

THE NEXUS BETWEEN VIOLATION OF FREEDOM OF RELIGION AND FEMALE GENITAL MUTILATION (FGM) AMONG THE SOMALI COMMUNITY IN BALAMBALA, GARISSA COUNTY, KENYA

By

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ABSTARCT

Purpose of Study: This study explores the intricate relationship between the violation of religious freedom and the practice of Female Genital Mutilation (FGM) among the Somali community in Balambala, Garissa County, Kenya. The overall goal was to provide a comprehensive religious approach for religion and religious actors to combat FGM without violating the rights to freedom of religion.

Problem Statement: Despite extensive legal, health, and human rights campaigns, FGM remains deeply rooted in cultural and religious norms, often justified by misconceptions that it is a religious obligation.

Methodology: The target population includes muslim men, women and religious leaders. This study employed a descriptive survey design, incorporating a mixed-methods research approach that collected both qualitative and quantitative data. The study employs both probability and non-probability sampling techniques, utilising Cochran's 1977 formula to determine a sample size of 410 from a target population of 39,629.

Result: The findings revealed that a significant proportion of community members perceived FGM as both a cultural and religious practice, with religious leaders playing a pivotal role in shaping attitudes. This creates gender inequality and fuels gender-based violence. Additionally, violations of religious freedoms, such as discrimination and suppression are linked to the reinforcement of FGM practices, underscoring the complex dynamics that sustain it. The study emphasises that engaging religious leaders and safeguarding religious freedoms are crucial in efforts to eradicate FGM and protect women's human rights.

Keywords: *Freedom of Religion, Female Genital Mutilation, Islamic religion, Gender-Based Violence, Religious leaders, Somali community in Kenya*

INTRODUCTION

The discussion on ending Female Genital Mutilation (FGM) across the globe has mainstreamed several factors to be considered in this venture, including religion and cultural practices. Religion is sometimes partially blamed for the practice of FGM in some communities. It is primarily considered a strong force to reckon with in the struggle to end FGM around the globe and specifically in Africa. The WHO report (2018) expounds on the complex and multifaceted nature of FGM, being that it is deeply rooted in cultural, religious, and social factors. FGM entails various procedures that involve altering or injuring the female genitalia for non-medical reasons, and it is recognised internationally as a violation of the human rights, health, and integrity of girls and women. The adverse health implications for those who undergo FGM cannot be overemphasised, but extend from short-term consequences to long-term effects, including psychological trauma. (WHO, 2018).

The adverse consequences of FGM have led all stakeholders to join forces in efforts to end the practice of FGM. Most importantly, religious leaders are considered key stakeholders in the fight against FGM across Africa. The role of religion and religious leaders is the underpinnings of this paper, which seeks to look at how religion and religious leaders can work towards ending FGM by paying attention to the relationship between the violation of freedom of religion and the violation of the human rights of women within the practice of FGM. This paper will look at the gender dynamics in the relationship between the violation of freedom of religion and the practice of FGM among the Somali community in Garissa, Kenya.

While the precise origin of Female Genital Mutilation (FGM) remains unknown, historians have identified patterns of female circumcision within various cultural sub-sects of both Islam and Christianity. The earliest recorded instance of FGM was discovered in Egypt, dating back to the 5th century, when historians examined a female mummy that exhibited signs of circumcision (Llamas, 2017). Subsequently, traces of the practice have also been observed in tropical Africa, the Philippines, and regions where Arab and Roman influences were present. This indicates that FGM has deep historical roots across different cultures and geographies (Llamas, 2017). Since then, the practice of FGM has been widely experienced globally.

Although the global prevalence of FGM has declined, the practice persists in many communities, particularly across 30 countries in Africa and the Middle East, as well as in some regions of Asia and Latin America. The progress made in reducing FGM is at risk of being reversed due to humanitarian crises, conflict, and religious discrimination, which could obstruct the pursuit of gender equality and the goal of eliminating FGM by 2030. (UN, 2021). The importance of ending FGM was showcased in the year 2012, when the UN General Assembly designated February 6th as the International Day of Zero Tolerance for Female Genital Mutilation to intensify and direct efforts on the elimination of this practice (UN, 2021).

