

# Religious Leaders' Attitudes on Female Genital Mutilation in Tanzania

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**Abstract:** *Female genital mutilation is a global public health problem which persisted in the World for more than 2000 years. Different actors dedicated efforts to eliminate the practice. The efforts devoted, brought some positive changes, though the practice still existing. Religious leaders are influential and honored people in the society. To understand their attitude on women's health problems is crucial for understanding the root of the problem and how to include them in solving the situation. The main aim of this study was to examine religious leaders' attitudes towards the practice and to look for measures to eliminate the practice. This study used a case study design with a qualitative approach. 22 religious leaders from Kondoa district interviewed and observed their attitudes on the female circumcision practice, reasons for their attitudes, and measures to support the elimination of female circumcision in their society. Findings revealed that, religious leaders' attitudes towards female genital mutilation varies. Some of them support the practice, some oppose it. A number of factors discovered to cause their attitudinal differences. A number of measures suggested to be used as a sustainable intervention for the elimination of the practice.*

**Keywords:** Female genital mutilation, Religious leaders, women's health, gender based violence.

## 1. INTRODUCTION

Religious leaders are among the highest respected people in the society [1]. They play a great role in shaping and changing people's behavior, attitudes, and perceptions on different matters. They are key actors in the fight against public health problems like HIV/AIDS, male circumcision, Malaria, etc. [2]. Female genital mutilation (FGM) or female circumcision has been a major public health problem persisted for many years. It is globally recognized as gender-based violence against women and girls [3]. The process involves partial or total removal of the female genitalia organs [4]. The procedure is done with no medical reasons, and in mainly cases, it is performed by traditional practitioners called "ngariba" (in Swahili). Practitioners commonly use unsterilized utensils such as razors, knives, and human nails for the procedure.

FGM is practiced in about 31 African countries, Asian countries like Indonesia and in Middle Eastern countries like Iraq, Syria, Kurdistan, and Yemen [5]. Due to migration factors, FGM has been practiced in some developed countries like Australia, Netherland, Europe, North America, USA and Canada [6]. The World Health Organization (WHO) estimated that, about 200 million women living currently have undergone female genital mutilation (FGM) [3]. More than three million girls are at risk every year [7], and another 15 million girls are at risk of experiencing it by 2020 in a high prevalence countries [6]. World Health Organization (WHO) categorized FGM into four types; Clitoridectomy, Excision, Infibulations and the last type covers any other destructive procedure to the female genitalia for non-medical processes [3].

The practice has short-term and long term negative effects and can even lead to death. Short term effects comprise severe pain, over bleeding, tremor and genital tissue bulge [8]. Long term effects include mistral difficulties, urinal infections, fistula, sexual dysfunction, the rise of the vulva to the genital scar, HIV infections, genital scar, infertility, delivery difficulties, and psychological trauma [9].

Tanzania Demographic Health Survey data (TDHS) displayed that, 10 % of women aged 15- 49 have been circumcised, a decline from 18% in the 1996 TDHS [10]. Due to the fact that nowadays FGM/C is done in a highly secret way, reports showed that 35 % of circumcised women aged 15-49 were mutilated before age 1 [10]. Six regions (Manyara, Dodoma, Arusha, Singida, Mara and Kilimanjaro) in Tanzania have been shown to have a high prevalence of FGM practice [11]. The highest occurrence of female circumcision was found in Manyara (58%) and Dodoma (47%) [10].

Previous studies have focused on examining the attitudes of men, women, and medical professionals over [12] [13]. The reality is that, few studies focused on the link amid female circumcision and religious leaders [14]. Due to the fact that, religious leaders are vital agents of behavior change in society, this study attempts to assess the Tanzanian religious leaders' attitudes towards the FGM practice. The study aimed to;

- i. To examine the attitudes of religious leaders on the female circumcision practice in Tanzania
- ii. Examine the reasons for differences in Religious' attitudes on FGM practices
- iii. To look for the measures to change religious leaders' attitude so that to contribute fully to the elimination of FGM in Tanzania

This study is the first study to examine the attitudes on and reasons for the Tanzanian religious leaders towards the female circumcision practice in Tanzania. The findings of the current study not only provide and disseminate adequate education about female circumcision, but also add to the existing knowledge the attitudes of religious leaders towards female circumcision, factors contributing to the different attitudes of religious leaders on the female circumcision practice and the measures to change religious leader's attitude so that to contribute fully in the elimination of FGM in Tanzania.

