

A Religious Oriented Approach to addressing FGC among the Somali Community of Wajir, Kenya

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BACKGROUND

Female Genital Mutilation (FGM) also known as Female Genital Cutting (FGC) and Female Circumcision is practiced in 28 countries of sub-Saharan Africa, a few countries in the Middle East and Asia, and among immigrant populations from these countries in Europe, North America and Australasian¹. As many as 100-140 million girls and women worldwide have undergone the practice, and at least two million girls are at risk of being cut each year, about 6,000 girls a day. An estimated 15% of all genital mutilations in Africa are infibulations, also known as *pharaonic* practice and it is the most severe of all².

In Kenya, the 2003 Demographic and Health Survey indicates that although the national prevalence rate is declining slowly over time, almost one-third of all women aged 15-49 years interviewed reported having been circumcised. The survey demonstrates huge differentials in prevalence across ethnic groups, however. Among three groups, the Kisii (96%), Maasai (94%), and Somali (97%), the prevalence is virtually universal, whereas there are other groups, such as the Taita/Taveta (62%), Kalenjin (49%) and Meru/Embu (41-43%) where almost half the women are cut³. There are also marked variations in the age at which the procedure is carried out, the type of cutting done, and the reasons for sustaining the practice.

Evidence from the 2003 KDHS, as well as other research studies recently undertaken in North Eastern Province⁴, indicate that the practice among the Somali community is particularly severe. Not only is it virtually universal in this group, but also the most severe form (infibulation) is practiced on girls as young as four years. A higher level of maternal mortality (17/1000 births) was found among Somali women delivering in the Provincial General Hospital at Garissa in the North Eastern Province compared with women delivering in Machakos (0.45/1000) and Nairobi (0.56/1000),⁵ where women are more able to access safe motherhood services and where relatively fewer women are cut, or are cut less severely. A study carried out in six African countries including Kenya, where Garissa General Hospital was one of the study sites, shows that infibulated women run greater risks during childbirth⁶. These obstetric rates are higher for women with no access to or with limited access to healthcare as is the case in this province.

¹ Female Genital Cutting (FGC) is used throughout this report.

² WHO. 1996. "Female Genital Mutilation: Report of a Technical Working Group," Geneva: WHO.

³ Central Bureau of Statistics (CBS) [Kenya], Ministry of Health (MOH) [Kenya], and ORC Macro. 2004. *Kenya Demographic and Health Survey 2003*. Calverton, Maryland: CBS, MOH, and ORC Macro.

⁴ Jaldesa G. et al 2005. "Female Genital Cutting among the Somali of Kenya and Management of its Complications" FRONTIERS, Population Council: Nairobi, Kenya.

⁵ Jaldesa, G., Z. Qureshi, S. Kigonde, and S. Wanjala. 1998. "Maternal morbidity and mortality at Garissa Provincial Hospital: 3-year retrospective survey," *Journal of Obstetrics and Gynaecology of East and Central Africa*, 14(2): 68-71.

⁶ WHO. 2006. "Female Genital Mutilation and obstetric outcome: WHO collaborative prospective study in six African countries", *The Lancet*; 367: 1835-41

The Population Council's FRONTIERS program, with support from USAID/Kenya, carried out two studies to better understand the practice of FGC among the Somalis in North Eastern Province so as to inform the design and implementation of interventions to encourage abandonment of FGC. The first diagnostic study was carried out in Mandera, Wajir and Nairobi's Eastleigh area in 2004. The second, a baseline study, was carried out in November 2005 in six locations in the Central Division of Wajir District. Both studies collected data through in-depth interviews and focus group discussions with community and religious leaders, and recently married and unmarried men and women. The first study also interviewed health providers, undertook an assessment of their clinics' readiness to offer safe motherhood and FGC-related services, and interviewed antenatal clients who had been cut.

These studies confirmed that FGC is a deeply rooted and widely supported cultural practice that is shrouded with lots of cultural reinforcements for its continuation. Several closely related reasons are used to sustain the practice: It being a Somali tradition and the belief that it is an Islamic requirement formed the two main reasons given. The practice is also believed to prevent immorality as it was seen as a way to reduce women's sexual desires. The use of infibulation was said to enforce the cultural value of sexual purity in females by controlling female sexual desires ensuring virginity before marriage and fidelity throughout a woman's life. It was evident from the studies that there is the fear of women running wild and becoming promiscuous if not circumcised. This was erroneously taken as being in compliance with Islamic requirement of chastity and morality. The practice was also believed to enhance women's cleanliness and preserve virginity. However, FGC plays no role as a rite of passage in the community as it is done on girls as young as four years.

FRONTIERS is addressing FGC from two perspectives. First, to support the development, implementation and evaluation of a community-based intervention to encourage the Somali community to abandon this harmful practice and secondly to strengthen existing antenatal and delivery services in health facilities used by Somali women so that they are better able to manage pregnancy and delivery of infibulated women and complications associated with FGC (clinical-based intervention).

FRONTIERS has developed a religious oriented approach to engage with and educate the community about FGC with the aim of encouraging them to question why the practice is sustained and move towards abandoning it. This approach has brought together the religious scholars in Wajir with other senior Islamic scholars within Kenya to debate the correct position of this practice within Islam and also borrow Shariah guidelines that are in essence contradicted by the practice, to educate the community. The myths and misconceptions around the practice, its purpose and thus the arising harms and perceived benefits can best be tackled with both religious and medical arguments.

JUSTIFICATION FOR USING A RELIGIOUS ORIENTED APPROACH

The purpose of this approach is to educate the community on the harms of FGM, both religiously and medically, so that they question the rationale for its continuation. This strategy is meant to generate discussion in regards to the correct position of Islam on FGM and hopefully build consensus among the religious scholars on this matter. The religious scholars command much respect and guide opinions in the Somali community and so are instrumental in educating the community. To unearth and correct the misconceptions surrounding FGM and Islam, it is imperative that the religious leaders are involved. Once this is achieved, these scholars can become community educators in encouraging the abandonment of the practice by questioning of the whole practice against the backdrop of Islam and answer the question: *Does the practice, in all its types, have any authentic basis in Islam?*

The first step in the approach is to de-link Islam and FGC. It is important for the community to understand the Shariah implications of this practice and be made aware of the fact that Islamic Shariah upholds human rights and dignity and that FGC violates these rights. As long as this practice is wrongly justified as Islamic, nothing else will make sense to the community, not even the many protocols and legislations that prohibit and outlaw the practice. These are man-made laws according to them and hence they cannot bind them.