Expounding on its widespread practice, Kihara et al. (2022) bring to light the social and gender dynamics of FGM. The practice of FGM is a social and gender norm, meaning that the practice is held in place by a complex set of beliefs, expectations, authorisations and benefits that are ascribed to within a specific community. Families within a community will choose to practice FGM because they believe that others within their community have also done so, but also because they believe that the community expects them to practice FGM on women and girls. This social and gender

construct of FGM explains some of the reasons for its widespread practice, which has been recorded by international organisations such as the WHO. The World Health Organisation (WHO) reports that around 200 million girls and women currently living have experienced Female Genital Mutilation (FGM) in over 30 countries, with the majority of cases concentrated in Africa and the Middle East (WHO, 2022). However, due to increasing migration and improved global communication, the practice has now spread to various parts of the world, including developed nations such as the United Kingdom and the United States. This expansion of FGM emphasises the pressing need for awareness, advocacy, and intervention to safeguard the rights and health of women and girls globally.

In the United States, approximately 513,000 women and girls have undergone or are at risk of female genital mutilation (FGM). The Equality Report (2021) notes that as early as 1992, there was a lack of attention to FGM by international human rights organisations. In 1996, it launched a campaign in the U.S. against the detention of a 17-year-old Fauziya Kassindja, who had escaped from Togo, fleeing FGM and a forced marriage in 1994. There are cases of girls born in the U.S. being subjected to FGM, in recent times mostly by immigrant families. To contain this practice, the STOP FGM Act of 2020 makes it illegal to perform FGM in the U.S. and was amended in 2013 to make it illegal to transport a girl out of the U.S. for FGM practice. (Equality Now, 2021). This reality of FGM is also experienced in the Middle East.

In the Middle Eastern country of Iraq, FGM is practised across several regions. However, the practice is prevalent in the Iraqi Kurdistan Region (IKR), concentrated in the region, with a prevalence rate in women and girls aged between 15 and 49 at 46.6%. Religion, culture and traditions justify some of the reasons for practising FGM in the Iraqi Kurdistan Region. Although FGM is banned in Iraqi Kurdistan, a recent study by Zahir, Piroozi, and Shokri (2024) still shows that FGM remains a challenge in Iraq. Despite the interventions made, some women still undergo this practice, as religious recommendations and traditional practices are cited by women as supporting FGM. The practice of FGM is common in African countries. The UNFPA-UNICEF Joint Programme on the Elimination of Female FGM report that although progress has been made in ending FGM, much is still to be done in Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Uganda, Kenya, and Mali (UNFPA, 2021). It is beyond a reasonable doubt that the majority of the countries in Africa practice FGM.

A spatial modelling study has emphasised the persistent prevalence of Female Genital Mutilation (FGM) in Kenya, particularly in the North Eastern and South Western counties. Following the enactment of a progressive Constitution in 2010, the country has witnessed intensified campaigns aimed at eradicating FGM. This effort led to the establishment of the Anti-Female Genital Mutilation Board, a semi-autonomous agency mandated by the Prohibition of Female Genital Mutilation Act of 2011, which operates under the Ministry of Public Service, Gender, Senior Citizens Affairs, and Special Programmes. In addition, the Kenyan government has implemented the Presidential Plan of Action to End FGM by 2022, forming an inter-ministerial committee to enhance collaboration and coordination in sharing information and providing services dedicated to eliminating FGM. In 2021, Kenya played a pivotal role in executing a regional cross-border action plan agreed upon in 2019 by five neighbouring countries: Ethiopia, Kenya, Somalia, Uganda, and the United Republic of Tanzania. More so, Kenya is notable for its rich ethnic and cultural diversity, which is reflected in the varying rates of Female Genital Mutilation (FGM)

among its different ethnic groups, as well as the types of FGM performed and the reasons behind these practices, especially among the Somali communities in Kenya.

