals need to consult both their own attitudes/preferences and the attitudes/preferences of the community to which they belong. With a deeply rooted social norm like FGM/C, the social costs of abandonment may create a significant gap between public and private preferences. Whether this gap can be overcome depends on the individual's tolerance to preference falsification (lower expressive utility), the strength of the individual's personal views, and the extent to which social costs can be mitigated.

As more people defect from a social norm, individual thresholds drop and additional defections become easier. Late defectors are less likely to experience social sanctions or to be excluded from the marriage market.

We apply planned behavior theory by examining the following:

- Characteristics' of the families that abandon FGM/C (abandoning families), including their beliefs and attitudes toward FGM/C abandonment; and
- Social sanctions that abandoning families have faced and the mitigation mechanisms they have used to sustain abandoning.

We also apply social norms theory by examining the following:

- How the social network of abandoning families perceived their defection from the practice of FGM/C;
- The strategies used by abandoning families to mitigate social sanctions; and
- The social benefits that abandoning families gain due to their status as abandoners.

We suggest that the abandoning families not only face social sanctions, but they also have some social benefits. Furthermore, they develop strategies to mitigate the social sanctions they face. Moreover, daughters of abandoning families can provide a demonstration effect by showing that uncut women can marry and lead successful lives. These women serve as flesh-and-blood role models for future families thinking about abandoning the social norms, and their existence is likely to be more reassuring than acivists' promises.

1.3. Statement of the research problem

Parents in Sudan want what is best for their children (Ahmed, Al Hebshi, and Nylund 2009). This is the most basic value that motivates parents to choose to practice or abandon FGM/C. Sudan has been witnessing slight shifts towards FGM/C abandonment across the past few years., and it is worth noting that the many campaigns and public declarations to encourage abandonment have taken place in Sudan may be considered a visible sign of progress. Full abandonment, however, is not guaranteed or in many cases sustained. In Sudan, some groups advocate for a milder form of cutting (clitoridectomy), which is performed by trained midwives and supported by some religious sects (ibid.). These shifts may delay abandonment among families that are still undecided about ending the practice.

Being uncut said to be linked to negative attributes. Girls who are not cut are thought to be prone to im-morality, thus risking their marriageability and their families' honor. In Sudan, girls and women who are uncut may be called derogatory names such as "gaifa" (uncircumcised), which is a curse to both females and males (ibid.). The forms of sanctions and their level of intensity, however, are not documented in exiting literature.

Several factors may influence a family's decision to change its behavior. These factors may be national or regional, such as exposure to mass media, targeted community activities, and laws and policies.

Although Sudan does not have a national law criminalizing the practice, several states have outlawed the practice (including South Kordofan, Gedaref, and North State).

The factors may also be closer to home. Communities may sometimes have a strong influence on each other, and this may affect whether a community is known to be practicing or non-practicing. For example, the Al-Mahdis and Al-Bedris, two highly influential families in Sudan, publicly abandoned FGM/C as early as the 1930s.These families, which have currently grown to include thousands of members, now encourage more families to abandon FGM/C (Ahmed, Al Hebshi, and Nylund 2009).

1.4. Significance

The decision to undergo FGM/C in Sudan is mainly driven by prevailing social norms and is influenced by families, peer groups, and communities (Naguib 2012). Challenging these social norms and choosing to abandon the practice has high stakes. However, the characteristics of FGM/C abandoners, their experiences with abandonment, and how they managed to sustain their status are not well understood. Although research has focused much attention on understanding why FGM/C is practiced, little is known about why some families have stopped practicing FGM/C. Evidence from existing studies particularly concentrate on FGM/C practitioners with emphasis on the how, why, where, and by whom FGM/C is practiced (Behrendt and Moritz 2005). However, as highlighted by Lionello (2015) in her study on the experience of abandonment in Sierra Leone, the stories of abandoning individuals, families, and communities often go unreported. In countries like Sudan, where FGM/C is a social norm and where many families adhere to the practice, understanding the stories of individuals, families, and communities who go against the pre-dominant norm may strengthen efforts to end FGM/C. Understanding these individual and family experiences may be useful in informing the design of programs to enable abandoners to develop resilience and to cope more effectively with the stresses and pressures of their decisions.

This study explores the benefits gained and challenges faced by families that commit to abandoning FGM/C and communicate their choice to their social network or publicly. The decision-making process to abandon FGM/C is explored in a separate study. According to Cloward (2016), the more salient the social norm, the greater the potential social sanctions and the higher the barrier to defection. Individuals who move first to abandon a social norm are more likely to face social sanctions than individuals who abandon it later. However, early defectors may overestimate the costs of abandonment because of limited exposure and lack of adequate information. While the logic of social norms underlying FGM/C tends to predict severe consequences for women who do not undergo it, these consequences have not been researched based on real-life examples. The perceived sanctions are currently only assumptions. Further-more, there is no account of rewards that may be attributed to being uncut.

The existing Sudan National Strategy for Abandonment of FGM/C (2008-2018), which was endorsed in 2008, has the vision of a Sudan that is free from all forms of FGM/C by 2018, and it aims to do this by addressing the religious, social, health, and cultural dimensions of FGM/C (Bedri 2013; National Council for Childhood and Motherhood 2008).

Previous research has revealed that a better understanding of the social dynamics of abandonment within families and communities can enhance the design and targeting of interventions that can produce effective and sustainable results (Mackie and LeJeune 2009).

This study sheds light on abandonment of FGM/C by identifying characteristics of abandoners, assessing benefits and costs of abandonment, exploring the challenges faced by abandoners, and identifying the coping mechanisms and strategies abandoners adopt to overcome these challenges, as illustrated in figure 3.

Fig 3: Dynamics of FGM/C abandonment between parents and their social network
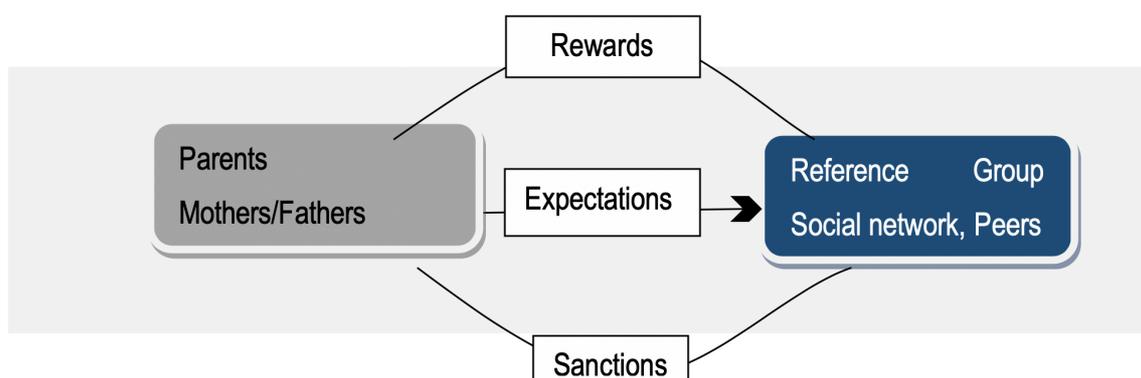
1.5.   Goal of the study

The overall aim of this study is to understand the characteristics of abandoning families, the challenges they face in abandoning FGM/C, and factors that may help them maintain their abandonment position.