But are there any divine laws that actually support this practice? We can answer this question by weighing the practice against Islamic teachings and proving that there is no *sunnah*⁷ FGC in Islam. Knowledge that the practice is traditional and is in conflict with Islamic principles is a sure convincing way that can help in questioning the practice.

Given the clear strength of feeling that FGC is a critical component of Somali culture and a perceived religious requirement, efforts to encourage behaviour change cannot focus solely on education about health and rights alone. In fact, these arguments can only come in to complement the Islamic stand on FGC as this would help discuss the underlying reasons for the practice. For instance, arguments around the health problems that arise from FGC alone are not convincing for the community to abandon the practice as these are considered a result of God's will. It is believed that anybody is bound to get such problems regardless of whether or not they have undergone FGC. When asked whether they thought there were any complications arising from FGC, some respondents in the baseline study asserted that indeed women got tears during childbirth. But others were quick to state that,

"...there is nobody who does not get torn, but it is not because of circumcision, it is God's will and it can happen to any one" (Circumcisers, Wajir, 2005).

Even though awareness of the arising problems from FGC exists in the community, belief that there it is a religious requirement is strong and women are ready to

⁷ *Sunnah* in this context means the type of FGC said to be legitimate in Islam that includes cutting the tip of the clitoris.

continue with the practice if there is any solid evidence that it is Islamic besides its harms. In her narration of her personal experience of FGC during one of the discussion sessions with religious scholars from Wajir, one woman said:

“The harms are there. I was in shock for two days. When I started my periods I was in problems. I was done the sunnah of that time even though the place was infibulated. Is there a Quranic verse on this cut? If it is there, then there is no two ways about it, we have to continue doing it, but if it is not there, then you scholars guide us. When I was married I had to be opened up. Whenever I give birth I am cut open” (Married women, Wajir, August, 2006).

Further, when asked whether the legislation that prohibits the practice in Kenya was able to make the community abandon the practice, respondents in one of the study were quick to point out that,

“There is a barrier between us and the government and that is our religion...we are governed by our religion and we don't care about other laws. We will follow our religion...we will not stop sunnah but anything more than what is mentioned in the Quran we can stop. We are ready to discuss with sheikhs but we will not stop because the radio or the government has said” (Married men, Wajir, 2005).

Other respondent further claimed that the so-called *sunnah* circumcision was actually a right, and hence girls have to undergo it. As a result arguments around its violation of the girls' and women's rights will not be convincing enough unless tied to the human rights provisions in Islam.

“Islamically, it is a right to circumcise girls” (Married men, Wajir, 2005)

“...But the religion says it (circumcision) is a must so it is human rights” (Women's Group Leader, Wajir, 2005)

“We agree (that FGC is a human rights issue) because we want circumcision to continue” (Circumcisers, Wajir, 2005).

The belief that there is a *sunnah* type of FGC in Islam is held firmly and this can only be questioned using Islamic teachings. At present, the religious scholars and the wider community reject infibulation on the basis that it is *haram* (unlawful) in Islam. However they are supportive of some form of cutting, however mild, as they believe it is a religious requirement namely the perceived *sunnah*.

There are two problems with this: the so-called *sunnah* FGC is not well defined and nobody can tell for sure how it is to be carried out. Secondly the community has always claimed to use the *sunnah* cut when the actual practice has been excision (cutting all the external organs in the female genitalia) and infibulation:

“In the old days, once the clitoris and the other flesh around it were cut, the place was stitched using thread and needle and or thorns. During our time we were cut and applied with malmal⁸ but there was no stitching or thorns. Our legs were bound together for weeks and this healed the wound together thereby causing infibulation. This was considered sunnah then but it was still pharaonic. Nowadays, this practice is still on and majority of the people do it...” (Wajir, August 2006).

In summary, this religious oriented approach has been developed because:

- In the Somali community the practice is not a rite of passage, as it is carried out on girls as young as four years. Strategies such as the Alternative Rites of Passage (ARP) will not be applicable in this community.
- The medical complications, though known, are considered a result of the will of God and not associated with the practice. It is believed that such complications and problems can happen to anybody, regardless of their FGC status. Arguments around the medical complications arising from FGC would not be convincing enough to help the community question and stop FGC. However these medical complications can be blended with Shariah guidelines on not cutting healthy organs and not causing harm.
- The international and national laws, legislations and protocols enacted to counter the practice are considered to be man-made, and therefore are superseded by beliefs in divine laws. The community was categorical and said that they were ready to listen to religious scholars to tell them what the correct position of Islam was on the practice and that they would be willing to abandon anything not un-Islamic.
- The practice was considered a ‘right’, and hence arguments around its violation of the rights of women and girls cannot help in questioning the practice on their own. But if these arguments are tied to Islamic provisions, then it would be easier to question something that violates others rights and amounts to sin in Islam.

⁸ Malmal is a traditional medicinal herb that is used on wounds, boils, cuts etc. In this context it used on the cut genitalia as it is believed to aid the infibulation.

OVERVIEW OF THE RELIGIOUS ORIENTED APPROACH

Process

Activities under the community-based intervention begun with discussions between religious scholars and three discussion sessions, in small groups of a maximum of fifteen persons, were held for educated scholars in Wajir district and a larger number at a regional and national symposiums (see table below). These scholars were chosen on the basis of their educational status; those called to the debates were with at least a Diploma or Degree in Islamic Studies and able to speak fluently in Arabic.

Knowledgeable scholars from other Muslim communities that do not practice FGC facilitated the sessions. Non-Somali scholars were chosen as facilitators to avoid any cultural prejudices that might blind the impartiality of the Somali scholars if they were to facilitate the sessions. Few scholars were chosen for debates, especially at district level, so that the discussions were objective (no mob-psychology and defending a held mindset with no objectivity) and Islamic Shariah formed basis for debate.