According to a study conducted among the Somali community in North Eastern Kenya, Female Genital Cutting (FGC) is a deeply entrenched cultural practice that enjoys widespread support. The persistence of this practice is attributed to several interrelated factors, including perceived religious obligations, the importance of family honour, and the expectation of virginity as a requirement for marriage. Additionally, there is an aesthetic preference for infibulated genitalia. Notably, FGC is not a rite of passage within this community. At the core of these beliefs is the use of infibulation to uphold the cultural value of sexual purity in women (JGuyo, et al, 2005).

The international community and various development organisations have acknowledged the critical role that religion plays in efforts to eliminate female genital mutilation (FGM). The UN interagency statement on Eliminating Female Genital Mutilation emphasises that engaging religious leaders in anti-FGM interventions is essential for achieving meaningful impact (WHO, 2008). Similarly, the European Union's Resolution on an EU Strategy to End Female Genital Mutilation globally highlights the importance of persuading community leaders to be actively involved in combating FGM (European Union, 2020). Furthermore, the African Union's Commission Report titled "Getting to Zero Female Genital Mutilation in Africa: Strengthening Human Rights, Accelerating Efforts, and Galvanising Accountability" recognises the valuable contributions of faith-based actors in addressing this issue (African Union, 2022).

Although FGM is not a religious obligation, some religious leaders use scripts to promote the practice, and misinterpretations of religious teachings may promote the practice of FGM (Beller & Kröger, 2021). However, religion can also play a pivotal role in efforts to end FGM. In order to effectively understand the role of religion and employ religious teaching in the fight against FGM, we need first to analyse the misconception that religious teachings promote FGM and also to examine the contribution of the violation of freedom of religion to promoting FGM in Kenya looking at Islam and the Somali community in balambala, garissa county, Kenya.

PROBLEM STATEMENT

The practice of Female Genital Mutilation (FGM) remains a significant public health issue in Kenya, particularly among specific communities, such as the Somali, Maasai, and Samburu. According to the Kenya Demographic and Health Survey (KDHS) of 2014, the prevalence of FGM among the Somali community stands alarmingly high at 94%. A recent study notes that, despite the Kenyan government's prohibition of this practice, FGM persists, particularly in areas like Garissa County, where myths supporting the practice of FGM are deeply rooted in Maasai, Samburu, and Somali cultures. FGM has even become medicalised, and this medicalisation creates a dangerous facade of safety, leading to devastating health consequences, including severe complications and, tragically, the deaths of girls and women (U.S. Department of State, 2023).

The consequences of FGM are profound and far-reaching, impacting not only the physical health of those affected but also their psychological and social well-being. Survivors often endure lifelong complications such as chronic pain, infections, childbirth complications, and psychological trauma. Moreover, the ritual is frequently associated with early marriages, which often follow the circumcision of girls. This practice perpetuates a cycle of gender inequality, limiting women's opportunities for education and economic empowerment and reinforcing harmful societal norms.

80% of men and women in the Somali ethnic group in Kenya believe that the practice should be maintained as it is required by religion and the community. Even though several religious leaders have publicly denounced the practice as having no religious foundation, some community members still hold this belief firmly (UNFPA, 2022). The above projection indicates that ending FGM practice in Garissa demands a comprehensive and culturally sensitive approach that goes beyond legal prohibitions. Being that culture and religion are interwoven. It is important not to limit our investigations to how religious misinterpretations can promote cultural practices and FGM, or how religious leaders can fight against the practice of FGM, but also look at how the violation of freedom of religion itself can promote the practice of FGM.

OBJECTIVES

- i. Investigate how religious beliefs and practices intersect with cultural norms and myth to influence the prevalence of FGM among the Somali community in Balambala, Garissa County, Kenya.
- ii. Explore how violations of freedom of religion, both in terms of imposition of beliefs and restrictions on individual autonomy, contribute to the continuation of FGM practices in Balambala, Garissa County, Kenya.
- iii. Assess the potential impact of religious leaders in advocating against FGM in Balambala, Garissa County, Kenya.