## **2. LITERATURE REVIEW**

### **2.1 Religious view on FGM**

Globally, it was found that female circumcision is religiously important to societies that preserve it [15], although there is no evidence that the procedure is requested by any religion [16]. In Tanzania, there are mainly two religious faiths, Christianity and Islam. It is estimated that Christians are around 60 %, Muslims are nearly 36% and 4% have other religions or are nonaffiliated [17]. Female circumcision is practiced by all religious members [18].

### **2.2 Islamic views on FGM**

Female circumcision is practiced in many Muslim countries like Ghana, Mali, Somalia, Sudan, Iraq and Syria [19]. Yet, FGM is not an Islamic prerequisite due to the fact that there it lacks reference in the Holy Qur'an [20] Quran does neither mention nor discuss about the female circumcision [21]. In countries like Somalia, Sudan and parts of Tanzania, some Muslims assumes "Sunna" to be a type of FGM. "Sunna" gained great support from a number of religious groups [22] and many people consider it to be a religious requirement [23]. Some Muslim believe that, female circumcision is a purgative ceremonial that allow women to be actual Muslims and assist them to pray effectively [24]. Other Muslim countries are against FGM practice. For example, in Egypt, the uppermost religious authority announced that Female circumcision had no base in Islamic law [25].

### **2.3 Christian views on FGM**

Christian texts and authorities declared that, female circumcision has no any foundation in the religious texts. However, FGM is practiced among Christian families in countries like Nigeria, Tanzania, Kenya and Egypt [26]. The practice is not prescribed by any Christian religious rule, although the excisors consider it as a religious demand to shows female cleanliness (purity) [27]. The Bible never mentions the practice, as confirmed by [28] and [29].

### **2.4 Religious Leaders and FGM**

Previous Studies revealed that, religious leaders portray different opinions concerning the existence and continuation of the practice. Religious doctrines neither prohibitions nor support for the practice. The silence of religious doctrine on the FGM issues led the religious leaders to have different perspective on the practice. Literature shows that, there are two groups of religious leader's opinions over the practice. One group supports the FGM while another group is against the practices. The supporters of the practice based their views on two grounds: traditional demand and religious requirements [30]. On the other hand, religious leaders who oppose it believe that, the practice is not a religious demand rather a traditional requirement. Opponents believe that, the practice violates human rights and it supports the portrait of violence against women and girls [31] Religious leaders from this group believe that, the society can preserve culture without abusing girls and women's health.

### **2.5 Related theories**

Situational leadership, Sexism, and Social Influence are theories that are believed to explain the phenomenon of attitudes of religious leaders on FGM.

The situational leadership theory is among the major leadership theories, which focuses on leader's decision making. The theory was developed by Hersey and Blanchard (1969). The theory maintains that; leaders select the finest course of action grounded upon situational variables. The theory insists that there are a number of factors affecting leaders' decision-making in a certain matter. This theory helps to understand the causes of different attitudes of religious leaders on female circumcision practice; it entails that decision making done by leaders could be grounded by the circumstances surrounding the decision maker.

The Sexism theory is the gender based theories, combining complementary gender thoughts, held by both sexes worldwide, that serve to rationalize social hierarchy [32]. The ideology of the theory creates discrimination based on sex or gender, and generates gender inequality within the society [33]. It considers notions that, men are superior to women and believes in men's power to control women. The theory is deeply rooted in culture and permeates all levels of society [34]. The sexism theory provides the foundation that because religious leaders are part of the society, their attitude on female circumcision may be affected by the sexism ideologies.

The Normative Social Influence (NSI) theory, is a well-liked and investigated approach to understanding an individual's attitude and judgment on a certain phenomenon. The theory was proposed by Deutsch and Gerard in 1955; it clarified that individual psychological processes are subjected to social influence [35]. According to the NSI theory, the influence of other people or group of people leads someone to conform to a certain action in order to be accepted by a society or certain group [36]. This theory provide a broader picture of why religious readers have different attitudes concerning female circumcision in their society.