To achieve this goal, the study seeks to answer the following questions?
1. What are the characteristics of abandoning families?
2. Where are abandoning families located?
3. What challenges and tensions do abandoning families face within their families and communities?
4. How do abandoning families mitigate the risk of relapse?

5. What are the key reasons behind relapse in FGM/C practice amongst abandoners?
6. What factors influence abandonment and its sustainability?

2. Literature review

2.1. FGM status and trends in Sudan

The practice of FGM/C is widely prevalent in Sudan, and the country ranks the fifth among countries practicing FGM/C worldwide (UNICEF 2020). According to the most recent Multiple Indicators Cluster Sur-vey (MICS) of Sudan conducted in 2014, 86.6% (18.3 million) of women and girls ages 15-49 have undergone the practice (CBS and UNICEF 2016, 214). The practice is only slightly more prevalent in rural areas (87.2%) than in urban areas (85.5%) across the country (ibid., 215). However, prevalence of the practice varies significantly across the 18 states of Sudan, ranging from relatively low (45.4%) in Central Darfur to staggeringly high (97.7%) in North Kordofan (ibid., 214-215).

In Sudan, girls are usually cut between 5 and 9 years old (UNICEF 2019). At 69.0% (in 2014), the prevalence of FGM/C is lower among girls ages 10-14, compared to 81.7% among 15 to 19-year-olds, 88.0% among 30 to 34-year-olds, and 91.8% among 45 to 49-year-olds (CBS and UNICEF Sudan 2016, 215-216). The data indicates a trend towards lower prevalence of the practice in Sudan (CBS and UNICEF Sudan 2016) and a shift from type 3 (infibulation), which is considered the most severe, to type 1 (clitoridectomy) FGM/C, which is comparatively less severe (Toubia and Sharief 2003; Bedri et al. 2018). Thus, it can be safely assumed that abandonment of FGM is on the rise.

In addition, the MICS results show a marked increase in support for the abandonment of FGM/C; across Sudan, 52.8% of women ages 15-49 believe FGM/C should be abandoned (CBS and UNICEF 2016, 218). Support for abandonment is higher among women in urban areas (67.3%) than in rural areas (45.5%) (ibid.), and the percentage of women favoring the abandonment of the practice also varies significantly across states, from 30.6% in East Darfur to 71.0% in Khartoum (ibid.).

Two factors seem to be particularly important in explaining regional variations in the percentages mentioned above, namely, ethnicity and migration (Thiam 2016, 15). The ethnic composition of the states in Sudan is not homogeneous; some states have ethnic groups that all practice FGM/C, while other states have ethnic groups that do not historically practice FGM/C (ibid., 32-33). These differences account for a large part of the variations in interstate FGM/C prevalence.

Population movement also plays a significant part in explaining regional differences in the practice of FGM/C. Sudan's rich history of migration and integration into new communities can further explain the diffusion of the practice among people who are traditionally non-practicing (ibid., 17). In fact,

migration might even be a more important factor than ethnicity, since the practice of FGM/C could be explained as a means of gaining entry and acceptance within a community, regardless of ethnicity. A number of studies find that members of ethnic groups that do not practice FGM/C adopt the practice when they migrate from rural to urban settings where FGM/C is more prevalently practiced, suggesting that migration and integration are powerful drivers (Mackie and LeJeune 2009; Hamilton and Kandala 2016; Bedri, et al. 2018). Moreover, evidence collected from high income countries where FGM/C is not traditionally practiced and which have legislation against the practice shows that migrants from countries where FGM/C is practiced tend to change their attitudes and decrease their support of the practice as they acculturate to their new home (Johnsdotter 2018). This evidence of acculturation further demonstrates that the drive to integrate into a community is a powerful motive that causes a drastic change in attitudes towards cultural practices like FGM/C (Johnsdotter 2018; Ortensi, Farina, and Leye 2018; Waigwa et al. 2018; Shahawy, Amanuel, and Nour 2019).

In Sudan, the practice of FGM/C is deeply rooted within the culture and often associated with morality, modesty, and family honor (Ahmed, Hebshi, and Nylund 2009; Elduma 2018). In the northern part of the country, most cultural groups consider female virginity a matter of crucial importance (Elduma 2018) to the extent that even rumors questioning a girl's virginity are enough to damage the family's honor and pre-vent her from getting married (Gruenbaum 1982). Another factor driving the practice is the belief that FGM/C is a hygienic practice necessary for women to be clean, beautiful, and religious (Almroth et al. 2001; Elduma 2018). Because the practice is considered an integral part of Sudanese culture, some in-dividuals who do not strongly believe in FGM/C feel forced to practice FGM/C to abide by the community's social norm and thereby to secure marriages for their daughters (Elduma 2018).

2.2.   FGM/C abandonment: Social sanctions and other challenges

Community sanctions

In communities where FGM/C is practiced almost uniformly, girls are cut as a prerequisite for marriage; this is viewed as a testament to their modesty, purity, beauty, and preparation for maturity (Hamilton and Kandala 2016). FGM/C is also considered a method to decrease the female libido, thereby preserving the virginity of females (Althous 1997). Families perceive FGM/C as the best method through which they can ensure good futures for their daughters, primarily through proper marriages that will provide economic and social security (Hamilton and Kandala 2016). Families believe it is best to comply by the community's norms and social expectations to prevent the social ostracism of their daughters, which would render them impossible to marry (Gruenbaum 1982, Shell-Duncan, Obiero, and Muruli 2000; Mackie and LeJeune 2009; UNICEF 2010; Hamilton and Kandala 2016). In these communities, abandoning the practice of FGM/C is perceived to bring shame and social exclusion to girls and their families.