Consensus building meetings with scholars

DATE	VENUE	NO OF PARTICIPANTS	ORGANIZATION
May 13 th to 15 th 2006	Garissa	6	Population Council
June 5 th to 7 th 2006	Wajir	12	Population Council
July 7 th to 9 th 2006	Wajir	13	Population Council
August 15 th to 17 th 2006	Wajir	13	Population Council
September 12 th to 14 th 2006 (Regional Symposium)	Garissa	25	Population Council and UNICEF
15 th to 19 th June 2007 (National symposium)	Mombasa	55	Population Council, UNICEF/Kenya, UNFPA/Kenya, GTZ and CIPK ⁹

The regional scholars were drawn from the four districts of North Eastern Province (Garissa, Wajir, Mandera and Ijara), and from the neighbouring districts of Moyale, Marsabit, Isiolo and Tana River. This was because the communities in these areas are predominantly Muslim; they practice the same type of FGC, and put emphasis on the perceived religious requirement as a reason for carrying out FGC. It was also meant to create synergy for information sharing and common understanding among the scholars in this region, besides being a way of creating local networks that can help counter the force of the FGC proponents. A scholar from Saudi Arabia was a guest speaker at the regional symposium while a scholar from Sudan was a speaker at the national symposium.

⁹ Council of Imams and Preachers of Kenya (CIPK).

The objectives of the discussions for the scholars were:

1. To scholarly debate and discuss the place of FGC, and more so the so-called *sunnah* type in Islam, so as to question the reasons, both apparent and the underlying, for practicing FGC.
2. To come up with a way forward for community education and awareness creation on FGC with the aim of encouraging abandonment of the practice.

Training different community groups

Community members and groups were mobilized and trained as shown below. The objectives of the training sessions for community groups were to de-link the practice from Islam and present it as a cultural practice in conflict with Islamic teachings. This was to help them question the rationale for a practice that goes against their belief system and one with no benefits. A total of 1,245 persons were reached in the training that followed a sequence similar to that for the religious scholars:

1. 458 youth (including 350 girls in Wajir Girls' secondary school)
2. 33 men leaders
3. 46 women leaders
4. 43 education officers from NEP (in collaboration with UNICEF/Kenya Garissa office)
5. 198 primary school teachers
6. 91 Traditional Birth Attendants (TBAs)¹⁰ and cutters
7. 227 women from six women groups
8. 113 Police officers
9. 36 professional women (in collaboration with UNICEF/Kenya Garissa office).

Discussion topics

Topics that established the non-Islamic nature and basis for FGC were discussed in all sessions, both with religious as well as community groups. These topics were selected to help in questioning the rationale for the practice and were derived from the study findings. The first step in this process was to clarify the correct position of Islam on FGC by looking at what the proponents use as the evidence for the practice in Islam. This was to address the widely-held belief that the practice was Islamic, as had been revealed by both the diagnostic and the baseline studies. The second step was to pull together guidelines and Shariah teachings that are contradicted by the practice to show that FGC is in violation of Islam to address other underlying reasons for FGC practice in the community. The overall structure of the discussions for both the scholars and the other community groups was as follows:

¹⁰ Some of the TBAs double up as cutters/circumcisers in the community.

- Clarifying the correct position of Islam on the practice
 - The correct position of Islam on FGC by looking at the evidence used by proponents in support for the so-called *sunnah* type, which mainly are *ahadith*¹¹. A critical examination on the status of the evidence was done in the discussions so as to prove the non-Islamic basis of FGC¹²
 - The extent of the so-called *sunnah* type
 - Why FGC is necessary for women
 - Islamic teachings on women and enjoyment of sex
 - Islamic guidance on control of sexual desires
 - What is the verdict on the faith (Islam) of those who do not practice FGC?
- Come up with a list of other topics that help show the un-Islamic nature of the practice
 - Islam and cultural practices
 - Islam and human rights
 - Shariah implications of harmful practices
 - Islamic guidance on proper upbringing of children
- Legal perspectives to also in bridge of the laws of the country
- Medical perspectives of the practice was facilitated by a medical personnel
- A plenary session after each discussion to ask questions, raise issues and clarify misconceptions
- Reality in the community
 - Evidence from baseline study
 - Visual evidence
 - Circumciser's testimony
 - Personal experiences
- Responsibilities of persons especially leaders in correcting ills in the community

¹¹ Ahadith is the plural of Hadith (recorded sayings and practices of the Prophet Mohamed).

¹² Lethome I and Abdi. M., 2008 Female Genital Mutilation: Is it an Islamic Practice?, FRONTIERS, Population Council: Nairobi, Kenya.

ISSUES COVERED DURING DISCUSSIONS

Is FGC an Islamic religious practice, and is there a *sunnah* type for females in Islam?

This topic was chosen to address the widely-held belief that there is a “mild” type of FGC called *sunnah* that is allowed in Islam. This was a strongly held belief and in the baseline study of 2005 respondents said that, “One who is not circumcised is not a Muslim, and even her parents are seen as not being in the religion, that is how we see as Somalis”, (Married men, Wagberi).

The discussions always began from a known fact that any matter that is Islamic must be supported by evidence from the sources of Shariah i.e. the Quran, *sunnah*¹³, consensus by scholars (*ijma*) and analogy (*qiyas*). Hence if FGC is to be considered Islamic, it must have supporting evidence in these sources.

- There is nothing in the Quran that can be used as evidence for FGC. The proponents often quote the verse, “...and follow the religion of Abraham inclining towards truth...” (Quran: 4: 125). They claim that since Prophet Ibrahim (PBUH¹⁴) was circumcised at the age of 80 years in obedience to Allah’s command, then Muslims should follow suit as they are directed in the verse. This claim is countered by the fact that the practice of Prophet Ibrahim (PBUH) is evidence for male circumcision and not for FGC as there is no authentic evidence that any of the women in his household were circumcised.
- As far as the *Sunnah* is concerned most of the *ahadith* relied on are either not authentic and or irrelevant, therefore cannot be used as a basis for such a sensitive issue¹⁵. The few that are authentic are unrelated to FGC and hence cannot serve as evidence for the practice. The facilitators then take the discussion through these *ahadith* and show how these are either unreliable (due to their weak status) and or unrelated to the subject of FGC therefore negating the link or basis of female circumcision in Islam.
- There is no consensus (*ijma*) on FGC from scholars. Proponents base their support for FGC on views of the four schools of thought and these schools have difference of opinion based on their understanding and interpretation of the same either un-authentic or inapplicable *ahadith*.
 - The *Hanafiya* view it as *sunnah*¹⁶ (optional) whereby those who observe it are rewarded while those who do not have not sinned
 - *Malikiya* hold that it is *wajib* (obligatory) for the men and *sunnah* (optional) for the women
 - *Shafiya* say it is a *wajib* (obligatory) for both men and women.