## 2.6 Related studies

Study done in Iraqi Kurdistan, examined the knowledge and perspective of Female Genital Mutilation among the Local religious leaders discovered that, religious leaders lack knowledge and education on health consequences which faced victims after female circumcision [24]. Lee *et al* [14] and [37] observed the significance of educating religious leaders on the matters concerning public problems. Their studies showed the importance of involving religious leaders in the intervention and promotion of major public health problems such as HIV/AIDS, male circumcision and female genital mutilation.

Another study done in Burkina Faso, found that, religious doctrine is not clear on the FGM issues, so religious leaders as the followers of the religious doctrine found themselves in different opinions concerning the FGM practice [29]. Christian Bible neither prohibit nor support for the practice. Likewise, in Islamic doctrine the Quran is silence, although, some religious hadith sees FGM as a religious requirement. The silence of religious doctrine on the FGM issues led the religious leaders to have a different view on the practice.

Maigemu and Hasan, in their study of the influence of religion in Malaria control, discovered the importance of educating religious leaders on the matters concerning public health problems in order to gain their full support in overcoming the problem [2]. Similarly, Tolo and Terje's research on religious Leaders as a magic bullet for social change in Ethiopia revealed that, religious leaders are a vital agent of social change in any development. Their study insisted that, the effective use of religious leaders in the intervention of FGM campaign is a strategy that without doubt is a magic bullet which results in to positive sustainable fruits [1].

As explained in the introductory part, former researches entrenched in examining the attitudes of women, men, and medical professionals on the elimination of the FGM practice in the societies [12] [13]. There is no any study focused on examining the attitude of religious in the elimination of female circumcision in the society. Due to the significant role played by religious leaders in the society, this study attempted to assess the Tanzanian religious leaders' attitudes towards the practice, reasons for their attitudes on the FGM practices, and the measures to change religious leader's attitude so that to contribute fully to the elimination of FGM in Tanzania

## 3. METHOD

This study used a case study design, with qualitative approach. 22 religious leaders interviewed and observed to assess their attitudes on the female genital mutilation practice. The study done in Dodoma region at Kondoa district. The study conducted parallel with the FGM campaign which organized by the UNESCO National Commission of the United Republic of Tanzania, whereby one of the author was among the campaign organizers. Dodoma region was chosen because it is among the highest (47%) FGM prevalence region in Tanzania.

During the campaign, 22 (100%) religious leaders were interviewed to get their opinions on female circumcision in their community. The religious leaders were selected using two methods. The first method was contacting them through district social workers and the second method was a "snowball" system whereby one religious leader gave the information of another religious leader to participate in this study.

**Table 1. Presents social demographic characteristics of the 22 religious leaders participated in this study.**

Table 1: Social-demographic characteristics of the respondents

Participants characteristics	No	Percentage (%)
<b>Gender</b>		
Male	19	86.4
Female	03	13.6

**Age**

35 -55	10	45.5
56-75	12	54.5

**Religion**

Muslim	14	63.6
Christian	08	36.4

**Education status**

Primary	13	59.1
Secondary	09	40.9

**Leadership experience**

5 -25	13	59.1
26 - 45	09	40.9

**3.1 Data Collection**

Semi structured in-depth interviews and observation were both utilized to collect data. The interview method was used to find out the attitudes of religious leaders on female circumcision, and to investigate the reasons for their attitudes, while the observation method was utilized to investigate the religious leaders' behaviors during the interview session.

One-on-one interview sessions were carried out with all 22 religious leaders. Each interview was documented and recorded through a tape recorder to ensure accuracy. Due to the sensitivity of the study problem, no video recorder was used. Observed behavior was noted and coded for later interpretation. All interviews were conducted in a range of 50 minutes to one hour per person. Four to five leaders were interviewed per day. The whole exercise took a total of five days. The interview questions based on the opinions of religious leaders on the persistence of female circumcision in their society, how they feel about the practices, the reasons which led them to differ in their attitudes and suggestions for the measures to change religious their attitude so that to contribute fully to the elimination of FGM. In each of the interview session, the religious leaders were insured on confidentiality of the session and that the data they provided was strictly for academic purpose.

The observation method was used to focus on behavioral signs shown by religious leaders during the interview sessions. The structured observation applied in order to strengthen the results of the study. Structured observation intended to observe two behaviors expected from the participants during and after the interview sessions. The investigated behaviors were non-verbal actions (head nodding, hand movements, and laughing), and facial expressions. Observation was done simultaneously with the interview sessions for each participant.