Evidence shows that these sanctions encourage families to perform FGM/C. It can therefore be assumed that it will only be possible to achieve mass abandonment of the practice when the community acquires and accepts collective awareness and knowledge of the harms of FGM/C and embraces an alternate social convention that is safer and more beneficial to their children (Ahmed, Al Hebshi, and Nylund 2009; UNICEF 2010; Waigwa et al. 2018).

Conflicting messages

Conflicting messages may also play an obstructive role on the road to abandonment. Communities receive multiple competing messages; some advocate complete abandonment of FGM/C, while others (particularly religious groups) suggest milder forms of cutting performed by medical doctors (medicalization) as an alternative to complete abandonment (Ahmed, Al Hebshi, and Nylund 2009).

The option of medicalization provides a safer path through which to meet the cultural requirements and is therefore likely a more attractive choice. Medicalization is rapidly increasing in popularity in Africa, particularly in Sudan, which has some of the highest medicalization prevalence rates globally (Kimani and Shell-Duncan 2018). Medicalization is perceived as a way of circumventing health and legal repercussions of FGM/C, while still adhering to the social dictates; however, although medicalization can be viewed as a step on the path to abandonment, it may also itself serve as a serious impediment to abandonment (Bedri et al. 2018; Kimani et al. 2018; Nabaneh and Muula 2019).

Roles of female and male community members

In countries like Sudan where FGM/C is prevalent, FGM/C is perceived as a practice that empowers women within their domestic realms. According to Abusharaf (2001), women hold significant impact in their communities, as evidenced by their wide range of responsibilities and roles at the family and community level. Women, particularly mothers, exercise particularly powerful when it comes to the practice of FGM/C, since they decide when, how, and where girls will be circumcised (Abusharaf 2001; Eldin et al. 2018). Van Der Kwaak (1992) also argues that as women become older, they gain more autonomy, which explains why grandmothers often spearhead the cutting of young girls (Shell-Duncan et al. 2018). FGM/C indirectly affords women status and recognition as cofounders of their families; consequently, they use that power to have more girls circumcised, thus protecting their access to similar recognition (Van Der Kwaak 1992; Sakeah et al. 2019).

Furthermore, most African and Arab societies are patriarchal, making the practice of FGM/C mandatory for the socioeconomic survival of women (Zuhur 2003; Monagan 2010; Berg and Denison 2013; Hamilton and Kandala 2016). Gender inequalities have rendered women entirely dependent on their husbands. Since FGM/C is almost inextricably linked with marriageability, women have no choice but to comply with the practice of FGM/C within their communities (Van Der Kwaak 1992; Mackie and LeJeune 2009; Monagan 2010; Williams-Breault 2018).

Interestingly, a study in Sudan (Sabahelzain et al. 2019) reveals that 65% of fathers prefer to leave their daughters uncut, although the final decision about FGM/C is in the hands of the extended family (including aunts and grandmothers) and not just in the hands of mother and the father. This finding highlights the important role of fathers in abandoning FGM/C. Another study highlighting the change of FGM/C in Sudan from type III (pharaonic) to type I (Sunna) examines how this shift is driven by religious teaching, awareness raising sessions in mosques and hospitals, an increasing recognition of the complications and recovery time of type III FGM/C, and an oath taken by midwives to stop FGM/C (Bedri et al. 2019). It points out that men resent the longer recovery period of type III FGM/C (compared to type I or non-circumcision), since during recovery they must take care of the tasks normally done by females (ibid.). Both studies encourage focusing efforts on male as well as female attitudes towards the practice.

Program support and longevity

Studies have found that insufficient and inconsistent funding is a major hindrance to programs aimed at FGM/C abandonment (Waigwa et al. 2018). Although several programs that have advocated for abandonment of the practice of FGM/C have succeeded, the most successful programs have a documented "dose-response"; that is, long-term programs are more likely to achieve long-term changes in attitudes and behaviors (Waigwa et al. 2018; Evans et al. 2019). On the other hand, a lack of commitment and sustained support undermine the impact of programs that could otherwise be pivotal in facilitating abandonment (A/Rahman et al. 2018).

2.3.   Maintaining FGM/C abandonment: Mitigation against relapse

Abandoners need support and a safe space to speak and share experiences, perspectives, knowledge, and strategies (Bloomer et al. 2017, 14-17). Accordingly, considering community needs and facilitating discourse within communities are integral components to mitigating the sanctions of abandonment; otherwise, abandoners may feel pressured to return to the practice. However, although anthropologists and social scientists have contributed significantly to an understanding of the social forces that motivate communities to maintain the practice of FGM/C (see, e.g., Sedgh, Jackson, and Ibrahim 2005), not much literature properly analyses and documents the social forces that motivate communities to maintain abandonment of the practice. An important exception is Ahmed, Al Hebshi, and Nylund (2009), which analyzes factors that support abandoning the practice in Sudan, but also begins to explore why communities maintain the decision to abandon. The study cites community level discourse, collaboration, and the mitigation of social sanctions as important factors for sustaining abandonment.

Effective abandonment of FGM/C often requires a community discussion, decision, and public commitment (UNICEF 2010). It is also essential for intervention programs and other advocates to

create social, economic, and administrative networks within communities to foster a sense of ownership towards the abandonment campaign, thereby ensuring the spread and sustainability of FGM/C abandonment (Ah-med, Al Hebshi, and Nylund 2009; A/Rahman et al. 2018; Waigwa et al. 2018).

Decades of programs and other efforts aimed at ending FGM/C are beginning to bear demonstrable results. Today, discourse on FGM/C that would have once been considered extremely culturally inappropriate is being held within families, between husbands and wives, and between elders and young people (Ahmed, Al Hebshi, and Nylund 2009; Evans et al. 2019). Questions regarding FGM/C are being raised in communities and online platforms, including about psychological problems related to the practice and how its abandonment will affect marriages.

In addition, evidence of changes in the social discourse and commitment to abandonment is emerging, demonstrated by the willingness of early abandoners to speak about their experiences. In addition, more and more men and women are openly proclaiming their intent to stop the practice and documenting stories of abandonment (Ahmed, Al Hebshi, and Nylund 2009; Evans et al. 2019). This progress suggests that addressing communities as a whole facilitates mass level adoption, which in turn protects against social sanctions. Such protection is a necessary part of achieving permanent abandonment.

