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The Umbrella of Religious Freedom: The Impact of Support for Religious Freedom on Public Opinion Toward Female Genital Mutilation / Cutting (FGM/C)

by

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I would like to thank my mom for her unwavering support throughout my collegiate years.

Without her love and sacrifice, this project would not have been possible.

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The Umbrella of Religious Freedom: The Impact of Support for Religious Freedom on Public Opinion Toward Female Genital Mutilation / Cutting (FGM/C)

Thesis Abstract- Idaho State University (2023)

At least 500,000 females in the U.S. have undergone or are at risk for Female Genital Mutilation/cutting (FGM/C; Krupa, 2017). More than 100 female children in the U.S have been affected (Krupa, 2017). In the last few years, the practice of FGM/C has been documented among immigrants and refugees in the US (Brown, 2018). Shaeer (2013) indicated that FGM/C occurs among Muslims girls 55.4% in comparison in other groups that practice this custom (Shaeer, 2013). This research examines whether those who strongly support religious freedom will support the right of individuals living in the U.S. to practice FGM/C for religious purposes. The researcher conducted a survey at Idaho State University (ISU). The survey collected the public opinions of ISU students, age 18 and up about religious freedom. Approximately 320 respondents completed the survey. Those who are international, trust the U.S. government, support the right of parents to refuse health care for their children, and support the right to take breaks to pray are more likely to support FGM/C under the umbrella of religious freedom in the US and abroad.

Keywords: FGM/C, FGM/C procedures, political knowledge, media use, trust in government

Chapter 1: Introduction

One of the most cherished values in American's culture is religious freedom. The first amendment of the United States Constitution addresses freedom of religion, stating that Congress has no right to prohibit exercising any faith. In other words, the first amendment protects the public right to practice their religion freely. Religious freedom is more than worship at a church or mosque; it is a strong core value and belief that could sometimes be against the government's laws. However, the question arises: To what extent would the public support freedom of religion when the religion practices a behavior that is outside the norms of the majority culture?

One example of a religious practice that is outside the norms of majority American culture is female genital mutilation/cutting (FGM/C). Female genital mutilation/cutting includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons (Baron & Denmark, 2006). This study has been silent for long time, and FGM/C still exist in different states. Therefor it is the time to address this issue, and public need to be aware about this problem and take an action, especially people have direct impacts on agenda setting and policy. The research question in this study is to investigate in those who are strongly support religious freedom will support the right of individuals living in the U.S. to practice FGM/C for religious purposes, and if so to what extent. This study is targeting the public that who can make difference in political agenda as well as political behavior towards FGM/C.

In this introduction, the author will provide an overview of the practice of FGM/C. the backgrounds of FGM/C including definitions of the subject, the procedures, the countries where FGM/C is commonly practiced, finally is the reasons behind practicing this.

Chapter 2: The Background

FGM/C is an old traditional custom that has roots in historic covenants and is related to the cultural and religious beliefs found throughout the Muslim world as well as in other ethnic groups (Baron & Denmark, 2006). According to the World Health Organization (WHO), 140 million girls around the world have been circumcised as reported in a medical study (Shaeer, 2013). Shaeer (2013) indicated that FGM/C among Muslims girls was 55.4% in comparison in other groups that practice this custom (Shaeer, 2013).

According to Jones et al. (1997), the Centers for Disease Control and Prevention(CDC) has been rated around 168,000 between girls and women who were subjected to FGM/C in the United States or at least at risk (Jones et al., 1997). At the same study asserted that, immigrant from Africa is more likely subjected to or at risk for FGM/C (Jones (Jones et al., 1997). The study also indicated that girls younger than 18 years old is about 44% 45% of women experienced or be at risk of FGM/C (Jones et al., 1997).

The Definitions of the Subject

In 2013, the WHO defined FGM/C as partial removal of the reproductive system, especially the "clitoris" which is responsible for the sexual stimulation for women (Rouzi, 2013). This procedure is often done without medical intention but rather for cultural reasons or part of a cultural practice (Rouzi, 2013).

FGM/C Procedures

There are four kinds of FGM/C: Type one is deletion of the clitoris: which is deletion of the clitoris. the part of the clitoris that should be removed, either partially or completely (Barber,

2008). Type two is to remove part of or full of the labia minor: which is to remove part of or full of the labia minor, as well as the clitoris (Barber, 2008). Type three is infibulation or paranoiac circumcision. It includes the cutting of the labia, clitoris and sew all the upper part (Barber, 2008). Type four is the cutting of the vagina and stretching of the vaginal tissue: that instead of sewing, they cut and stretch the vaginal tissue (Barber, 2008).