THEORETICAL FRAMEWORK

The 1689 theory of natural rights by John Locke in his work *The Two Treatises of Government* provides the framework for this article. According to this theory, rights belong to individuals by nature. All individuals were naturally gifted with the inherent rights to life, liberty and property. Within this context, human beings are entitled to make choices, and it is the government's responsibility to protect individual natural rights and choices. Locke used the claim that men are naturally free and equal as part of the justification for understanding legitimate political government as the result of a social contract where people in the state of nature conditionally transfer some of their rights to the government in order to ensure better the stable, comfortable enjoyment of their lives, liberty, and property. Locke denied that coercion should be used to bring people to what the ruler believes is the true religion and also denied that churches should have any coercive power over their members (Antonia, 2012).

Scholars have emphasised the relevance of this theory, stating that it underscores our duties toward other people, including duties not to kill, enslave, or steal. In the same vein, Tierney (2014) argues that modern natural rights theories are rooted in medieval conceptions of natural law, which include permissions to act or refrain from acting in specific ways. Despite acknowledging the relevance of the theory, critics of the natural rights theory argue that rights are not abstract and absolute. They should include some constraints that the theory fails to project. More so, the fact that the theory contains both religious and secular arguments makes it over-determined. The theory is criticised for being irrelevant primarily to contemporary times because many of its arguments rely on religious assumptions that are no longer widely accepted. (Stanton, 2018). Despite this critique, the theory remains outstanding in its explication of issues related to religion and human rights.

This theory encapsulates the essence of specific human rights grounded in natural law, supported by divine authority. It is particularly relevant because the role of religion and religious leaders in combating Female Genital Mutilation (FGM) must be anchored in the principles of human rights and gender equality as both natural and divine rights. The divine dimension of gender equality, human rights, and freedom of religion may significantly contribute to the fight against FGM, especially within the Somali community in Balambala, where cultural and religious ties are deeply entrenched. My rationale for selecting this theory is reinforced by Waldron's (2002) assertion that Locke's theological insights provide a more robust foundation for understanding political equality than contemporary secular approaches, which often claim equality without deeper justification.

EMPIRICAL REVIEW

Guyo et al. (2005) conducted a study investigating Female genital cutting among the Somali of Kenya and reported that FGM is a cultural and religious requirement. According to the findings, FGM is a cultural tradition that brings honour to the family and the girl. A family risks losing respect within the community and becoming outcasts if it fails to circumcise its daughters. Thus, circumcision is one way of maintaining the family honour. FGM is also a means for controlling female sexuality. Virginity at marriage is extremely highly valued in Somali culture. The second most common group of reasons centred around the belief that infibulation is the most valid means for ensuring that a girl will remain a virgin until marriage. That proof of an intact infibulation on the wedding night is proof of her virginity. The study also established that FGM is a perceived requirement of Islam. Consequently, uncircumcised girls are regarded as non-Muslims and they are not attractive for marriage. Religious scholars saw circumcision as an act of religious purification, that is, something that has to be done to allow an individual to perform religious rituals, including prayers. FGM, therefore, is a necessary condition for marriage, and genital beauty and cleanliness. This article effectively communicates the interconnections between culture and religion within the Somali community, highlighting how cultural practices often seek justification in Islam.

In examining the relationship between religion and female genital mutilation (FGM), Dorkenoo (2004) contends that many communities practice FGM under the belief that it is a religious obligation. Some religious scholars from Sudan argue that both male and female circumcision are mandatory, while others view female excision as a commendable act. This viewpoint may have originated when a prominent Islamic leader in Egypt declared that FGM is an Islamic duty to which all Muslim women should adhere. Interestingly, regions with predominantly Christian populations report the highest percentages of women affected by FGM. However, it is important to note that neither the Quran, the sacred text of Islam, nor the Bible explicitly mentions FGM or mandates the observance of such practices. (Dorkenoo, 2004).