2.4.   FGM/C abandonment: Social benefits

Studying the benefits and rewards of abandoning the practice of FGM/C is a relatively unexplored re-search area; hence, there is little available evidence on this topic. However, abandonment could theoretically also lead to social rewards, particularly in the event of community-wide abandonment. One of the many documented success cases of abandoning FGM/C in Kenya is the case of the morans of the Sumbaru community. Morans are young men who are appointed the defenders of both the tribe and the culture. They vowed publicly that when the time came for them to marry, they would choose from among uncircumcised girls (UNFPA and UNICEF 2016). In this particular example, marriageability, which had previously been a powerful instrument of social sanction, was transformed into a reward for uncut girls.

3. Methods

3.1.   Study design

Given the nature of the research questions, the context within which the research was to be conducted, and the availability of previous data, a qualitative approach was necessary to generate the evidence anticipated. Thus, community-based, cross sectional, qualitative in-depth interviews (IDIs) were conducted to examine the characteristics of abandoner families, the challenges and rewards they

experienced, and the coping mechanisms they adapted to overcome challenges. In addition, their opinions on how to help other families sustain FGM/C abandonment were explored.

3.2.   Study area

The study was carried out in two states, Khartoum and Kassala, using IDIs. The two states were selected for two reasons. First, both states have diverse populations that represent nearly all ethnic groups in Sudan. Second, the Ahfad University for Women (AUW) Gender and Reproductive Health and Rights Re-source and Advocacy Center (GRACe) had identified abandoning families in previous mapping studies.

Kassala (Tarawa locality)

In Kassala State, the study was conducted in Tarawa locality, based on mapping study done previously by women's community-based organizations established by GRACe, AUW in collaboration with Kassala University and the Kassala Institute of Health Sciences. Tarawa locality is in the western part of Kassala state and is divided into eight sectors. At the end of 2017, the locality's population was 12,924. Tarawa has an almost homogenous community, 90% of its residents are from the Hawsa tribe; the remaining residents are from the Bani-Amer, Hadandawa, and Falata tribes.

Khartoum (Ombada locality)

In Khartoum state, the study was conducted in Ombada locality, based on mapping of the locality done previously by GRACe. Ombada locality is one of the largest localities in Khartoum and reflects Sudan's diversity. In 2017, the population of Ombada was 1,728,914, of which 416,668 were females of reproductive age (15-49).

3.3.   Study population

The study included IDIs with eight families in each state. In Khartoum, families were first identified through mapping done by GRACe. However, due to security issues that faced Sudan during the study period, additional families were recruited through snowball sampling with the help of local NGOs and community-based organizations working on FGM/C. In Kassala, families were identified through existing women's community-based organizations established by Kassala University, the Kassala Institute of Health Sciences, and AUW.

The interviews targeted parents who abandoned FGM/C and who were known among their families to have not cut at least one of their daughters (preferably the youngest). These families may have publicly announced their abandonment or may have been secretively known to have done so. Including both those who have publicly announced their abandonment and those who secretly abandoned the practice enabled us to examine differences in challenges experienced by those who publicly announced their abandonment and those who did not.

In both settings, the fact that these families were exposed to Sudan's anti-FGM/C campaign may have influenced their responses. However, since the campaign is nationwide, it is difficult to find families that have not exposed to it. Nonetheless, the participants' recruitment process was conducted in such a made in way to ensure that these families were "true" abandoners. For example, to be included a participating family had to have at least one uncut daughter who was at least 18 years old. In addition, the IDI made it possible to overcome any potential pre-determined responses and yield more genuine ones. To gain a comprehensive understanding of the perceptions and experiences of different family members, the mother and father (or other male relative) of each family were separately interviewed.

3.4.   Data collection

In Khartoum, a desk review of the mapping done by GRACe was conducted March 2019 to identify families with at least one uncut daughter who was at least 18 years old. Another mapping through door to door and contact with key informants was carried out in August 2019, since contact was lost with some potential study participants, due to security issues the country faced. Three families in the Ombada locality were identified in the second mapping, and five additional families were brought into the study through snowballing efforts. In Kassala, families were mapped through existing women's community-based organizations established by Kassala University, the Kassala Institute of Health Sciences, and AUW.

Qualitative data were collected from May till December 2019. In Khartoum State, the data collection was done in collaboration with the heads of the health sectors in the localities and with local committees in the selected communities. The local committees supported the research team by identifying key informants from the communities, selecting suitable communities for data collection (based on criteria outlined by the research team), and bringing together families for the IDIs. In Kassala, data collection was done in collaboration with women's community-based organizations.

A total of 14 IDIs (8 with mothers and 6 with fathers), were conducted in Khartoum State. A total 16 of IDIs (8 with mothers and 8 with fathers) were conducted in Kassala State. Two fathers in Khartoum State were not available for the interviews and (due to time constraints) follow up with them was not possible.

The in-depth interviews took 30-40 minutes each and were audio-recorded. Interviews were based on a structured interview guide and were conducted in Arabic. Questions were asked about the characteristics of the father and mother, the challenges and rewards that faced them when they decided to abandon the practice of FGM/C, their coping mechanism, and ideas they had to help other families abandon FGM/C.

3.5.   Data analysis

Audio files from the IDIs were transcribed in Arabic, taking into account non-verbal cues. The transcripts were cleaned, and the final transcripts were then read to identify key codes and themes using content analysis. Key codes, themes, and quotations were translated into English. Exemplar quotes drawn from the interviews are used below to illustrate significant findings. Please note that, for ease of reading, quotations do not include ellipses to denote deleted text.

3.6.   Ethical considerations

The Ahfad University for Women's Research Committee granted ethical approval for the study. Participation in the study was on a voluntary basis, and participants were informed their right to discontinue/refuse their participation at any stage of the study if they wished to withdraw.

Informed consent was obtained from participants prior to the interviews and hard copies of the consent forms were stored in a secure location only accessible to the research team. All audio recordings and transcripts were stored on password-protected computers, and audio recordings were deleted after their contents had been fully transcribed and analyzed. Moreover, confidentiality of the information was assured by using pseudo names instead of participants' real names, so the data were fully anonymized.

3.7.   Challenge of the study

Including both the father and mother in the study was a significant challenge, especially in Khartoum State. Most men refused to participate because they saw no benefit in talking about their experiences, particularly since the mothers were already speaking with the research team. It may be helpful if future studies focus on men only.

4. Results

4.1.   Characteristics of abandoning families in the study

The abandoning families in the study were drawn from two areas where efforts to combat FGM/C have been carried out at the community level. It is not within the scope of this study to assess the origin of the families' decisions to abandon FGM/C, but all of participants mentioned these efforts as a means by which they were made knowledgeable about harms of the practice. The families shared several other characteristics. One of the main characteristics observed was the strong role of men in the decision to abandon the practice and to leave the eldest daughter (in most of the families) uncut and intact.