In order to better understand what influences individuals' opinion and practices of FGM/C, we first need to know where FGM/C is commonly practiced. We also need to understand the relationship between FGM/C, as well as cultures and traditions that affect the practice of this custom. Thus, we need knowledge about the general physical, sexual, pregnancy and childbirth, and psychological consequences. Finally, the researcher will address the absence of health awareness among communities where this practice is customary.

Countries Where FGM/C is Commonly Practiced

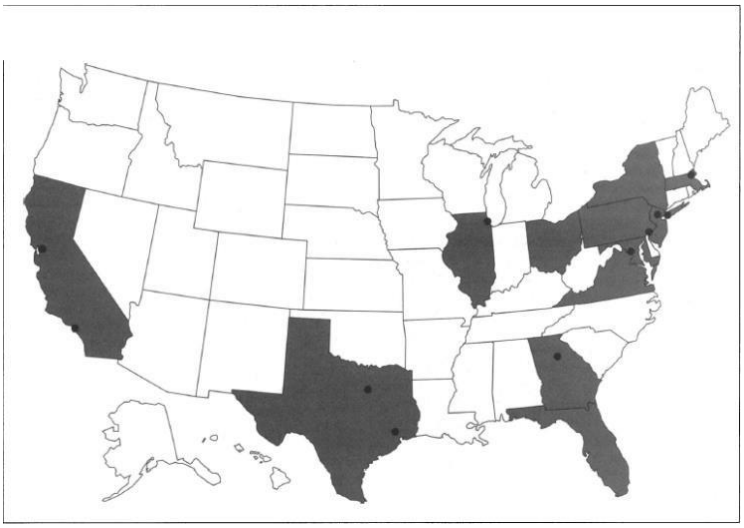
The FGM/C custom is widespread all over the world, especially in North Africa, such as Egypt, Sudan, Ethiopia, Somalia, and Sierra Leone (Baron, & Denmark 2006). But it is not popular in Asia, Europe, Australia, North America, and South America (Baron, & Denmark 2006). It is also correlated with some religions such as Islam, Christians, Ethiopian Jews and non-religious people (Baron & Denmark, 2006). FGM/C, is commonly practiced in conservative Islamic countries, especially in rural area like: Saudi Arabia, Iraq and Iran. (Baron, & Denmark 2006). Raya (2010) authenticated FGM/C in most countries and regions in the world, such as the Middle East, Asia, parts of Africa, Central and South America, Europe, and the United States. Even though it is not a popular practice country outside in the Middle East and Africa it still takes place (Raya, 2010).

As a normal part of FGM/C many countries in the Middle Eastern practice this custom such as**:** Jordan, Oman, Saudi Arabia, Syria, United Arab Emirates, Yemen, Palestinian, Iran, and Iraq's Kurdistan. Furthermore, FGM/C practice in Asian countries such as: India, Indonesia, Malaysia, and Pakistan (Raya, 2010). North African is the largest region that practices this custom widely such as: Benin, Burkina Faso, Cameroon, and Central African (Raya, 2010). Republic, Chad, Côte d'Ivoire, Democratic Republic of Congo, Djibouti, Egypt, Ethiopia, Eritrea, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Mali, Mauritania, Mozambique, Niger, Nigeria, Senegal, Sierra Leone, Somalia, Southern Algeria, Sudan, Tanzania, Togo, and Uganda (Raya, 2010). Some immigrant communities believe and practice this custom in Central and South America, Europe, and the United States (Raya, 2010). This information illustrates the prevalent use of FGM/C as a cultural and tradition practice in those areas (Raya, 2010). As a matter of fact, Rouzi and Albiani (2013) indicate that in Islamic world the FGM/C practice is religious, and the study documented that 55.4% of Muslims girls are circumcised. However, according to Barber (2008), in her study that this custom is not from the Islamic belief, but according to religious interpretation FGM/C is considered a type of violence against humanity, and this practice is related to socio-cultural norms (Barber, 2008).

Correspondingly, Rouzi and Albiani (2013), in their study asserted that FGM/C is spread among Saudi girls, and the study indicated that 41.5% of Saudi girls are currently circumcised (Albiani & Rouzi, 2010).