¹³ As a source of Islam, *sunnah* means ways of life of Prophet Muhammad (PBUH) derived from his sayings, actions and approvals.

¹⁴ Peace Be upon Him (said after mentioning prophets or writing their names).

¹⁵ Lethome and Abdi, 2008.

¹⁶ *Sunnah* in this context means an optional religious act which carries rewards when done by a Muslim.

- *Hambaliya* have two opinions: it is *wajib* (obligatory) for both men and women; it is *wajib* (obligatory) for men and *makrumah* (honourable) for the women.
- *Qiyas*¹⁷(analogical deduction) is not applicable because FGC cannot be compared with male circumcision. Whereas the male circumcision has strong basis in Shariah and therefore a religious requirement, female circumcision has no basis and is not an Islamic practice. Besides there is a difference in what is cut, in males it is the foreskin, in females it is functional organs. Moreover male circumcision has both religious and medical benefits whereas FGC has religious and medical harms¹⁸.

What is the extent of the sunnah type?

In the discussion, proponents of the practice were asked to give the extent of genital cutting for the so-called *sunnah type* and what the exact organ to be cut is. From the meetings the following different accounts were given, both by scholars and the other community groups:

- Cutting a small part or the head or the tip of the clitoris
- Cutting the whole of the clitoris
- Cutting the skin above the clitoris
- Cutting the parts that appear from the female genitalia and resemble the comb of a cock
- Cutting a part of the clitoris and this they say is possible because it (clitoris) has demarcations like the joints of the fingers
- Cutting a quarter of the clitoris (apportioning the clitoris into four equal parts then cut one part)
- Cutting a third of the clitoris
- Cutting the 'black' head of the clitoris
- Anything that can be called a cut on the female genitalia
- Cutting the soft skin on the clitoris.
- Cutting the skin at the end of the clitoris.
- Pricking with a pin to shed some little blood

Facilitators then raise questions on how this was to be measured and the fact that if this practice was Islamic then it would have an exact measure. Women participants would give an account of them being infibulated yet they believe that the *sunnah was* done. Consensus would often be that because of the lack of knowledge on the exact

¹⁷ *Qiyas* is drawing a comparison between two different things or events that have so much in common and can hence share the same verdict e.g. alcohol is *haram* by a verse of the Quran because it is an intoxicant, any other intoxicants share the same verdict through analogy.

¹⁸ Lethome and Abdi, 2008.

extent of the so-called *sunnah* type, then this has opened the window through which infibulation thrives which is shunned as un-Islamic by all.

Why is FGC necessary for women?

This question was asked to unearth the underlying reasons for the practice, control of female sexual desires. The only benefit or reason the proponents of FGC give is that it controls women's sexual desires (as one participant in one of the sessions put it, "*it contains the 'fire' of desire burning within the women*" Wajir, June, 2006). This they say is necessary as it makes the women chaste therefore upholding their honour and fulfilling the religious requirement of chastity.

"We have always known that if girls were not cut, then they will run after men and be disgraced. You young girls of today know nothing and you want to confuse us. We shall 'make' the girls properly so that they do not misbehave. This world is very bad and it is not safe even for those who are cut and stitched. We do not want to cause havoc in society by letting loose uncut women who can rape even small boys. We shall cut them! (Cutters' training, October 2007)

Proponents also said that the practice enhances women's spiritual purity and is important for their *tahara* (state of physical and spiritual purity). This argument is countered with the facts that:

- Muslim women, just like the men, are supposed to control their sexual desires and only indulge in sexual activity under the lawful umbrella of marriage. There are no physical means to control these desires but Islam places emphasis on moral education and good upbringing (*tarbiyya*).
- Muslim women have a right to enjoy their matrimonial sexual relations. Hence the so-called *sunnah* circumcision (whose benefit, in view of its proponents, is to reduce sexual desires in the women) will be going against this basic right for the woman.
- The Shariah guideline in the administration of punishment is that it is not administered until a crime is proven to have been committed. If it is proven that certain women have fornicated or committed adultery, only then will Shariah judge them accordingly¹⁹.
- Every soul is responsible for its deeds. Women cannot bear the burden of upholding chastity in the community (if for arguments sake FGC ensures chastity as per proponents' claim). They will be judged, individually, just as the men are, for their own wrongs and rights.
- Women have a right to a healthy body and nobody has the right to inflict pain and or cut any parts of her body for no apparent reason. The facilitating scholars always reminded the participants that *blood money* is due on those who carry out these practice and on those who are in position to correct and

¹⁹ Such punishment is for both men and women.

are not doing so. Hence the following persons are answerable for the blood of the mutilated girls:

- The parents of the girl
 - The cutter
 - The scholar whose work is to correct and educate the community against ills but who is not doing so
 - Any other leaders in positions of influence and is quiet about the ongoing practice.
- Infibulation makes it hard to maintain genital hygiene as urine and menstrual blood pass underneath the closed skin and it is not easy to clean. Urine is one of the spiritual impurities in Islam thus the woman's *tahara* is affected as opposed to the belief that it is enhanced.

Islamic teaching on women and enjoyment of sex

This was an important discussion to further correct the belief that FGC is necessary to control women's sexual desires. In all the sessions it was always acknowledged that a Muslim woman has the right to enjoy sexual relations and intercourse with her husband, with evidence from the sources (Quran and authentic *sunnah*²⁰). Muslim men are required to sexually satisfy their wives. Reference was always made to the fact that, under Islamic law, denial of sex by either wife or husband is a ground for divorce. Medical experts would confirm that the cutting interferes with the sexual functioning of the women therefore affecting the attainment of sexual enjoyment and satisfaction hence a violation of women's divine right.

Islamic guidance on control of sexual desires

This session was meant to inform the participants that every Muslim is required to control their desires and a woman, just like a man, is supposed to control her desires, whether sexual or otherwise, by observing the teachings of Islam. With help from a medical expert, participants were informed that cutting of the sexual organs does not control desires, as it is the brain that controls them. In fact, one medical expert was categorical in one of the meetings and told the adamant supporters that if they wanted their daughters not to think of sex then they should chop off their head and not their clitoris.