Almost all participants distinguished clearly between type III (infibulation) and type I (clitoridectomy) FGM/C and indicating their particular disapproval type III FGM/C as a pharaonic practice that Muslims should not follow. Religious influence was a factor that featured prominently in many study families, particularly in Kassala, where almost all of the male guardians or their fathers were religious scholars or sheikhs whose religious knowledge and wisdom gave them the authority and ability to influence the decision about FGM/C within their families (which has previously been assumed to be a "women's issue"). For example, Fatima, a 38-year-old housewife, explained,

> *My daughter cries and stuff, and her father of course pleads with her. He is a sheikh him-self and tells her, "You know, God almighty made humans in the best form ever. Leave them and do not pay attention to them." (KaT2)*

One of the mothers was also a Quranic teacher and hence had a strong influence on women and men in her family.

The fact that some of our participating mothers were uncut themselves, though they were older than 30, was fascinating, since they come from a cohort of which over 80% of women have been cut (CBS and UNICEF 2016). This may have had an impact on their strong adherence to the idea of abandonment. Having said that, mothers who are motivated to abandon the practice because of complications with their own marriages and childbirth cannot be ignored. More in this regard is discussed in section 5.2 below.

Although the study did not explore the living arrangements of the participating families, it was very evident that extended families, including both male and female direct family members living in other states, had a strong impact in either supporting or opposing the decision not to circumcise.

4.2. Challenges and sanctions faced by abandoning families and uncut girls

Many study participants mentioned the that they or their daughters had to endure direct insults, bullying, threats, and exclusion from social activities as a result of abandonment. For example, Hassan, the 34-year-old uncle of a girl in Kassala, shared,

> *We did not do FGM/C because one of the religious leaders told us not to do it. It is against Islam and not appropriate for good Muslims. But we were faced with lots of insults and problems, insults a lot, but we were patient. They objected, as we did not do a party or event or big meal for her or nothing, so they knew we did not circumcise her and continued with strong insults and naming like so your daughter is galfa. You have a galfa girl in your house, and your family hold this circumcision as a strong tradition, and you leave your daughter like this. (KaT3)*

Wafaa, a participant in Obada, explained how her daughter was bullied at school and was ashamed to share her status publicly. A 40-year-old housewife with a secondary education and four uncut daughters (including two older than 18), Wafaa elaborated,

> My daughter came one day and said that their teacher asked those who were not circumcised to stand up. She said, "No one stood up. I was ashamed to stand up." I told her, "You should stand up proudly." After a while, she then said to me, "You know, the one next to me said to me that she is not circumcised but was scared to stand up. And I told her, 'Me, too.'" And her peer told her, "If I knew, I would have been encouraged by you and stood up." (KhO5)

Fatima, a 38-year-old housewife from Kassala who is not circumcised herself said,

> I was not circumcised, and, you know, people when they meet in houses where there are social gatherings, they throw words about me and for my daughter they mostly say to her, "The daughter of the galfa." (KaT2)

Explaining the range of resistance her family faces, she added,

> We faced lots of problems, you cannot imagine. Her [paternal] uncles talked her grandmother, the mother of her father. Of course, they did not want this, and they thought of taking her to go to cut her without us, as we have sabotaged the family for them and they all circumcise their daughters. And when we go to their house, where the big house is, they say, "Stay away, you galfa. This girl, we do not have a girl like this." And they used to torment and bully her with this word, but her father would stand up to them.
>
> They say to me when I talk, "You shut up. You cannot consider yourself one of us. if you were, you would have circumcised your daughter and became like us, and you are a woman who is ordering and bossing her husband," when they are chatting.
>
> My husband's mother said to him, "You either circumcise your daughter or you are not my son and I will not pardon you." She used to not talk to him. She was angry at him. Then, his brothers went to their [paternal] uncle to convince her and after many talks, she finally accepted. After three or four years she accepted, but she used to say, "This girl will be older, and you must circumcise her before then." (KaT2)

Asia, a 42-year-old housewife from Kassala who has seven years of schooling, volunteers in a khalwa (religious school), and has three uncut daughters, explained how her daughters' peers make threats to

her that they will not be married because they are uncircumcised and that if men ask for their hands, their dowries will be less than those who are circumcised:

> *The mothers and their daughters who are circumcised, they say to our daughters, "If you go out, people will not ask for your hand. And if they do, your dowry will be less than ours." I told them, "You tell them, 'We are complete and whole and have no problem in us. It is better for a man to take a whole girl than a girl who is incomplete.'" (KaT4)*

4.3. Benefits gained by abandoners within their families and communities

Abandoning FGM/C has a direct health and psychological benefit on a family's daughters, but this study wanted to consider the benefits that may arise from the social interactions between abandoning families in Sudan and members of the extended family. Our research finds that families that have abandoned FGM/C may influence their social network to follow suit, even if it occurs after some time. This influence can even extend to those who objected to abandonment in the beginning. As Asia (above) explained,

> *His brothers were objecting, the brothers of her father and her aunts. Her aunts are all circumcised, but they gave us a hard time at the naming of our girls. Now their girls them-selves are not circumcised, those younger than my daughter. They listened to our aware-ness, thanks to Allah. (KaT4)*

Fatima and her brother Omer (both from Kassala) explained the women's health benefits of not being cut:

> *I can tell you that now, it's funny. We have one of our other sisters and she is not circumcised. And you know, subhan Allah [by will of God], when she had her delivery pain wallahi [swearing by God], she delivered without a midwife or anyone else in her house alone, not even someone besides her wallahi alone in her house. (Fatima, KaT2)*

> *Now when you see a girl like her [his niece] and her peers who are circumcised, you find that they feel like less than her and that they are isolated from the society and so on. The uncircumcised sees herself as normal and as God has created her. She is sitting without feeling she is missing anything, and therefore other people, they feel it is best to not to circumcise, like they could possibly take her as a model – or others who are not circumcised who are a model for not doing circumcision. (Omer, KaT2)*

In one family, the issue of marriageability came up as a positive factor related to abandonment. Iman, a 42-year-old housewife with 7 years of schooling and two uncut, married daughters, said,

Their aunt came and said, "No one will marry your daughters if you leave them like this" [meaning uncut]. They said to her, "If they refuse to marry us like this, we do not want them as we are convinced about our status." My younger daughter, when she was about to get married, her cousin came and told her, "Now the groom will bring you back from the flat divorced to your mother." She then said to me, "I do not want to get married. I will stay like this." Then, I said, "I will call him." She said, "Mother, please do not call him," but I called him and I said to him, "Do you know that the daughters of Abbas are not circumcised?" He said to me, "Yes, auntie." I said to him, "Are you convinced?" He said, "Yes, I am convinced, but why?" I told him because my daughter had a problem and was told that the uncircumcised girl will not get married. He said, "No, no. I am convinced about this, and I know that the daughters of Abbas are like this. That is why I came to them, because she is not circumcised." This is her husband. (KhO2)

4.4. Strategies used by families to overcome social sanctions

Families shared several used strategies they used to enhance their position, remain strong about their decision, and empower their daughters to withstand the social sanctions of not being cut.