Statistics of FGM/C Worldwide:

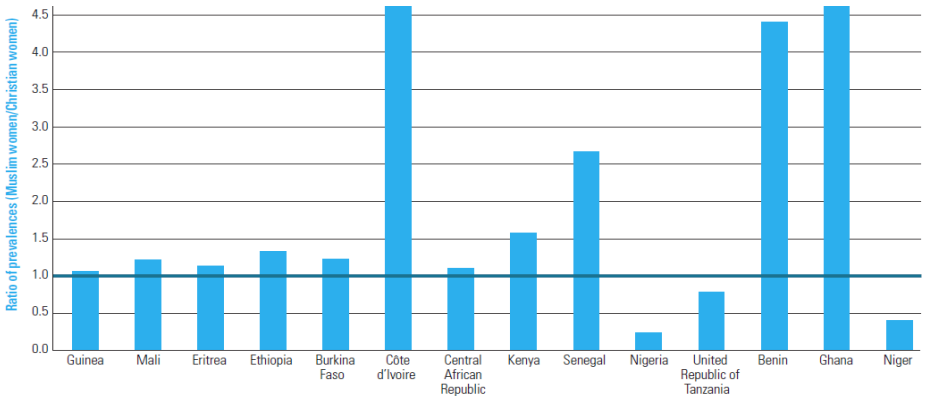
Figure 1: FGM/C Among African Immigrants women in the USA



(Jones, Smith, Wilcox, 1997, p.371)

Figure1 shows that most of African immigrant communities that live in states such as California, Texas, Illinois, Ohio, Pennsylvania, New York, Massachusetts, Arkansas, Virginia, Florida, and New Jersey. According to the study in 1997, 65% of the girls who are living in these areas are at the risk of FGM/C that have at least 168,000 girls who are circumcised. Seventy six percent of those girls are U.S. citizen. Forty eight thousand of the girls are 18, and 12,000 are under 18 years old (Jones, Smith,Wilcox, 1997, p.374).

Figure 2: Ratio of FGM/C Among Muslim and Christian Women in Africa



(Unicef, 2005).

Figure 2 indicates the countries are listed in Africa from higher to lower levels of FGM/C practices among girls. Data is not available for Cameroon, the Central African Republic, and Ghana, it also shows that Cote d'lvoire has the highest rate 6.0 of FGM/C among Muslim and Christian, but this study indicates that this custom is more common among Muslims women. (Unicef ,2005),

Figure 3: Ratio of FGM/C Among Women Aged 15-49 Who Have FGM/C and Women with Same Aged at least one Daughter Who Has FGM/C in Africa, Middle East.

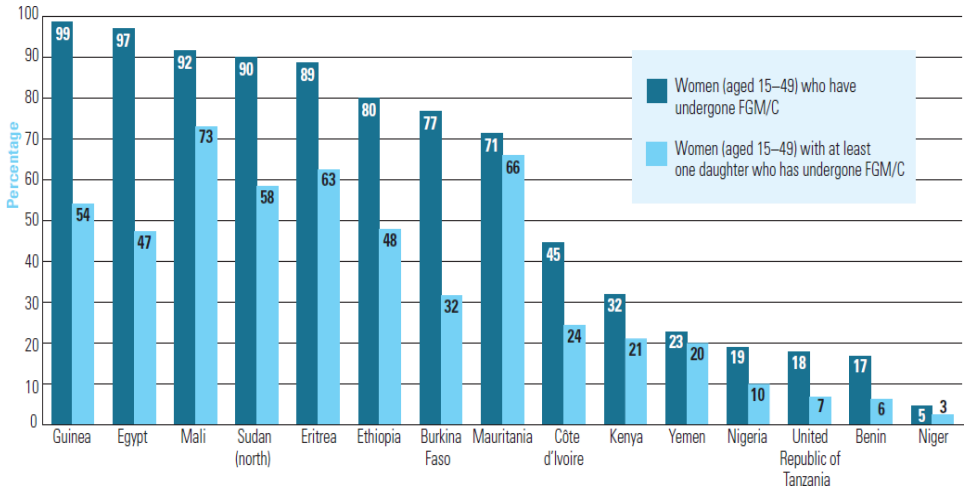


Figure 2, includes countries in Africa, and some countries in Middle East such as Egypt and Yemen, which is located in the southern region of Saudi Arabia, these statistics are not available for Saudi Arabia. The figure above indicates two data sets, the dark column is for women, 15 to 49 years old, who had FGM/C, and this figure shows that in Guinea have the highest ratio of FGM/C, about 99 %. The second data set in the light column is for women, 15 to 49 years old with at least one daughter circumcised, shows that in Mali have the highest rate which is 66 % (Unicef, 2005).