Abdi & Askew (2009) underscore the important role of religious leaders in the fight against FGM. They note that, in communities where FGM is strongly associated with religion, awareness of the severe health problems resulting from FGM may not be sufficient for them to stop practising it. Their strong belief in the religious requirements of FGM results in support for the practice even if they know the risks and have endured the pain of the cut. Thus, religious leaders can play a crucial role here, as they have the authority to clarify and reinterpret the religious norms and practices

surrounding FGM. Therefore, it is essential to collaborate with religious leaders to educate and inform people about the proper application of religious principles in practice. People are often more receptive to guidance when it comes from religious leaders rather than the government or other authorities.

Female genital mutilation (FGM) is a clear violation of human rights. A study conducted by Derow et al. (2021) reveals that communities practising FGM cite various social and religious justifications for the procedure. The study, which was carried out in Garrisa town, reports that an increase in education has led to an increase in awareness of anti-FGM laws and a reduction in FGM practices. Among the participants surveyed, approximately two-thirds reported that their mothers decided for them to undergo circumcision, accounting for 68.8% of responses. In contrast, about 12.5% of participants indicated that their fathers were responsible for this decision, while 6.3% chose to be circumcised of their own accord. The reasons for supporting or opposing female genital mutilation (FGM) were categorised into four main groups: religious, cultural, social, and sexual. Specifically, 39% of respondents supported FGM for religious reasons, 29.3% for social reasons, 22% for sexual reasons, and 41.5% for cultural reasons (Derow et al., 2021, p. 4709). The study highlights that FGM is indicative of deep-rooted gender inequality and represents an extreme form of discrimination against women. Since this practice is almost exclusively performed on minors, it constitutes a violation of children's rights. Furthermore, FGM infringes upon individuals' rights to health, security, and physical integrity, as well as the right to be free from torture and cruel, inhuman, or degrading treatment. In cases where the procedure leads to death, it also violates the fundamental right to life.

RESEARCH METHODOLOGY

This study employed a descriptive survey design, incorporating a mixed-methods research approach that collected both qualitative and quantitative data. The study employs probability and non-probability sampling techniques. As explained below, Cochran's 1977 formula was used to determine a sample size of 410 from a target population of 39,629 individuals in the Balambala sub-county.

$$no = \frac{(t)^2 \times (P) \times (q)}{(d)^2}$$

$$(d)^2$$

$$no = \frac{(1.96)^2 (0.5) \times (0.5)}{(0.5)^2} = 384$$

$$(0.5)^2$$

$$ni = no$$

$$(1 + no / population)$$

$$\frac{ni(384)}{(1 + 384/37,224)} = \frac{384}{37,224} = 0.0103$$

$$1 + 0.01 = 1.01$$

$$\frac{384}{1.01} = 380$$

$$1.01$$

A 10% non-response will be added to the sample size: $380 \times 10/100 = 38$. $380+38=410$.

Key:

T=value for selected alpha level of 0.05 in each trail=1.96 (the level of risk)

(p) (q)= estimate of variance 0.5

d = accepted margin of error for proportion being estimated 0.05

no = minimum estimated sample size

ni = adjusted minimum estimated sample size

Population = total population size (Bartlett et al., 2001)

Using a simple random sampling technique, the study selected the 410 participants. Additionally, five key informants were selected from the ten county assembly wards: Danyere, Jarajara, Saka, Sankuri, and Balambala, with two informants from each ward, one male and one female. Quantitative data from the surveys were analysed using descriptive statistics, and qualitative data from the key informants were analysed using thematic analysis.

FINDINGS AND DISCUSSION

The intersection of culture, religious beliefs and the prevalence of FGM among the Somali community in Balambala, Garissa.