Explaining the benefits of being uncut and harms of FGM/C

Samia (51 years old) and Asia (42 years old), both from Kassala, shared how they explained to their daughters the benefits of being uncut and the harms associated with FGM/C:

Yes, our daughter faced many problems and insults. They said to her, "You are not circumcised, and you are galfa, and you are this and that." We told her, "Be patient," and showed her that circumcision has no benefits. And we said to her, "We will remain here with you, and we will not do it to you. It has no benefits, as it is not religious and not healthy." We sat with her and explained slowly to her, and when the groups who were doing awareness came to us, we asked her to sit and listen to them until she became like "All right, so it is bad and not good." (Samia, KaT3)

They said to us, "If the girl goes out uncircumcised, the other girls will make her crazy. You are galfa and were not circumcised and it's not acceptable this way." And so they always bullied her and made her crazy, and when she went out, they would not leave her alone and would say, "You are not circumcised, not circumcised." That is why the girls [her daughters] used to say to me, "Mother, circumcise us," and we said to them, "No, no. We will not circumcise you because we the ones in front of you. We were not circumcised, and nothing happened to us. What people say is nothing and will not do anything to you. It's best if you have your full health in your bodies and nothing to harm your health. It's best for you." We convinced them this way. (Asia, KaT4)

Engaging the girl in awareness campaigns

Uncut girls were not only empowered by knowledge and evidence of the harm of FGM/C, but they were also allowed and encouraged to be part of community campaigns for combating FGM/C, particularly among their peers. As Fatima explains,

> *Her [maternal] uncle talks a lot and you know and they please and cool her, and now she is one of the girls who speaks about circumcision with these girls in the protection commit-tee. (KaT2)*

Helping the girl find a supportive peer group to resist social sanctions

One participant indicated that her daughters strengthened their position against social sanctions and bullying by finding peers and groups who supported the idea of abandonment and were not circumcised. As Imana, a 42-year-old housewife from Omabdda with 7 years of schooling and two uncut daughters, explained,

> *One of our neighbours used to come a lot to us, and one day her daughter said to her friends, "I am not circumcised." She was a very close friend to them, and her family circumcises their girls. But she usually came to my daughters and asked about this, and they said to her, "We are not circumcised." She was happy and said to them, "I am like you." Then, she told her mother and her mother said to me, "You and me are like each other. We have daughters who are not circumcised." (KhO2)*

4.5. Factors influencing abandonment and its sustainability

The study participants mentioned several factors that influenced their ability to sustain the decision to abandon FGM/C. Some of these factors include the relationship and communication between the girl's parents, the support of family members (particularly males, which will be elaborated further in a separate paper), the overall environment where they live, and the role the uncut girl plays as a role model for peers and younger generations.

For example, Abbas, a 56-year-old physician from Obada with a graduate education, explained the role of communication and trust between him and his wife in sustaining the decision they made (initiated by him) not to circumcise their daughters:

> *My wife had a great role, of course. She talked with her family and my family to support our decision. The fact that she listened to what I said, if she was another wife, she could have taken them and circumcised them in secret. So how come she has no role? She has a big role. She understood the issue and insisted on it and said, "You are right." How come she has no role? Her role was great. (KhO2)*

Another participant shared,

> *Now we have no challenges, as it is now becoming normal. Of course, now I can tell you, like our*
> *daughter among our nieces. She is almost the eldest one, and now after her we have how many, but*
> *at the end it has become a normal thing. Like now, mashaa Allah [God protects], between the*
> *daughters of my brothers and sisters we may have now like ten or nine [uncut], but it's over. It has*
> *become normal after people have overcome this first obstacle. (Fatima, KaT2)*

5. Discussion

Our study included families that abandoned FGM/C from two areas that had experienced campaigns to combat FGM/C. The study families made clear the distinction between type III (infibulation) and type I (Sunna, clitoridectomy) FGM/C, indicating that type III is a pharaonic practice that Muslims should not follow. Thus, they linked their decision to abandon with their religious obligations and desire to be good Muslims. This was coupled with strong religious influence on their decision making, particularly in Kassala state. These findings are in line with findings of another study in Khartoum and Gedaref states that con-firms a current shift from type III (pharaonic) to type I (Sunna), which is being driven by religious teachings, awareness raising sessions in mosques and hospitals, and an increasing recognition of complications from type III (Bedri et al. 2019). That study concludes that exposure to information about the health complications of type III (and an assumption that type I has no health complications) may also have influenced families' decisions to shift to type I.

In addition, our study highlights the role of women from different generations in the decision to abandon the practice. Women had different roles in the processes of decision making, overcoming resistance and social sanctions, and sustaining the decision to abandon. One mother in the study was uncut herself, which gave her a strong conviction that helped to overcome social sanctions. In addition, having a supportive family and social network around was mentioned as a factor that helped overcome resistance to abandonment. Nonetheless, in Sudanese societies, elderly women are the keepers and leaders of social networks, and they ensure the passage of cultural norms from one generation to another. Applying the social norm theory here illustrates the importance of social networks to changing individual or nuclear family decisions. Elderly family members still have a strong influence on decisions (even if they live in other areas), particularly if they are not in favor of the change.

5.1. Challenges and sanctions faced by abandoning families and uncut girls

The social norms theory states that individuals pay great attention to potential sanctions they may experience if they deviate (defect) from a norm (Berkowitz 2004). They often expect social sanctions, especially if the behavior from which they are deviating has strong support by the community or by

the individual's social network. The participants in our study mentioned a range of challenges and sanctions that they had to deal with as result of their decision to abandon FGM/C. These were exhibited by their families and community, with some directly pointed to the family and others to the girl, including bullying, threats, and exclusion from social activities. This result was consistent from those highlighted in previous studies (Gruenbaum 1982, Shell-Duncan, Obiero, and Muruli 2000; Mackie and LeJeune 2009; UNICEF 2010; Hamilton and Kandala 2016),, although one might expect some level of acceptance in a society where campaigns for combating FGM/C have been running for over five decades. Nonetheless, because FGM/C is still linked to family honor, reputation, and social status, and is perceived as the best method by which families can ensure good futures for their daughters, the practice tends to be preserved and sustained by older generations (Hamilton and Kandala 2016).