Reasons Behind FGM/C

The Common Physical Perception of FGM/C

According to a study in 2008, many mothers are convinced that having the FGM/C procedure protects babies from getting toxins during birth, because the clitoris is not clean (Barber, 2008). Second, it is the cultural perception that women without FGM/C are more manly than women with FGM/C and somehow impure (Barber, 2008). Third, women with FGM/C are seen as having a sign of beauty, like a mark that is valued in this culture (Barber, 2008). The fourth reason for it is that FGM/C leads to more sexual pleasure during intercourse for both (Barber, 2008). Likewise, these physical perceptions are some of the driving reasons of women who choose to circumcise their daughters.

Families and Cultural Perception of FGM/C

FGM/C concepts differ from group to group. FGM/C is practiced for different sociocultural reasons by each group (WHO, 2022). Some communities practice FGM/C under social pressure, and the reason for that is to be socially accepted (WHO, 2022). Some families perform FGM/C on their daughters to prepare them for marriage (WHO, 2022). Some people practice FGM/C on their daughters as a sign of abstinence and lowliness (WHO, 2022). Others perform the custom of confirming their daughter's virginity before she gets married (WHO, 2022). Many families who believe in this custom believe that men will not be able to marry their daughters if they do not undergo FGM/C (WHO, 2022). Moreover, some families believe it reflects the values of virtue, honesty in marriage and respect for family (Barber, 2008). Besides, the FGM/C procedure seen as an expression of the family's love for their girl and maintains her future (Barber, 2008).

The General Physical, Sexual, Pregnancy and Childbirth, and Psychological Consequences

WHO (2022) reported that none of the forms of FGM/C have health benefits because it damages normal female genital tissue and causes high health risks. There are two types of complications. One is immediate complications that occur after the procedure, and the others are long-term complications (WHO, 2022). The immediate complications are: "severe pain, excessive bleeding (hemorrhage), genital tissue swelling, fever, infections e.g., tetanus, urinary problems, wound healing problems, injury to surrounding genital tissue, shock and [in some cases] death" (WHO, 2022). The long-term complications include: "vaginal problems, menstrual problems, scar tissue and keloid sexual problems, increased risk of childbirth complications, psychological problems" (WHO, 2022). The WHO estimates that FGM/C continues in 30 countries in the Western, Eastern, and North-Eastern parts of Africa and a few in the Middle East and Asia (WHO, 2022). There is also a report that more than 200 million girls and women are exposed to FGM/C (WHO, 2022). WHO also asserts that girls between infancy and adolescence are usually subjected to FGM/C in countries where FGM/C is common (WHO, 2022).

Chapter 3: Theoretical Perspectives

In this chapter, the author will provide the theoretical perspectives on FGM/C. These perspectives include why FGM/C is still practiced in some societies and why it is deeply rooted in those communities.

The assumptions of this study suggest that those with strong religious devotion are more likely to extend their opinions towards others. Furthermore, those who are involved in politics have differing opinions on US policies when it comes to sensitive topics. The author also suggested that people who engage with media, whether conservative or minimally biased media, are more

likely to influence others' opinions, especially when it comes to US policies. This study also suggested that people associated with government attitudes have different views on US policies and politics.

The author also suggested that sociocultural and religious factors greatly influence the practice of FGM/C, especially in those countries where this norm is commonly practiced. A study by Doucet et al. (2022) suggested that the societies that practice FGM/C believe this custom is safe for women, and girls exhibit appropriate behavior during sexual relationships and conserve family honor. Although this study conducted a sample of 58 people in Conakry, Guinea, the majority agreed that this norm is an unhealthy practice for girls (Doucet et al., 2022). Even though some Guinean societies are aware of the risk implications of FGM/C, they still hold onto the practice because they believe it is part of their culture. Also, this custom is the main source of identity for Guinean women and their families. Guinean participants indicated that the advocacy to end this custom is a Western conspiracy to destroy their culture. Agboli et al. (2022) asserted that, it is difficult to get rid of FGM/C because it is associated with a social norm and a deeply rooted characteristic of a system of society, despite the efforts made to end it. FGM/C norms are also rooted in Sudanese culture, where this custom is associated with the highest rate of FGM/C compared to those of other countries (Bedri et al., 2019). Additionally, they claimed that the type of FGM/C shifted from infibulation, which involves cutting the clitoris and labia of a girl or woman and stitching together the edges of the vulva to prevent sexual intercourse, to a different type of non-infibulation. However, it is difficult to determine the origins of FGM/C and who the first groups or communities practiced it (Ahmady, 2022). The study links this practice to ancient Egypt, and some suggest that it is rooted in pharaonic tradition (Ahmady, 2022).