Table 1: Respondent opinions on the intersection of culture, religious beliefs and the prevalence of FGM

Options	Frequency	Percentage (%)
FGM is promoted by religion	95	23.170 %
FGM is promoted by culture	100	24.390%
FGM is prompted by both culture and religion	215	52.439%
Total	410	100%

Source: Researcher 2025

Qualitative data from the interviews, provides themes such as honour to the family, controls sexuality and virginity, and that FGM is both cultural and a religious practice.

One key informant said;

“ FGM among the Somalis. FGM is deeply rooted in both our culture and religious beliefs. It is seen as a way to bring honour to the family and maintain social status. Many people believe that FGM has been practised for generations, and they see it as supported by our religion, especially Islam. I was told that there is no clear separation between culture and religion, and that FGM is believed to help preserve a woman’s virginity, which is considered a sign of purity in the eyes of Allah. We also see a woman who has undergone

FGM as more respected and valued within the community. Even though some say it is possible to stop the practice if people want to, in our community, having FGM done is still viewed as something that upholds our tradition and morality. Overall, it is clear that many of us see FGM as an important part of who we are culturally and religiously, shaping how women are viewed and valued in our society”

Violation of freedom of religion and FGM practices

Table 2: Respondent opinions on violation of freedom of religion and FGM practices among the Somali community in Balambala, Garissa

Options	Frequency	Percentage (%)
Not at all	50	12.195
Small degree	3	0.73
Moderate	4	0.975
High degree	3	0.73
Very High degree	350	85.37
Totals	410	100%

Source: Researcher 2025

Data from the interviews generated themes such as religious discrimination against women, restrictions, gender-based violence prompted by religious teachings on male superiority, and cultural practices justified by religious teachings. One of the persons interviewed had this to say:

“As much as people say that FGM is a silent religious obligation for ensuring virginity and purity, I will say that FGM is also a result of discrimination and violation of freedom of religion. Male circumcision has no negative effects on men, and men are not forced to be circumcised in order to please women. However, in my culture and religion, FGM is for sexual purity and virginity in order to please a man. Also, you need to know that the religion of Islam does not prescribe FGM for women. The people in my community do not practice the religious teachings as explained in the quran, but depriving women from practising their religion freely”

Another respondent notes that:

“When people’s right to freely practice their religion is restricted or violated, it often leads to social tensions and conflicts. These tensions manifest in gender-based violence because women and girls are targeted as symbols of cultural or religious identity. FGM is deeply rooted in cultural and religious beliefs. When religious freedom is suppressed, People feel their traditions are under threat, prompting a resurgence or increased enforcement of practices like FGM as a way to preserve their identity. It is a way to reinforce perceived religious or cultural boundaries, often at the expense of women’s health

and rights, especially in our community, which sometimes we feel discriminated against by the government because of our ethnicity and religion.

The role of religious leaders towards eliminating the practice of FGM

Table 3: Respondent opinions on the role of religious leaders towards eliminating the practice of FGM among the Somali community in Balambala, Garissa.

Options	Frequency	Percentage (%)
Not at all	0	0
Small degree	0	0
Moderate	0	0
High degree	10	2.439
Very High degree	400	97.560
Totals	410	100%

Source: Researcher 2025

Data from the interview generated themes: religious leaders are reliable and trusted, and religious leaders can interpret sacred text to preach against the FGM practice, teach on the effects of FGM, and promote equality and avoid discrimination. One key informant said that:

“Religious leaders such as sheikhs and imams can do a lot to end FGM if they see the need to do so. Some of them have understood the health effects of FGM, while others are yet to understand. They command much respect, and the people listen to them and also look up to them, so if they talk and preach against FGM, it ends the practices”

Another key informant note

“Religious leaders can work to end FGM if they start separating culture from religion; if they insist that FGM is a religious practice, it will be difficult to end it. Also, they need to practice the religion as it is in the quran and the Sunnah of the Prophet, without discriminating against women and depriving them of practising the teachings of the quran”