**3.2 Data Analysis**

The data analysis of this study followed procedures for analyzing qualitative research as explained by [38] and Lofgren (2013). All data from the interview and observation methods were analyzed systematically. First, data from interviews and observations were collected. Second, transcription of interview audio tapes was completed by and reviewed line by line. In this step, researchers also highlighted noteworthy phrases. Third, was the coding process. Here we labeled all the relevant words, sentences, phrases, concepts and actions noted from observation method. The fourth step was the creation of categories. We looked at which codes were the most prominent and which ones could be combined together to form one cord. This stage helped reduce the number of codes and remain with the most important ones (themes). Also, this step helped us to elevate data to an abstract level of judgment [39]. The last step was exploring the significance of the categories. At this stage, we catalogued the most relevant categories and investigated their connection to each other. The connection of categories was very important because it was the central part of the entire study.

**4. RESULTS**

The findings of this study referred to the study's objectives.

#### 4.1 Religious leaders' attitudes towards FGM practice

The interview questions based on objective one was posed to all 22 religious leaders. The findings revealed that, 19 (86%) respondents had a negative attitude to the female circumcision practice in their society, 2 (9%) respondents had a positive attitude toward the practice, and 1(5%) respondent held neither positive nor negative views about the FGM practice. When they were asked if their daughters had undergone the practice, 16 (72.7%) responded negatively. They never exposed their daughters to the practice. While 6 (27.2%) responded positively. Table 2 illustrates example of direct speeches from the interview session with religious leaders expressing their attitude towards the practice.

**Table 2.** Respondents' attitudes towards FGM

Participant	View point	Quotation
Male, 64 y/o	Against	<i>"...It is painful to see women suffering from this harmful practice, especially children. I think it is the time now for our community to be educated on the negative consequences of circumcising our daughters. In our church preaches we are strongly against Female circumcision...."</i>
Female, 52y/o	Against	<i>"...We, as a church, are strictly prohibiting our church members to mutilate their daughters. It is against our religious laws. The practice is very painful. I am a victim of the practice; I was mutilated at the age of 12, so I know what am talking about. I swore that, in my life, I will never mutilate my daughters; I have four daughters, none of them has mutilated. I will continue to preach the evil of female circumcision, although it is difficult to stop our community because it is deep-rooted in our cultural belief..."</i>
Female 56 y/o	Support	<i>"It is difficult to stop it because it is important to our religion as a "Sunna". But again, the practice gives honor to a woman, because it protects the virginity until the marriage. It assures the women's hygiene and protects baby girls from getting lawalawa..."</i>
Male 48 y/o	Against	<i>"... Our society believes on FGM as a practice which preserve our culture and tradition, but my thanks to God that I come from a family that have entrenched on religious rules, my family never practiced FGM, even me, I did not cut any of my daughters..."</i>
Male 50 y/o	Against	<i>"... I think it is the time now, for our society to understand that, girls can control their sexual desire without being mutilated, we need to learn from other tribes how they raise their daughters without cutting them..."</i>
Male 72y/o	Support	<i>"... Yes, I let my daughters undergone circumcision as a Sunna to fulfill our religion's role, but again, I believe that men are not attracted by uncircumcised women because their genital part are open compared to the circumcised ones (Infibulated)..."</i>
Female 50y/o	Against	<i>".... God created us complete, without any fault. The FGM practice is an intrusion of the society for the deformation of God's perfect creation..."</i>
Male 66y/o	Neutral	<i>"... This is our traditional practice for many years ago. It has significance values in raising our daughters, but if our medical professional and government confirms that it has severe effects, I think we need to stop it..."</i>

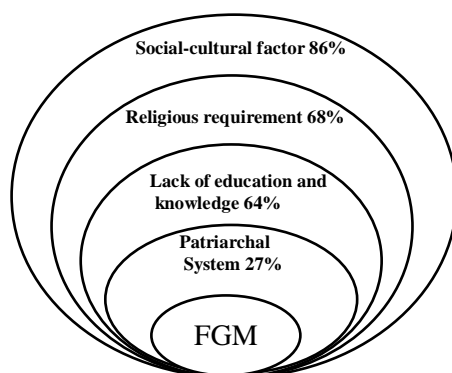
Table 2 revealed that, majority of religious leaders believe that, female genital mutilation is a bad practice that should be stopped. Few religious leaders believe that, the practice should continue due to some religion and social factors, and one religious leader expressed neutral tone concerning the elimination of the practice.