One purpose of FGM/C is to protect girls from rape (Ahmady, 2022). A historical perspective also suggests that it is taboo to discuss women's sexuality (Ahmady, 2022). This is one of the reasons why it is difficult to find the origin of this norm (Ahmady, 2022). This study asserted that this practice was used in ancient Egypt to prevent pregnancies among women and slaves. During Roman and Arabic civilizations, FGM/C was a symbol of virtue, and this custom increased the price of female slaves (Ahmady, 2022). In Southeast Nigeria, women not subjected to FGM/C are more likely to be rejected from their group and will expose themselves to being stigmatized (Omigbodun O. et al., 2022).

Bedri et al., (2019) found that in the Sudanese community that practices FGM/C, health professionals can reduce the risk by educating the community about the risks or at least by shifting the procedure of FGM/C to a procedure with a lower risk (Bedri et al., 2019). In addition, in a study conducted in Ilorin South LGA, Kwara State, Nigeria, the government authority was found to have an impact on reducing this practice through mass media and education campaigns (Ibrahim et al., 2022). Another study in Ilorin South LGA, Kwara State, Nigeria, found that government authorities could reduce this practice through strict laws (Ibrahim O. et al., 2022). One study in the Netherlands among immigrants demonstrates that immigrants who practice FGM/C change their belief in practicing this norm on their daughters in the country of immigration (Kawous et al., 2022). It explains this by emphasizing that the societal pressure on immigrants in the Netherlands is less than in their home country (Kawous et al., 2022).

The researcher concludes from these studies that theoretical perspectives on FGM/C are influenced by cultural and religious heritage. In addition, customs and traditions are more vital

than education and awareness. Nevertheless, civil communities can reduce this practice by increasing punishment for those who practice FGM/C. Furthermore, continuing health awareness campaigns about the harmful effects of FGM/C are also needed.

The research question in this study is to investigate in those who strongly support religious freedom will support the right of individuals living in the U.S. to practice FGM/C for religious purposes. This study will address the political knowledge, media use and trust in government, and how these aspects will influence in both public opinion and political behavior to limit this custom.

Chapter 4: Literature Review

According to Brown (2018), Elizabeth Yore, the international child advocate and head of the national #EndFGMToday initiative, lists New Jersey, Virginia, Minnesota, California, Washington, Georgia, Ohio, Pennsylvania, Texas and Massachusetts, where women and girls are in the greatest risk of FGM/C (Brown, 2018). Brown also calls the practice "cruel and unnecessary," and maintains women and girls should be treated with respect and dignity as equals. According to Benner (2019), many states, such as New Hampshire and Rhode Island, have passed laws protecting women and girls from being subjected to FGM/C (Benner, 2019). Yore has advocated for collaborating with legislators in different states to criminalize FGM/C in every state (Benner, 2019). The numbers of Muslim female refugees/immigrants from the Middle East who have come to the U.S and may practice FGM/C have grown (Krupa, 2017). At least 500,000 females in the U.S. have undergone or are at risk for FGM/C and more than 100 female children in the U.S have been affected (Krupa, 2017).

FGM/C is a federal crime in the US, but some immigrants and refugees still practice it. On San Juan Island, Washington, a female Turkish infant was subjected to FGM/C (Allam, 2022). The circumcision was approved by the mother (Allam, 2022). While changing the infant's diaper, the babysitter discovered the incident (Allam, 2022). The babysitter asked her friend to make sure what she saw was not normal (Allam, 2022). The babysitter's friend reported that to criminal justice, and they discovered that the baby was subjected to FGM/C (Allam, 2022).

A female doctor and the office manager who are working at the Burhani Medical Clinic in Livonia, Michigan were arrested and charged with performing genital mutilation on two seven-year-old girls in Livonia, Michigan (Farivar, 2017). According to the criminal complaint filed in the U.S. District Court for the Eastern District of Michigan, Both the doctor and the office manager were charged with violating a law that prohibits FGM/C (Farivar, 2017). FGM/C includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons (Baron & Denmark, 2006). Female genital mutilation/cutting is an old traditional custom that has roots in historic covenants and is related to the cultural and religious beliefs found throughout the Muslim world as well as in other ethnic groups (Baron & Denmark, 2006).