The facilitating scholars reminded the meetings that Islam lays lots of emphasis on the proper upbringing of children and providing moral teachings to followers, right from when they are young. They reiterated that Islam does not teach control of desires through any physical means such as mutilating. An example was picked from the reality that some women from within the community, and therefore with the worst type of FGC, have been known to indulge in sex outside marriage. It was emphasized that without any moral knowledge no amount of cutting or infibulation can ensure chastity. Examples would also be drawn from communities that do not

²⁰ Lethome and Abdi, 2008.

cut and where the women are morally upright to emphasize the message that it is the brain and not the genitalia responsible for desires and control.

Female participants in the sessions would be asked why they do not run after men and indulge in extramarital sex. They always agreed that it is because they know when sex is lawful and or unlawful for them. Women were also instrumental in informing men that they desire sex just like any other woman but they can control themselves. The medical experts would also add that women are stronger in controlling themselves than men.

What is the verdict on the faith (Islam) of those who do not practice the FGC?

This question was brought up to help erase the belief that all Muslims carry out *sunnah* FGC on their females²¹. It was meant to show that there are many Muslims from communities who do not cut and to whom this is a foreign practice. In the sessions we held there were varied answers to this question; some of the participants said that it was up to those who are not practicing and what they thought of FGC. Others stated that it is wrong for any Muslim to leave the *sunnah* type and therefore those not cutting were straying. However this notion was countered by some of the die-hard supporters who could not dare say that these non-FGC practicing Muslims were committing a sin and said that because the practice was *sunnah* (optional) hence Muslims have the choice to practice it or not.

This session would then be concluded with remarks from facilitating scholars that the practice has no basis in Islam and therefore nobody can be held accountable for not doing it, reminding those doing it that they are in fact straying from what Islam teaches.

Islam and cultural practices

This topic was discussed in order to address one of the reasons for which FGC is done. In the studies it emerged that the practice was also considered a Somali cultural practice.

“It is our tradition that a girl must be circumcised and stitched...” (Married women, Wajir Baseline study).

Facilitators asserted that Islam did not come to outlaw or prohibit all cultural practices and its adherents were free to continue with their cultures and practices as long as these were not in conflict with the teachings of Islam. The sessions were reminded of the following guidelines as regards Islam and cultures:

- Cultures in conformity with the teachings of Islam are confirmed as Islamic practices. For example hospitality, chastity, respect to the elderly and helping the poor etc., are upheld in many cultures and are in conformity with Islam.

²¹ Jaldesa G. et al 2005. “Female Genital Cutting among the Somali of Kenya and Management of its Complications” FRONTIERS, Population Council: Nairobi, Kenya.

- Cultures that are in conflict with Islam are either regulated to conform or totally eradicated (e.g. polygamy was regulated, female infanticide was eradicated²²).

Therefore Muslims from all tribes and communities are required to consider their cultures and take what is in conformity with Islam and avoid anything that is in conflict with Islamic teachings. In the sessions, examples of Somali cultures and traditions left in preference to Islam were discussed in comparison to FGC. The ensuing conclusion is that Islam should take precedence where there is conflict with a cultural practice, and as a cultural practice, FGC is in conflict with Islam and should therefore be stopped.

Rights perspective on FGC

Under this topic the rights of women that are violated by the practice were discussed to show that it is a crime in Islam to violate the rights of others.

- ***Right to life:*** The practice violates this right when some girls die during the procedure or afterwards as a result of infections or complications. A logical conclusion is then drawn showing the unlawful nature of such an act and why the person responsible for the decision to cut such a girl, would be responsible for the death.
- ***Right to a healthy body and integrity:*** Nobody has the right to mutilate a body whether theirs or another person's. The scholars are reminded that the parents are guardians and have no absolute power over the bodies of their daughters. They are also reminded that it is their responsibility to correct such parents.
- ***Right to health and healthy living:*** Many women and girls live with lots of pain and medical complications as a result of the operation, some of which are traumatizing adding to women's stigmatization and discrimination. These are conditions brought about by this practice. This is a violation of this right of women.
- ***Right to enjoy sex with her husband:*** With the help of a medical expert, it is explained that the cut interferes with the sexual functioning of the women and hence denying the right to full enjoyment of sex
- ***Right to clean worship:*** Infibulation makes it impossible to maintain genital hygiene thereby preventing women to 'clean' worship.
- ***Right to make a choice:*** The girls are circumcised at tender ages of between four and ten years. They are in no position to make an informed choice as regards FGC and whether or not they should undergo it. This is a violation of the right of the individual, in this case the girl, to make choices in life.

²² These are cultures that existed in pre-Islamic Arabia.

Medical perspective on FGC

A medical expert is called in to give the medical harms of the practice. The medical expert also answers questions, clarifies issues and misconceptions.

- Medical harms arising from the practice, both immediate and long-term, were discussed with pictures and drawings, to illustrate the severity of suffering endured by women and girls. Emphasis was laid on the fact that all types are harmful to counter the belief that the so-called *sunnah* type has no harms.
- Participants were also informed that sexual desires are controlled by the brain and not the genitalia as is believed by the community. The Somali saying which states that '*qacan wax qaad barate hadii la goyane gumudka dhaqdhaqaaqa*' (even when the hand that learns taking things is cut its base shakes) was used to extend this argument and show that cutting the clitoris does not remove sexual feelings hence no amount of cutting of organs can ensure chastity.
- That the body organs including the clitoris and the labia minora grow but proportionate to the rest of the body to counter the belief that if not cut these will grow long and hang loosely making women get aroused with the touch of their thighs or cloth.
- That the clitoris has no opening (orifice) to produce any discharge. This was to counter the belief that if not cut the clitoris will make women get bad odorous smell.

Shariah implications of harmful practices

Once the participants are educated on the medical harms arising from FGC, Shariah guidelines on harmful practices are discussed. Islamic shariah gives the following ruling on any harmful practice:

- Harm must be removed or stopped: *adhararu yuzaalu*. This is based on the teaching of the Prophet (PBUH) that any harmful thing should be removed through any possible means. The Quran states that: "...you enjoin what is right and forbid what is wrong and belief in Allah..." (3:110).
- There is the golden rule in Shariah, which states: *la dharar wala dhirar* (Cause no harm and do not reciprocate harm). FGC is a harmful practice that should be avoided. Allah says in the Quran: "...and do not throw yourselves with your own hands into destruction..." (2:195).
- If something has both benefits and harms, it is only allowed if the benefits outweigh the harms. Male circumcision, for example, may be harmful but first it has been proven to be a religious practice and secondly the resulting benefits are very significant. These benefits are both religious (enhances cleanliness) and medical (can prevent cancer). As for the women, FGC does directly opposite this by interfering with their religious cleanliness and causing harm.