From the observation, three themes related to religious leaders' perceptions about FGM were created. The themes were interpreted using nonverbal actions and facial expression employed by religious leaders during the interview session. Results from observation analysis revealed that, 19 (86%) respondents exhibited nonverbal actions and facial expressions when expressing negative attitudes towards female circumcision practice. 3 (14 %) respondents showed nonverbal actions and facial impressions which indicated a positive attitude to the practice. None of them from observation method demonstrated neutral nonverbal actions or facial impression.

#### 4.2 Reasons for different attitudes towards FGM practices

Twenty-two religious leaders participated in answering questions based on the objective two of this study. Figure 1: Offerings the summary of main reasons for different attitudes of religious leaders towards female circumcision practice, as mentioned by respondents.



**Figure 1:** Reasons for different attitudes of religious leaders towards the FGM practice

##### 4.2.1 Social cultural factors

Data showed that, 19 (86%) participants mentioned social-cultural factors as the main reason for their differences. Most religious leaders believe that, it is difficult to separate FGM, society and culture. Most reported that FGM has roots in their culture and it is an element of their tradition, which differentiates them from others. One participant commented that;

*"... Parents are very aware of what has been happening during and after the genital cut. But due to the emphasis of cultural preservation, they continue to expose their own daughters into the suffering of the FGM..."*

Another respondent quoted that,

*"...It is very difficult to separate FGM with our tradition, the practice is there since our ancestors, but because nowadays it seems to cause some health complications, I think it is the time for we religious leaders to campaign against the practice, in order to save the coming generation..."*

##### 4.2.2 Religious requirement

Religious requirements were discovered to be the second main reason which led to their different perspectives on the practice. The factor was mentioned by 15 (68%) study participants. Most of the religious leaders believed that FGM was needed by their religion while the rest of them did not believe it to be a religious requirement.

One respondent said that, *"...You cannot find female circumcision in our Quran. But it exists in our religious hadith, take an example of the **hadith of Ummu-Attiya**... this is the most commonly hadith quoted by most of the religious leaders to link FGM and our religion..."*

Another respondent insisted that, *"... It is important for girls to undergo the practice; it prevent them with pre-marital sexual intercourse, ensures cleanliness...which is necessary to our religion..."*

Another respondent insisted that, *"...People are confusing themselves, you cannot say you are doing FGM for the religious purpose, while FGM was there even before the Christianity and Islam..."*

Another respondent stated that, “...God’s creation was perfect, thus, to cut women’s genital is to correct God’s work...”

#### 4.2.3 Sexism Factor

The patriarchal system in Tanzanian culture was discovered to be another reason that led to the different attitudes of religious leaders on the practice. The factor was named by 6 (27%) research participants. Some respondents believed that, female circumcision is a men’s requirement for the best woman, while others discarded this factor by saying that it is difficult to measure the behavior of someone by using one factor.

One respondent insisted that, “...In this society, men prefer the circumcised woman, because the circumcised one, termed as obedient and trustful to their husband. If the woman is not circumcised mmh! however the beautiful she is, no man could want her...”

Another respondent commented that, “...It is easy to say that, let us stop female circumcision in our society, but if men would continue to mistreat uncircumcised women, the practice will continue, am telling you...”

“...It is believed that, uncircumcised woman has high sexual desire...the female circumcision reduce the libido (sexual desire), therefore, a woman cannot chase other men to satisfy her libido ...”

#### 4.2.4 Education Factor

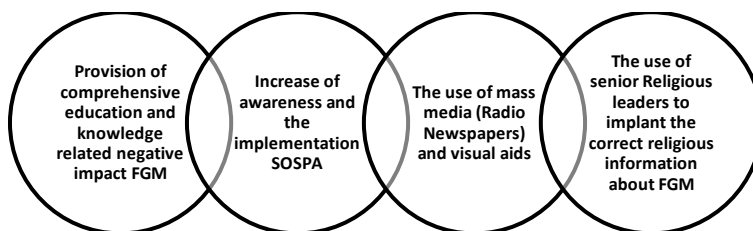
Lack of education on the consequences of FGM also contributed the variation of religious leaders’ attitude over the practice. The factor was cited by 14 (64%) participants, participated in this study. Religious leaders explained that it is very rare for the government and or village health workers to use their time to sensitize villagers on the FGM matters. Most of the sensitization campaign provided by the government was based on the importance of being vaccinated against epidemic diseases, and environmental conservation.