The radio program described how some parents have FGM/C done to their daughters when they are traveling to countries that practice the procedure and immigration and custom enforcement are identifying families traveling to targeted countries with young women or girls to educate the parents of the risks involved (Katz, 2017). February 6, 2018 FBI national press office announced on the International Day of Zero Tolerance that FGM/C is a federal crime (18 U.S.C.116) and any involvement in committing this crime is a serious human rights violation, which may result in imprisonment and potential removal from the U.S. individuals suspected of FGM/C, including sending girls overseas to be cut, may be investigated by the Human Rights

Violators and War Crimes Center and prosecuted accordingly. The article reports on the first domestic application of the law in 2017 by the FBI and HSI and estimates the doctor involved may have performed FGM/C on up to 100 girls. Seven additional defendants have been subsequently charged with related crimes and are awaiting trial. The primary factor driving FGM/C is religion. Religions work to strength the meaning of FGM/C and support the continuation of the practice. FGM/C is manifesting as a custom and that is passed from generation to generation (Achia, 2014). Those with religious affiliation, those who attend prayers and religious services regularly, those with stronger religious devoutness, those who perceive governmental injustices toward their own religious group, and those who perceive religious suppression, are more likely to support FGM/C (Beller ,2018). U.S. special envoy to the organization of Islamic Cooperation, Arsalan Suleman, said it is likely that Muslim women and girls are using religious justifications to have an excuse to promote FGM/C (Saifee, 2014). 23 states have laws making FGM/C illegal under the umbrella of religious freedom (Mather, 2016).

This study will also address the political knowledge, media use and trust in government, and how these aspects will influence in both public opinion and political behavior to limit this custom.

Political Knowledge

FGM/C is not part of traditional American culture, and there are currently no policies to address it. Knowingly subjecting someone to female genital mutilation (FGM), whether within U.S. borders or abroad ("vacation cutting"), is illegal under federal law. Let's be clear: FGM (female genital mutilation) is illegal in the United States, however, this fact did not stop

Drs. Humana Nagarwala, Fakhruddin Attar, and his wife Farida Attar, from allegedly performing

these criminal and human rights atrocities against two vulnerable 7-year-old girls in the Detroit Michigan metro area (Sohrabji, 2017). According to The Centers for Disease Control (CDC) 2022, reported that about half a million girls were subjected to FGM/C or at least at risk of this custom in the future in the US (CDC, 2022). Recently this staggering statistic hit home in Southeast Michigan (AHA Foundation, 2022). In April, three physicians were arrested, suspected of performing over 100 female genital mutilations, most recently, out of their practice in Livonia, Michigan," said Rep. Trott. "All those involved in committing these horrendous crimes against innocent children, must be held accountable for their unconscionable actions (AHA Foundation, 2022). We must protect our girls, and this legislation increasing the federal penalty is critical to eradicating this barbaric practice from our communities." (AHA Foundation, (2022). With this in mind, this issue has been salience for so long and public opinion has been shown to have direct impacts on agenda setting and policy adoption. Enhancing political knowledge in this matter will influence the attitudes on religious leaders to take an action for increasing the awareness against this practice. Moreover, legislators should establish policies at health care services to deal with this kind of issue. To better understand how the public perceives the issue of FGM/C, political leaders should take a step and address this issue in their agenda.

Media Use

According to Berg, and Denison (2012) asserted that FGM/C is revels to cultural practice more than religious purpose. The authors also indicated that there is a lack of awareness in FGM/C (Berg & Denison, 2012). The authors also indicated that the reason behind the lack of this subject in media coverage, because some communities who are practicing this kind of customs considered it as taboo to talk about it. Toubia and Sharief (2003) examined why FGM/C

did not take a place on media, especially this custom still practices in certain area around the world. FGM/C is a traditional social practice and movement has embraced FGM/C as a violation of women's rights, and media coverage is not enough to provide awareness regards FGM/C. According to Toubia and Sharief, although, the political and community is against this type of practice however, this custom still exist around the world. Using media to address this issue may influence public opinion, especially, at the most popular conservative such as Fox news. Therefore, increasing the awareness at the liberal media will definitely impact on public. The influence of media will extend to those how believe in religious freedom that this kind of practice is not related to any religion and it needs to be stopped immediately. Through media, people will have the knowledge regard the consequences of FGM/C. Especially when this practice is harmful to children even if it is under the umbrella of the religious freedom.

Trust in government

When media influences the public to take a step towards FGM/C, people will change their views on religious freedom, especially when it comes to damaging the humanity of female children. Moreover, politicians will look at public opinion to determine what citizens want them to do in this matter. In addition, when the public is aware of this type of custom, they will shed light on the reasons for specific policies to prevent FGM/C, and they expect outcomes from political legislators to occur.