The intersection of culture, religious beliefs and the prevalence of FGM among the Somali community in Balambala, Garissa

The data reflecting respondents' views on the relationship between culture, religious beliefs, and the prevalence of FGM in the Somali community of Balambala, Garissa, show that 23% believe FGM is primarily a religious obligation. In comparison, 24% see it mainly as a cultural practice. Interestingly, a majority, 52%, perceive FGM as being rooted in both religion and culture,

illustrating how closely intertwined these two aspects are within this community. This suggests that, to many Somalis in Balambala, FGM is regarded as a religious duty, even though it is not explicitly mentioned in the Quran or the Sunnah of the Prophet. Such perceptions can pose challenges to efforts aimed at eradicating FGM because the community places strong emphasis on religious teachings. Therefore, engaging religious leaders and incorporating religious perspectives into interventions may be essential for changing attitudes and practices. This understanding aligns with findings by Guyo et al. (2005), which describe FGM among the Somali of Kenya as both a cultural and religious requirement.

Some scholars have a different view from the above findings and note that Female genital mutilation (FGM) is predominantly practised in Islamic countries, where the cultural and religious emphasis on a woman's virginity and the significance of patrilineage have contributed to the institutionalisation of female circumcision in certain regions. It is often viewed as a means of maintaining purity and controlling female sexuality. However, it is important to clarify that attributing FGM solely to Islam or portraying it as a barbaric treatment of women by religion is misleading. Historical evidence shows that FGM predates both Christianity and Islam, indicating that it is a cultural practice that existed long before these religions emerged (Oosterveld, 1993). Therefore, framing FGM as an Islamic or religious act overlooks its deeper cultural origins and complex historical context.

Based on the findings of this study and the arguments presented above by both scholars, it is evident that both religion and culture play significant roles in promoting FGM. While FGM has cultural origins, in communities like the Somali community, these cultural practices are deeply intertwined with religious beliefs, blurring the lines between the two. This has resulted in gender based violence, promoting inequality, where women's sexual organs are qualified to demonstrate religious purity, family social status, dignity and morality, to the expense of the woman. This integration makes it difficult to distinguish FGM solely as a cultural or religious practice, as they are often seen as intertwined elements within the community's worldview. Consequently, the relationship between culture and religion in sustaining FGM can be viewed as a complex interplay, rather than a simple binary, highlighting the need for nuanced approaches when addressing the practice.

Violation of freedom of religion and FGM practices among the Somali community in Balambala, Garissa.

The quantitative data indicates that 12% of respondents say that the violation of freedom of religion, especially for women, promotes FGM to a high degree. In comparison, 85% of respondents indicate that the violation of freedom of religion promotes FGM to a very high degree. This indicates the correlation between the violation of freedom of religion and the practice of FGM.

The findings indicate that violation of freedom of religion in the community by the government is felt through discrimination and marginalisation based on ethnicity and religion. The community, in the process of fighting against these discriminations, seeks to reinforce cultural practices such as FGM as a way of preserving their identity. Another aspect of the violation of religious freedom comes from the religious leaders who discriminate against women in terms of their religious expression and sometimes force them to carry out certain practices, such as FGM, as a religious

practice. The findings establish that the violation of freedom of religion for women, in terms of religious discrimination and restriction, leads to gender-based violence, gender inequality and fuels FGM practices. In some cases, women are not allowed to lead prayers. Instead, they are expected to worship in a separate section from men. Some of the women are forced to put on the full-face cover hijab, while others are expected to undertake the cut as a show of religious purity. This indicates that Violations of religious freedom can erode social cohesion and heighten tensions between groups. When minority communities feel persecuted, women and girls often become vulnerable targets of violence, either because of discriminatory laws, societal norms reinforced by religious or cultural thought, or outright violence justified in the name of religion. This includes practices like FGM, which can be seen as a method to control or punish women under the guise of religious or cultural preservation.