- Another guiding principle is that a harm or evil is not removed or stopped by causing a greater harm. In this context the assumed harm or evil, in the view of the proponents of FGC, is women's indulgence in unlawful sex, which according to them can be controlled by circumcision. The ensuing harms from FGC are much greater and the practice should thus be avoided. Besides it has been proven that desires are controlled by the brain and hence emphasis on moral teaching.

Sessions were also informed that it is unlawful to cut a healthy organ from anybody for no apparent reason in Islam. Such organs can be cut for medical reasons and or meting punishment such as amputating the hand of a thief under Islamic Shariah. There is blood money that becomes compulsory on anyone who causes injury and or cuts another person's limbs. With help from the medical expert, discussion was often raised around this in order to shed light on what is cut from the women during the operations that are functional organs.

To many community members and especially the men, what is cut from the women is just a piece of skin comparable to the foreskin of a man and not an organ. At this juncture, the facilitators would often quote another verse in Quran that says, "*for anything you do not know, ask the expert*" (16:43). This verse is cited to show that the medical person is an expert in human anatomy and therefore should be listened to when they advice that what is cut in the women are functional organs. Many participants are taken aback when the medical expert confirms this and even goes further to say that cutting of the clitoris is equivalent to cutting the penis of the man and poses the question: *how will such a man function?*

Islamic upbringing of children (*tarbiya*)

This topic is discussed at length to emphasise the importance that Islam puts on the proper moral teachings that can make children upright Muslims.

Reality in the communities

This session is necessary for the scholars and other male community members, because many of them argued that the common practice in the community was *sunnah* and pharaonic type (type III) was abandoned a long time ago. They often opposed our study findings that the common practice within the community is type III FGC. However none of them was in a position to say with certainty what actually happens and statements from the traditional circumcisers always proved them wrong. A cutter gave an account of how she does the cut, and a woman narrated her personal experience of the cut to give a detailed understanding of what the procedure entails.

Evidence from the Wajir baseline study

Key findings from the baseline study on the practice of FGC conducted in November 2005 in Wajir Central division were presented to all participants, as follows.

- FGC is virtually universal in Wajir; only one female out of the 259 interviewed was not circumcised. The prevalent type was type III (infibulation / pharaonic), the severest form of FGC.
- Three major reasons given for the continuation of the practice: that FGC was an Islamic religious requirement; a Somali tradition; and a good tradition. Other reasons included prevention of immorality by reducing sexual desires in women and ensuring cleanliness and preserves virginity.
- Over 40% of the study respondents did not know any medical harm associated with the practice. Others opposed the idea of complications associated with the practice and said that any woman could become sick regardless of her FGC status.
- Despite the knowledge of complications arising from the practice, there was support for the continuation of the practice and especially among the women (83% as opposed to 64% of the men). Those opposed were mainly young men with post-primary education.
- Respondents suggested that they were ready to listen to guidance from the religious scholars concerning the correct position of Islam on the practice. They said that they will not stop due to legislation but they are ready to stop anything that is not Islamic.

Visual evidence

Illustrations and pictures of the different types of the practice were used for explanations. Many participants were shocked and could not believe the change in the genitalia after the operation. In one of the sessions, one old scholar repeatedly asked if what he was seeing was real, and when confirmed made a *fatwa* (religious ruling) that no infibulated Somali female was religiously 'clean' and therefore they should just go out and start community education as those women's religious practice was compromised.

A video documentary on an Ethiopian community showing a young girl being cut was often shown to the participants²³. After every session, participants would be asked to give comments. Some of the comments from participants are sampled below:

- Young innocent girl, happy at first and later sadness engulfed her
- Shocking to watch
- Inhuman act
- Unhygienic conditions
- Brutal
- Ambushing
- Painful (wails from the girl as her stomach was moving up and down)

²³ Documentary by The National Committee on Traditional Practices in Ethiopia.

- Lots of bleeding
- Too cruel
- It cannot be a religious practice
- Barbaric
- New to me, I never imagined anything like this happens
- It is not only the circumcisers who will answer lots of questions, even us as parents since we take our girls to them, they don't force us

"I have been cut but I never thought it is this bad. Seeing the young girl being cut into pieces made me sick inside and I felt like vomiting. It is very cruel and I think the circumcisers have a lot to answer before God. This thing must stop" said a women's leader in July 2007.

"Women are truly doing the work of satan if this is what they call circumcision because this is butchering the poor girl. I am so disturbed and thank you very much for sharing this with us. Truly it is a torture and I agree this thing must stop!" said a male leader in July 2007.

Female participants always agreed that the type of cutting shown on the video was exactly what was happening in Wajir and what was done to them, except for the stitching (in the video there is stitching of the cut areas using thread and thorns).

Circumciser's testimony

A circumciser was invited to give an account of how she cuts the girls especially for sessions with the religious scholars. Many circumcisers said they were still cutting as in the old days and did not know the *sunnah* type. Others claimed that they did both and it was the mother of the girl who would decide which type she wanted for her daughter:

"I start cutting from the top of the clitoris (holding her nose and pointing at its base in demonstration), then follow it with the labia minora (from the nose she moves to her upper lips in demonstration). I scrub the labia majoras (shows this by turning her upper lip to show the inner lining and demonstrating how she scrubs with the razor) so that I am not accused of leaving any parts. Then I close the labia majora together (holds her lips together) and apply malmal exactly the way my mother taught me. Then I tie the legs from the thighs to the toes" (Circumciser, 1st Religious Leaders Consultative Meeting, June 2006, Wajir)

It was apparent that all of them doubled up as traditional birth attendants (TBAs) and knew how to administer injections such as anti-tetanus and antibiotics. They also said they gave the girls local anaesthesia before cutting them to ease the pain. This proves that there is medicalization of the practice as well as the unintended side of equipping and training the TBAs. Actually one of them claimed that she was taught how to carry out the 'preferred' *sunnah* type in one of the trainings she received as a TBA.