One of the senior religious leader said that; “... We will appreciate if the government will take initiatives to offer us more knowledge concerning the consequences of the practice so that we can educate our congregation. The knowledge which we have is very little and it is based on religious beliefs only...”

Another respondent insisted that, “...I think men and women need to be educated on the long negative impact of the practice, this will wider their knowledge hence, they will stop exposing their daughters to the practice...”

“...Our people need to be educated on this practice, because most of them believe that, the practice prevents girls and women from ‘lawalawa’ or urinal infection...”

### 4.3 Suggested measures to support the elimination of FGM in Tanzania



**Figure 2.** Summarized measures to change religious leader's attitude so that to contribute fully to the elimination of FGM

When respondents asked to suggest measures to change religious leaders’ attitudes so that to support the elimination of FGM in society, all 22 (100%) participants asked the governments through its experts to provide to the religious leaders, in-depth health education which related to the negative consequences of female circumcision to the women’s health and to the social-economic of the society.

12 (54.5%) respondents insisted on the increase of awareness and the implementation of the Sexual Offenses Special Provision Act (SOSPA) of 1998, which criminated various forms of gender based violence, including female genital mutilation and supplement

the penal code that makes FGM punishable by law. 22 (100%) participants emphasize the government to use mass media like radio, newspapers, television and other visual aids like videos and cultural dramas to explain the costs and the evils of FGM. And 17 (77.2%) respondents suggested the use of senior Religious leaders like Bishops, Senior Pastors and senior Sheikhs to implant the correct religious information about FGM to the ordinary religious leaders and to the worshippers.

## 5. DISCUSSION

Findings showed that, the 86% of the respondents held negative attitudes about FGM practices while 9% appreciate the practice and 5% of the participants were neutral. This finding supported by the data gathered by the TDHS of 2015–2016, which revealed that, the overall of 95% of women aged 15 –49, showed negative attitude towards the FGM practice [10] hence wish the practice to be abolished. Hersey and Blanchard (1969) in their Leadership theory insists that, there are a number of factors affecting leader's perception upon a certain matter. Factors like knowledge, beliefs, and relationship between a leader and followers can affect the attitude of the leader on a certain matter [40].

In examining the reasons for the attitudinal differences, this study found that, social-cultural factors, religious requirements, patriarchy, and lack of education and knowledge of the consequences of the female circumcision were the main reasons for the different attitudes of religious leaders in the FGM practice. These reasons were also observed by [41] [24] and also supported by [35] in his theory of the Normative Social influence. The theory confirms that, the social pressure has a great influence in changing someone's personal stand over a certain issue [42].

Some of the religious leaders believe that, FGM is a social-cultural requirement which must be obeyed and preserved by every member of the society. [43] and [44] asserted that, cultural identification and justifications motivates the preservation of the practice in society. This notion is backed by [36], who insisted that, failure to obey society rules, will result in to social punishments like social segregation, and criticism. Respondents believe that, FGM is not only a rite of passage, also increases marriageability and honor to women. [24] and [45] found similar results in their study. [46] observed that FGM is the ticket to a woman's acceptance in the community.

Religious requirement mentioned as another reason for the differences in attitudes towards FGM practice. Respondents with positive thoughts on the practice referred FGM as "Sunna" which is an important religious ceremony that purifies women. This finding supported by the report of TDHS of 2015-2016 which showed that, 15% of women aged 15-49, believed that, female circumcision is required by their religion [10] [47]. Religious leaders believe that, in order for a woman to pray properly, she must be clean bodily and spiritually [48]. Unmutilated women believed to be unclean until she removed the foreskin folds in her genital organs which believed to hide dirt. This finding supported by [49] and [21]. Religious leaders insisted that, FGM helps women to resist extramarital and pre-marital sexual intercourse which is against religious rules. However, other respondents who were against the practice believed that FGM is not a religious requirement since it lacks foundation in religious books [25].