Chapter 5: Methodology

This study investigated if those who strongly support religious freedom will support the right of individuals living in the U.S. to practice FGM/C for religious purposes. The researcher conducted a survey at ISU. The survey collected the public opinions of ISU students, age 18 and

up, about religious freedom. Approximately 320 respondents completed the survey. The study tested four models as dependent variables. The first is, reject heath care for children on religious grounds. The second is, Take Break from Work for Prayer, the third is, support FGM/C for those living in US. The fourth is, support FGM/C for those living in other countries. The scale is from 1 to 5, stated from strongly disagree to strongly agree. The research also tested independent variables, which can influence on the outcomes, such as, knowledge, media sources, and Attitudes, such as, trust in Government, support for Trump and government's regulation of religion. Last is key demographics, such as race, ethnicity, gender, age, education, profession, occupation, income level, and marital status. The survey question for the four models were; "The government should never regulate the free exercise of religion". "I support a parent's right to reject health care for their child on religious grounds". "I support the right to practice any religion, even those that are different from my own". "I support the right of individuals to take a break from working for five to ten minutes several times each day in order to pray". "I support the right of individuals living in other countries to practice female genital mutilation/cutting for religious purposes". Last question was "I support the right of individuals living in the U.S. to practice female genital mutilation/cutting for religious purposes".

Chapter 6: Results

After analyzing the data, the researcher found that those who support the government should not regulate religion, and those who support individuals attending holy places such as the churches or mosques, and those who have a number of children are more likely to support parents in rejecting health care for religious purposes. In contrast, those who have substantial knowledge of politics, and those who are white are less likely to support parents in rejecting

health care for religious purpose. Those who support the practice of different religions, and those who are student class cohorts are more likely to support the right of individuals to take a break from work for 5 to 10 minutes several times each day to pray. Unlike those who approve of president Trump. They are less likely to support the right of individuals to take a break from work for 5 to 10 minutes several times each day to pray. Additionally, those who trust the government, and those who are international students are more likely to support the practice of FGM/C in and outside the country. Also, those who have political ideology are more likely to support the practice of FGM/C in the country. At the same model, those who are engaging in minimal bias media, and those who also approve of president Trump are less likely to support FGM/C in and outside the country. Furthermore, those who are female, and married are less likely to support FGM/C outside the country.

Chapter 7: Conclusion

This study inquired whether those who strongly support religious freedom will support the right of individuals living in the U.S. to practice FGM/C for religious purposes. The researcher found that the four models were statistically significant.

Therefore, this study suggests that involving religious leaders could be critical in the discontinuation of the practice. Moreover, this study also suggests that health services should be equipped if they face such cases and establish a policy to educate mothers about FGM/C consequences. Finally, this study suggests enhancing awareness of FGM/C through social media.

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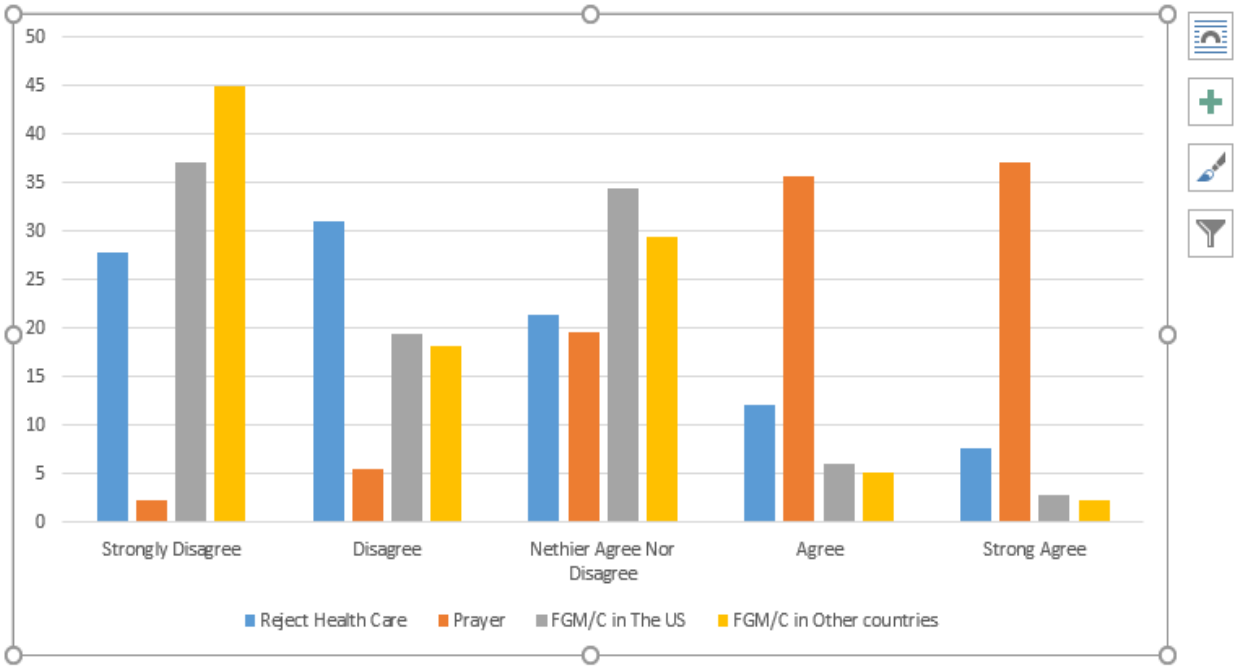
Appendix A