Personal experiences

To aid discussion on the reality on the ground, a woman would give her personal experience of the pain, trauma and complications she suffers as a result of FGC. This was to make the men (especially scholars and leaders) who do not have first hand experience of what happens to understand the severity of the practice. It was meant to make them appreciate the suffering of these women who undergo FGC, and who might subject their daughters to it, as a result of ignorance on what Islam says about FGC. This narration helped show that Somali women are not happy with what they undergo and were only suffering in silence. This was also meant to make these leaders more so the scholars realize that they are the people endowed with Islamic knowledge and therefore are under an obligation to guide the community by correcting the misconceptions.

Pre and post tests

Participants, who were literate such as the youth and teachers, were given written pre and post tests to do to assess their understanding of the practice before and after the training as well as their perceptions and intentions to abandon the practice. Others were asked to state their understanding in the beginning and at the end of the workshop. Their opinions were sought by show of hands. There was always a considerable mind change in all sessions, which shows the importance of sustaining community dialogues.

Responsibilities of leaders in the community

Through a sermon from one of the facilitators, participants in all trainings and especially leaders (religious, men, women and youth) were reminded of their responsibilities within the community, especially concerning educating and being role models to the community. They were reminded that they would be held accountable for ills in the community for which they can correct but have chosen not to. Each group were reminded that they should begin with their families and reach those they can.

FREQUENTLY ASKED QUESTIONS

In all discussion groups the following questions were asked frequently:

Why is FGC being discussed now? Is it because America is against it? What is the hidden agenda or motive of those opposed to the practice?

In each session this question was the first to be asked, especially after clarifying the Islamic perspective in which participants would ask whether a new version of Islam has been discovered or invented and if this is by the Western countries. This would be clarified using the *hijab* (Islamic dress for women) as an example. The participants would be asked when the Somalis started wearing the dress and at most this was pointed out to be the last fifteen years. They would be asked why yet the *hijab* has been revealed in the Quran over a thousand years. It was further explained that the Somali community did not become Muslims fifteen years ago nor was there a new Islam. Participants always said that it was because the people did not know that this was a requirement and continued their traditional dress. In other words it was agreed that knowledge that the *hijab* was a must was lacking. Participants would then be informed that just like the *hijab* was not known before so is the practice of FGC and Islam. The practice was left unquestioned for a long time and that its un-Islamic nature has been understood now. Islamic guidance on the fact that a wrong be stopped once realized was applied and the Somali saying, '*qalad waa halkii la gu qabtaa*' (a wrong is corrected when it is known) was also used to cement this further.

Other examples of habits in the community, initially taken as acceptable in Islam, were cited such as *Miraa* (khat) chewing which many people in the community now denounce as un-Islamic. Participants then would be asked if they should doubt the motive of anybody who comes to question *Miraa*, who establishes rehabilitation centres for the addicts and/ or facilitates alternative business for the sellers. All agreed that such a person would be addressing a pertinent issue in the community. After all the presentations, this discussion would be revisited and most participants agreed that FGC is indeed a pertinent issue that calls for concerted effort to address it.

Why are we hearing FGC is not Islamic yet we have had scholars amongst us for a long time? Why are the religious scholars not taking a lead in clarifying the Islamic perspective of FGC?

Challenges facing scholars in addressing FGC were discussed in all their seating. These challenges were then shared with community groups, notably the fact that scholars perceive a talk against FGC as being pro-American and fear to be branded, and that the scholars not prioritised the problem. A lady scholar in Wajir told several sittings that FGC was not an issue they addressed before the FRONTIERS program:

"When Maryam came to Wajir to roll out the FGC programme it was a shocker to me. Her approach was very good and she came with other learned scholars who debated with us on the issue. Being a woman scholar I had never looked at this fundamental female issue before, together with my other colleagues we were busy dealing with

issues of Hijab (Islamic dress), salah (prayers) and other issues of worship and never looked into the basis of this practice in Islam, how it affected the women and whether it was acceptable or not..."

About local scholars not taking the 'lead', participants would be reminded that nobody has the monopoly to talk about Islam and anyone who has the correct information is obliged to pass it on and correct ills in the community. Hence scholars, whether Somali or non-Somali, have the responsibility to correct and guide the community.

Challenges faced in addressing FGC

1. The community seeks and needs guidance from the religious scholars, yet there is no consensus among the scholars on the Islamic stand as regards FGC. They have different opinions and different interpretations and not all scholars are even ready to talk about it.
2. The scholars recommended that the community needs to be educated gradually, and encouraged to first move from supporting the pharaonic (type III) to a *sunnah* cut and then to no cutting, but they are not ready to support efforts to encourage immediate abandonment. However, as it is not at all clear what the *sunnah* type entails, or whether the community would be prepared to then move to total abandonment afterwards, the potential for success for this strategy is limited. Consequently, the preferred strategy should be to argue against the practice in all its types using Islamic teachings.
3. Given that the religious scholars have the knowledge of Islamic teachings required to question FGC, it is important that they lead such discussions yet they are embarrassed about discussing female genitalia, and have negative attitudes towards female sexuality, and so avoid doing so.
4. The community feels that practising FGC is the only way to ensure chastity and morally correct sexual behaviour by women. There is a feeling that there is a foreign agenda to corrupt their women and make them sexually promiscuous.
5. Any discussion on FGC is seen as a western-led anti-Muslim activity, and so the community is sceptical of the motives behind those supporting the activity. Scholars are scared of losing credibility and being called 'pro-western' if they openly oppose this tradition.
6. FGC is a strongly held tradition and will require sustained education and debate to influence behaviour, but many donors can only fund shorter-term projects.

ACHIEVEMENTS

- The regional symposium, held at Garissa in September 2006, led to agreement that the so-called *sunnah* type is actually a *mubaah* practice. This is a behaviour that is permissible for Muslims, but for which there is no religious benefit if practised and no harm if not practised. This is very different from a *sunnah* behaviour, which does have religious rewards and blessings associated with its practice. This agreement was a break-through, because it is easier to use this position to publicly question continuation of the practice because it has no authentic basis in Islam and no associated rewards, and so all the physical and psychological harms are incurred without any corresponding benefit.
- At the national symposium held at Mombasa in June 2007, all non-Somali scholars, including those from Tana River and upper Eastern districts that come from communities that practice FGC, stood firm that the practice has no basis at all in Islam. These scholars can be used to educate the Somali community to encourage abandonment.
- Some scholars have said that they would protect their daughters from FGC. This is a strong message to communicate to the community because these scholars are role models and the community may be encouraged to follow their example.
- For many scholars and other community members, this series of meetings were their first opportunity to witness FGC being discussed or questioned from a Shariah perspective. Many, especially the women, asked why such information had been kept from them.
- Many community members, especially the men, had little understanding of what FGC actually entailed. This changed with the help of a video documentary, drawings and pictures, as well as explanations from medical experts.
- The presence of female scholars and other female leaders added much value to the debate, from both an Islamic and women's perspective. Male scholars were impressed and surprised that Somali women could voice their opinions so clearly and were strongly opposed to FGC, because they always thought that all women were strongly in favour of the practice.