It is therefore evident that violation of freedom of religion can promote FGM, especially when women are prevented from practising the actual teachings of the religion. This submission is supported by the UNFPA Report, (2022), which states that 80% of men and women in the Somali ethnic group in Kenya believe that the practice should be maintained as it is required by religion. When people, especially women, are not allowed to practice the religion as inscribed in the Quran, in the case of the Somali women in North Eastern Kenya, this violation then pushed them to accept the FGM as a religious ritual, which is not the actual teaching of Islam. Abdi and Askew (2009) are correct in stating that it is essential to collaborate with religious leaders to educate and inform people about the proper application of religious principles in practice, as this will be an aspect of freedom of religion required to eliminate the practice of FGM.

The role of religious leaders towards eliminating the practice of FGM among the Somali community in Balambala, Garissa

While it is true that some religious leaders have historically been associated with supporting or perpetuating FGM, it is equally important to recognise their vital role in combating the practice. Religious leaders often hold a position of significant influence and trust within communities, particularly among groups like the Somali community in Kenya. Their interpretations of sacred texts can be powerful tools to challenge misconceptions and promote religious teachings that oppose FGM.

Involving religious leaders in efforts to eliminate FGM is, therefore, not only strategic but essential for creating sustainable change. When they actively participate in advocacy, they can help reframe religious narratives around the practice, emphasising that FGM is not mandated by religion and encouraging community members to abandon it. Additionally, engaging religious leaders demonstrates respect for religious freedom, ensuring that interventions are culturally sensitive and community-driven.

Successful FGM elimination efforts must prioritize collaboration with religious leaders, providing them with the necessary education, resources, and support to become champions of change. Such partnerships can facilitate a shift in community attitudes, reduce resistance, and foster an environment where the protection of individual rights and the promotion of religious integrity are mutually aligned. Ultimately, religious leaders should be seen not only as potential contributors to the perpetuation of FGM but as key allies who can drive meaningful, lasting progress toward ending the practice.

CONCLUSION

This research investigates the multifaceted factors influencing the continued practice of Female Genital Mutilation (FGM) within the Somali community of Balambala, Garissa, Kenya. Despite national laws and international efforts to end FGM, cultural traditions and misconceptions about religious obligations sustain the practice.

1. The findings highlight that a majority of the community perceives Female Genital Mutilation (FGM) as both a religious and cultural obligation. This perception poses significant challenges to eradicating the practice, as women often view it as a divine duty. Moreover, the intertwined cultural and religious beliefs surrounding FGM reinforce gender inequality, implying that a woman's sexual organs are a measure of religious purity, community social standing, dignity, and morality, often to the detriment of women's health and rights and for the pleasure and satisfaction of men.
2. The study highlights that violations of religious freedom, through discrimination, restrictions on women's religious expression, and societal marginalisation, contribute significantly to the perpetuation of FGM. As much as there is a general opinion that the teaching and practice of religion promotes FGM, this study argues that the violation of freedom of religion fuels the practice of FGM to a greater extent.
3. Religious leaders can work towards the elimination of FGM by interpreting sacred texts that speak against such inhuman practices. Any intervention to address FGM without the collaboration of religious leaders may not register a substantive impact.

RECOMMENDATIONS

Engage Religious Leaders as Key Advocates

Collaborating with imams, sheikhs, and other religious authorities to interpret and communicate religious teachings that oppose FGM and other inhumane practices is essential in eliminating the practice of FGM among the Somali community in Kenya.

Promote Cultural and Religious Awareness Campaigns

Develop culturally sensitive awareness programs that highlight the distinction between cultural practices and religious doctrines, promoting understanding and respect. Use local media, community forums, and religious gatherings to disseminate messages that challenge the association of FGM with religious obligations. This will go a long way to remove the "sacred and divine" elements associated with FGM, which makes women see it as a religious obligation.

Advance Respect for Religious Freedom and Women's Rights

Promote freedom of religion for all and especially for women. Strengthen legal frameworks and policies that protect the religious rights of all, and especially women.

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