5.2.   Benefits gained by abandoners within their families/ communities

Despite the strong hold of communities on the practice of FGM/C, the study uncovered some benefits of abandonment. Families that have abandoned FGM/C can have positive impacts on others in their social network, even among those who previously opposing abandonment. As in Bedri et al. (2019), benefits for women's health were also cited. These benefits are rarely thought of in campaigns to encourage abandonment, although an exception has been the Saleema campaign in Sudan, which attempted to use a health discourse to encourage families to think of abandonment as a positive choice for their daughters.

Strangely enough, the issue of marriageability came up as a positive factor related to abandonment. This was mostly related to young men preferring uncut wives, and in doing so preferring to marry into a family known for abandoning FGM/C, a thing that was considered a downfall in the past. Gruenbaum (1982) and Mackie and LeJeune (2009) indicate that families must comply with social norms if their daughters are to be marriageable; thus, they cut their daughters. The different outcome of our study may be because the communities in our areas were heterogenous and because of generational changes in perceptions of the practice.

5.3.   Strategies used by families to overcome social sanctions

Challenging social norms often results in social sanctions that have a great impact on families and their relationships with their social networks. According to the social-norms theory, these impacts are coupled with the social costs of deviating from the norm. In cases where families have succeeded in defecting, other families can expect fewer social sanctions or costs. In our study, families used several unique strategies to enhance their positions, sustain their decisions, and empower their uncut daughters to deal with direct and indirect social sanctions. Families educated their daughters at an early age about the practice of FGM/C, helping them to understand the harms of the practice and the value of being "whole" and "complete," two terms used many times by our participants when

referring to uncut girls. Girls were also involved as educators and role models in community campaigns to combat FGM/C, particularly among their peers. This helped increase their social network with other defecting peers. Finally, public declarations by abandoning families helped others to find a supportive social network (Bedri 2013).

5.4. Factors influencing abandonment and its sustainability

As indicated above, the sustainability of a decision to abandon FGM/C is linked to the decision-making process and factors that can lead to relapse. Open communication, respect, and conviction of the parents are core elements to sustainability. The overall social environment where the family lives, the perception of the social network and peers, and the role of the uncut girl are also important factors that have been under-investigated to date. In a study in Sudan, Ahmed, Hebshi, and Nylund (2009) analyze factors that support the abandonment of FGM/C in Sudan and identify community level discourse, collaboration, and mitigation of social sanctions as some of the most important factors. However, they do not mention the role of the uncut girls themselves.

6. Conclusion & Recommendations

6.1. Conclusion

FGM/C abandonment is a complex process, and our study shows that it consists of a continuum of phases rather than a process with a distinct start and end, particularly since relapse can occur within families that have abandoned (a topic that requires further study). The role of men - whether young or old, fathers or not - appears to be significant and should be capitalized on. Change in norms and perception about types I and III are also important aspects behind abandonment. The perceived contradiction between type III FGM/C and Islam, as well as its wide disapproval, should be considered in campaigns. Health complications still have the largest influence on the decision for abandonment, particularly among women from the same family.

Men and women have different social peers, but the decision to abandon FGM/C was often a joint decision by mothers and fathers. Nonetheless, extended family members and other members of a family's social network are often involved in the decision. Future studies should further explore the link between primary and other decision makers, including the complex resistance decision makers may feel in their immediate environments.

Abandoning families face a range of challenges and sanctions by their families and community, including bullying, threats, exclusion from social activities. Although this is expected, families have developed different coping strategies (although some strategies are not very effective and result in relapse). These strategies must be better understood and categorized, so that they can be used to

empower future families entering the abandonment process. Abandonment may also lead to benefits, including marriageability, which is rarely linked to abandonment of FGM/C.

Families that have abandoned FGM/C may also have positive impacts on others in their social networks. This mode of influence should be further studied, so that campaigns can leverage this potential of a ripple effect of abandonment. Abandoning families have also developed strategies to help their daughters cope with their social networks and to empower them to overcome any impacts that might lead to relapse. Open communication, the parents' respect and conviction, the overall social environment where the family lives, and the uncut girl's own role are important factors in sustaining abandonment and require further study to understand their dynamics.

6.2. Recommendations

Based on our study conclusions, we make the following:
1. Include information about changing norms and perception about FGM/C types I and III in educational campaigns and dialogues with community groups.
2. Discuss the health complications of FGM/C, but do so in careful doses, so as to avoid further medicalization of the practice. Potential health complications (including psychological consequences) of type I FGM/C should also be explored.
3. All generations of women should be included in campaigns, including younger ones.
4. Younger women need empowerment to withstand the social sanctions of abandonment, including knowledge, communication techniques, and safe spaces for mutual support.
5. Further studies should explore the link between the primary decisionmakers and their broader familial and social networks. The topic of resistance, particularly from the immediate environment, is complex and requires more exploration.
6. In depth studies on the change in social norms towards marriageability are needed to enable the integration of this aspect into campaigns.
7. School teachers and parents need to be trained on how to address social sanctions exhibited by peers against uncut girls.
8. More studies are needed to document in depth the benefits gained by families as a result of abandonment, including marriageability.
9. The effect of abandoning families on others in their social network requires further exploration. Social network analysis and mapping studies can help document these dynamics and may have a useful impact on community campaigns and social movements.
10. Studies are needed to understand relapse in the abandonment process in depth.