LESSONS LEARNT

- Scholars can play a critical and influential role in community education and encouragement of FGC abandonment. However, these scholars are members of their community and most still support all the cultural reasons for the practice. Discussions, debates and exposure meetings between them must be sustained to lead to the mind change among these key leaders which is a prerequisite for community-wide abandonment.
- It became evident that it is much more effective to engage a small number of scholars during the discussions. When a large number are gathered, there is a tendency not to question the status quo and to defend an existing position without objectivity.
- The Arabic language is complex and requires a deep knowledge to be able to fully understand the Islamic texts, as well as to avoid taking things at face value. Many scholars suffer from insufficient understanding of the language in interpreting some of the *ahadith* and other Islamic texts.
- Community members, and especially the scholars, are opposed to type III FGC (known as pharaonic) and are ready to de-link it from Islam. Many others are convinced that the practice has no basis in Islam, but are not yet willing to publicly state their position.
- In all meetings with the Islamic scholars, the verdict on the practice has moved from being considered *sunnah* (at district discussions) to *mubah* (at the regional symposium) to the point where it was declared non-Islamic (at the national symposium) though by a majority non-Somali scholars. This shows the importance of sustained discussions and debates among the scholars.
- The regional and national symposia were attended by scholars from Saudi Arabia and Sudan respectively. Exposure to Islamic scholars from a different perspective is important for the local Somali scholars to enable them to meet with their peers who have a different opinion on the practice.
- Many myths and anecdotes help to reinforce continuation of the practice. These need to be discussed and analyzed from an Islamic and cultural perspective to clarify the true situation.
- Even after clarifying the non-religious basis of the practice, participants were worried about whether they will still be able control their girls so that they do not practice sex before or outside marriage. This suggests that their real concern is controlling female sexuality and that FGC is seen as the best way to do this; the religious justification is used to give greater support for this rationale.
- Many women do not consider the practice a priority problem for themselves or the community.

WAY FORWARD

Continue with religious clarifications

Because the scholars are divided on the correct stand of Islam on FGC, consensus building among them through group discussion and debate needs to continue to support community education activities. Emphasis should be placed on exposing them to other Muslim scholars and communities opposed to the practice, including scholars from Somalia, Sudan, Saudi Arabia and Egypt.

There are many non-Somali Islamic scholars who are opposed to the practice who can be used for community education because no one scholar has the monopoly on Islamic knowledge and a non-Somali scholar can educate the Somali community, provided the matter is tackled from a religious perspective.

Target the whole community

Adult women (as mothers and as practitioners), as well as men (especially the youth), uncles, aunts and grandmothers, are all part of the immediate and the extended family who have a say in decisions concerning FGC on girls. It is critically important, therefore, to reach out to all groups within the community during discussions. In addition, various others in leadership positions in the community should be engaged during community education, e.g. community elites, opinion leaders, teachers, CBOs/NGOs, medical personnel, circumcisers, and government administration.

Use of mass media

Many people in the community listen to the radio and five stations in particular will be important: the local radio stations, Star FM and FRONTIER FM, which are available in Nairobi, Garissa and Wajir; the Kenya Broadcasting Corporation Somali service; and the BBC Somali service and IQRA FM in Nairobi and its environs. Opportunities to raise this debate on these stations should be sought, and other mass media channels used such as posters, public address systems for the religious scholars, films/documentaries, and T-shirts and Lesos / Kitenge with anti-FGC information.

Suggestions for further research

- Women's status and their relations with men in this Somali community need to be better understood. In such a strongly patriarchal society, women are in inferior positions and so it is difficult to argue against any practice, even if harmful, they perceive to uplift their status. The relationship between women's decisions to stop/continue FGC, and desire for sexual morality, acceptable sexual behaviour and femininity needs to be studied.
- FGC and its association with women's sexuality is not at all understood, especially around whether or not FGC reduces sexual desires and alters their response.

- Men's knowledge and perceptions of FGC and their role in the abandonment of the practice is important in order to inform interventions.
- A better understanding of men's perceptions of FGC, and their personal experiences of living with wives and daughters who may suffer complications, would help to inform arguments around the Islamic perspective of causing harm.
- Understanding trends in FGC practice within different age groups is important to gain insights into what led to changes and then adapt these for the abandonment process.

CONCLUSIONS

The Population Council's FRONTIERS programme has developed a religious oriented approach to address the practice of FGC among the Somali ethnic community living in Wajir district of North Eastern Province in Kenya. This approach was developed to respond to the community's stand on FGC, which is most commonly presented as being an Islamic requirement within the Somali culture. Community members had indicated that they were ready to listen to religious scholars and would be prepared to stop any practices that are not in line with Islamic teachings. To be able to do so, it is important that religious scholars within this community clarify among themselves the correct position of Islam on FGC. This was undertaken through facilitating a critical evaluation of the evidence cited by proponents of FGC, to demonstrate that there is actually no Islamic basis to the practice. Discussions around this have concluded that proponents mostly rely on *ahadith* that are either weak and/or unrelated to FGC. Weak *ahadith* cannot be relied on to guide Muslims in their behaviour, especially if they contain anything that is harmful to the well being of people, as is the case with FGC. Deeper analyses of Islamic teachings can help counter the practice by showing that it is actually in violation of Islamic Shariah. Discussion topics dwelt on bringing forth a format using logical arguments to counter the underlying reasons for carrying out FGC. Similar discussions were held for other community groups in Wajir. This approach has led to some religious scholars and community members openly declaring their support against the practice, and many more privately opposing the practice but being, as yet, unwilling to debate the issue in public.

Next steps should include sustaining engagement with religious scholars to support them in convincing their communities to abandon the practice, encouraging those scholars who are privately against the practice to speak out in support of the others, and undertaking discussion sessions with a range of other community groups to communicate these messages to all involved in decisions concerning the practice.