Patriarchal systems (rooted in their society) was another reason led to differences in attitudes over FGM practice. Some of the respondents believed that the practice is done to appraise males. Similar results were discovered by [50] [51] and [52]. Men believed that, uncircumcised woman are prostitutes, and they lack beauty and tightness in their sexual organs compared to circumcised women [53]. Men found to have an invisible hand in the continuation of the practice [21]. Glick and Fiske in their assessment of Sexism theory, concurred with the results by insisting that, practices of violence against women, are forms of patriarchy which hidden in sexism [54].

Previous studies revealed that, people who have knowledge and education concerning FGM practice and its impact, they are in a good position to support the fight against the practice [55]. Basing on the study findings, most participants believed that, lack of formal education and information on the consequences of FGM practice is among concrete reasons which led their differences towards the practice. Data revealed that, about two third of the participants have low level of education, hence, affecting their level of reasoning and decision making towards the practice. Asresash and colleagues [55] affirming that, the more society is exposed to different sources of information the greater the chance of understanding the harmful side of FGM, and change their perception and attitudes towards the practice.

The study found that, there are a number of measures which can be taken to change religious leaders' attitudes to the practice, to support fully the elimination of FGM in the society. Provision of comprehensive education and knowledge related negative impact of the practice to women's health, was suggested as one of the strong technique if will be used effectively. The finding is consistent with that of [56] and the study of [2], who assets the importance of educating religious leaders on matters relating to the public health problems.



The use of senior Religious leaders to implant the correct religious information about FGM to the ordinary religious leaders was another technique which mentioned by participants, and supported by [21] who insisted on the responsibility of religious scholars to teach the truth of their religion, to correct evils in the society, to change bad habits and attitudes of their believers. The use of media like Radio and newspapers to spread some educative messages concerning the negative impact of the practice, also, mentioned as an essential measure to change religious leaders' attitudes in the elimination of FGM. This measure also supported by [57] in their study. Respondents believe that, the media play a great role in guaranteeing community attentiveness and understanding. These findings supported by the Interagency Statement made by UN agencies in 2008.

### 5.1 Practical implication

The current study contributes to the existing knowledge on religious leaders' attitudes towards female genital mutilation, the reasons for their attitudes and the measures to change the religious leaders' attitude so that to support the elimination of the practice. The findings of this study provide an important information to the government and the GBV stakeholders on the best way to intervene and reformulation of efficient FGM plans, strategies, and implementation programs which will engage religious leaders in the fight against FGM.

### 5.2 Limitations and suggestion for future study

This study, identified two limitations; the first one is a small research area which led to a few number of respondents. The study used four wards of one district to investigate the attitudes of religious leaders towards female circumcision practices. In all four wards, the number of Muslim religious leaders was larger than the number of Christians which led to the imbalance views. The second limitation was related to the difficulties in data collection. Since the study touched people's culture and religious beliefs, some respondents were not open to express views that are thought to go against their religious regulations. Future research should focus on a wider research area which will allow the engagement of a larger number of respondents of diverse religious backgrounds.

## 6. Conclusion

Overall, the findings of this study discovered that, there is a silent perpetuation of violence against girls and women's health, which hidden behind religion. This is due to the vagueness among religious leaders' views about the practice. Although, most religious leaders purported to have a negative attitude towards the practice, some of them supported the continuation of the practice. Lack of education and information on the negative effects of the practice, social-cultural factors, religious requirements, and patriarchal systems are cited as reasons for the attitudinal variation of religious leaders' towards the female circumcision practice. Nevertheless, study findings suggested measures to change religious attitudes, so that to support the elimination of the female circumcision in the society. The suggested intervention includes, provision of comprehensive education and knowledge related to the negative impact of FGM, increase of awareness and the implementation of the FGM law (SOSPA) of 1998, the use of mass media and visual aids like films in circulating FGM messages, and the use of senior religious leaders to imbed the true information about FGM. The government and GBV stakeholders should take strong initiatives to educate religious leaders on the consequences of female circumcision in women's health and in society development, so that they can support the fight against FGM, to safeguard women's health and save the life.

### Abbreviation

GBV, Gender based violence

### Declaration of conflicting Interests:

No potential conflicts of interests with respect to the research, authorship and/or publication of this article.

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