List of Participants

Code	Participant characteristics
Kassala State	
KaT1	Mother: Saadia, 38 (age), has a primary education, housewife, has 20-year-old daughter who is a university student
	Father: Ahmed, 45, Has a high school education, works in the informal sector
KaT2	Mother: Fatima, 38, housewife, has 2 daughters, of which one is 18 years old, finished high school, and is unemployed
	Maternal uncle (father is deceased): Omer, 35, has a graduate education, high school teacher
KaT3	Mother: Samia, 51, has a *khalwa* (religious school) education, housewife, has 18-year-old daughter who is a high school student
	Brother of ___: Hassan, 34 years old, has a high school education, businessperson
KaT4	Mother: Asia, 42, did not completed primary level education, housewife who volunteers in a *khalwa*, has 3 daughters, of which the eldest is 20 years old, uncut, and married
	Father: Nasir, 45, has a high school education, works in the informal sector
KaT5	Mother: Hawa, 40, illiterate, housewife, has an uncut 18-year-old daughter with a primary education.
	Father: Khamis, 43, did not completed primary level education, spiritual healer
KaT6	Mother: Madina, 42, has not completed primary level education, housewife, has 2 uncut, married 19-year-old daughters with 7 years of schooling and did not completed primary level education.
	Father: Abdalla, 50, has an intermediate education, businessperson
KaT7	Mother: Safia, 35, has not completed her primary level education, with 6 years of schooling, housewife, has uncut 19-year-old daughter who finished high school
	Father: Mohamed, 42, has a primary education, businessperson
KaT8	Mother: Khamisa, 38, has primary level education, housewife, has an uncut 19-year-old daughter with primary level of education
	Maternal uncle: Salih, 45, has a secondary education, businessperson
Khartoum State	
KhO1	Mother: Amal, 42, has a university education, housewife, has 2 uncut daughters, of which one is 19 years old and a university student and the other is 13 years old and in high school
	Father: Yousif, 50, has a university education, formal employee
KhO2	Mother: Iman, 42, has 7 years of schooling, thus did not complete her primary education , housewife, has two uncut daughters, of which one is 30 years old, with 5 years of schooling, and married with 3 daughters, while the other is 25 years old, with a secondary education, and married
	Father: Abbas, 56, has a graduate education, physician

KhO3	Mother: Zeinab, 43, has 4 years of schooling, housewife, has an uncut 18-year-old married daughter who did not complete primary education (had 6 years of schooling)
	Father: Hamid, 51, has an intermediate education, businessperson
KhO4	Mother: Huda, 45, has a high school education, housewife, has 2 daughters with a high school education, of which one is 20 years old and cut and the other is 18 years old and uncut
	Father: Ali, 52, university graduate, formal employee
KhO5	Mother: Wafaa, 40, has a secondary education, housewife, has 4 uncut daughters in school, ages 19, 18, 15 and 10
	Father: Kamal, 47, has a university education, businessperson
KhO6	Mother: Amina, 45, has a secondary education and a diploma, health promotion worker, has a 23-year-old uncut daughter who is a university student
	Father: Faroug, 53, has a university education, formal employee
KhO7	Mother: Amna, 38, high school graduate, housewife, has an 18-year-old uncut daughter who is a university student
KhO8	Mother: Suad, 44, has primary level of education, housewife, has 2 uncut, married daughters, ages 26 and 23, who are university graduates

6.3. Participants' characteristics

Demographic Characteristics	Frequency	Percentage
Kassala State		
Mother's age		
30–34	0	0
35–39	4	50
40–44	3	38
45–49	0	0
50–54	1	12
54–59	0	0
Total	**8**	**100**
Father/guardian's age		
30–34	1	12.5
35–39	1	12.5
40–44	2	25
45–49	3	37.5
50–54	1	12.5
Total	**8**	**100**

Sex		
Male	8	50
Female	8	50
Total	**16**	**100**
Mother's educational level		
Illiterate	1	12.5
Khalwa	1	12.5
Primary	5	62.5
Secondary	1	12.5
University	0	0
Total	**8**	**100**
Father/guardian's educational level		
Illiterate	0	0
Khalwa	0	0
Primary	3	38
Secondary	4	50
University	1	12
Total	**8**	**100**
Mother's occupation		
Unemployed	8	100
Formal employment	0	0
Total	**8**	**100**
Father/guardian's occupation		
Formal employment	1	12
Informal employment	3	38
Businessperson (self-employed)	4	50
Total	**8**	**100**
Daughter's age		
18–22	8	100
23–27	0	0
28–32	0	0
Total	**8**	**100**
Daughter's educational level		
Khalwa	0	0

Primary	5	63
Secondary	2	25
University	1	12
Total	**8**	**100**
Daughter's marital status		
Married	2	25
Unmarried	6	75
Total	**8**	**100**

Demographic Characteristics	Frequency	Percentage
Kassala State		
Mother's age		
30–34	0	0
35–39	4	50
40–44	3	38
45–49	0	0
50–54	1	12
54–59	0	0
Total	**8**	**100**
Father/guardian's age		
30–34	1	12.5
35–39	1	12.5
40–44	2	25
45–49	3	37.5
50–54	1	12.5
Total	**8**	**100**
Sex		
Male	8	50
Female	8	50
Total	**16**	**100**
Mother's educational level		
Illiterate	1	12.5
Khalwa	1	12.5
Primary	5	62.5

Secondary	1	12.5
University	0	0
Total	**8**	**100**
Father/guardian's educational level		
Illiterate	0	0
Khalwa	0	0
Primary	3	38
Secondary	4	50
University	1	12
Total	**8**	**100**
Mother's occupation		
Unemployed	8	100
Formal employment	0	0
Total	**8**	**100**
Father/guardian's occupation		
Formal employment	1	12
Informal employment	3	38
Businessperson (self-employed)	4	50
Total	**8**	**100**
Daughter's age		
18–22	8	100
23–27	0	0
28–32	0	0
Total	**8**	**100**
Daughter's educational level		
Khalwa	0	0
Primary	5	63
Secondary	2	25
University	1	12
Total	**8**	**100**
Daughter's marital status		
Married	2	25
Unmarried	6	75
Total	**8**	**100**

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Female genital mutilation/cutting (FGM/C) is widely practiced in Sudan, where the Multiple Indicators Cluster Survey (MICS) 2014 in Sudan, showed a prevalence of FGM/C among women and girls ages 15–49 years as 86.6%. Generational differences in the prevalence of FGM/C suggest a trend towards the abandonment of the practice, where FGM/C among girls age 10-14 years was 69%, compared to 82% among 15 to 19-year-olds, 88% among 30 to 34-year-olds, and 92% among 45 to 49-year-olds (CBS and UNICEF Sudan 2016, 215-216). The MICS also showed high support for abandonment of the practice, among women aged 15-49 (53%), and also among women in urban (67%) and rural areas (46%) (ibid. 218).

This study adopted a qualitative approach to examine and understand the characteristics of abandoning families, challenges they face in abandoning FGM/C, and factors that may help them maintain their abandonment position.

It is recommended more studies are needed to document in depth the benefits gained by families as a result of abandonment, including marriageability.