Codebook

Variable Name	Question Wording / Description	Coding Scheme
Reject Health Care for children religious grounds	On a scale from 1 to 5, where 1 represents "Strongly Disagree" and 5 represents "Strongly Agree," please indicate your level of agreement with the following statements: I support a parent's right to reject health care for their child on religious grounds.	1= Strongly disagree 2 =Disagree 3 = Neither agree nor disagree 4 = Agree 5= Strongly agree
Take break from work for prayer	On a scale from 1 to 5, where 1 represents "Strongly Disagree" and 5 represents "Strongly Agree," please indicate your level of agreement with the following statements: I support the right of individuals to take a break from working for five to ten minutes several times each day in order to pray.	1= Strongly disagree 2 =Disagree 3 = Neither agree nor disagree 4 = Agree 5= Strongly agree
Support FGM/C for those living in US	On a scale from 1 to 5, where 1 represents "Strongly Disagree" and 5 represents "Strongly Agree," please indicate your level of agreement with the following statements: I support the right of individuals living in the U.S. to practice female genital mutilation/cutting for religious purposes.	1= Strongly disagree 2 =Disagree 3 = Neither agree nor disagree 4 = Agree 5= Strongly agree
Support FGM/C for those living out of the country	On a scale from 1 to 5, where 1 represents "Strongly Disagree" and 5 represents "Strongly Agree," please indicate your level of agreement with the following statements: I support the right of individuals living in other countries to practice female genital mutilation/cutting for religious purposes.	1= Strongly disagree 2 =Disagree 3 = Neither agree nor disagree 4 = Agree 5= Strongly agree

Appendix B

Figure 1: Distribution of Support for Extending Religious Freedoms to Others



Notes: Robust standard errors are in parentheses. Models estimated using an ordered logistic regression.

Appendix C

Dependent Variables:

4 Models

Reject Healthcare	Break to Pray	FGM/C in U.S.	FGM/C outside U.S.
1-5 Scale	1-5 Scale	1-5 Scale	1-5 Scale
Strongly Disagree to Strongly Agree	Strongly Disagree to Strongly Agree	Strongly Disagree to Strongly Agree	Strongly Disagree to Strongly Agree

*Dependent variables been tested; 1. I support a parent's right to reject healthcare for their child on religious grounds. 2. I support the right of individuals to take a break from working for 5 to 10 minutes several times each day to pray. 3. I support the right of individuals living in the U.S. to practice female genital mutilation for religious purposes. 4. I support the right of individuals living in other countries to practice female genital mutilation for religious purposes.

*The scale is from 1 to 5, stated from strongly disagree to strongly agree.

Appendix D

	Health care	Prayer	FGM/C.U.S	FGM/C. Other Countries
Religious Opinions and Practices				
Govt. Should Not Regulate Religion	+			
Support Practice of Different Religions		+		
Church Attendance	+			
Muslim				
Political Knowledge				
Knowledge of Substance of Politics	-			
Media Use				
Conservative Media				
Minimal Bias Media			-	-
Attitude Toward Government				
Approve of President Trump		-	-	-
Trust Federal Government			+	+
Demographics				
Political Ideology			+	
White	-			
Female				-
Age				
Married				-
Number of Children	+			
Socioeconomic Class				
International Students			+	+
Student Class Cohort		+		

*(+) Represents; More likely significant.

*(-) Represents; less likely significant.

Appendix E

The Determinants of Support for Extending Religious Freedoms to Others

	Reject Healthcare		Break to Pray		FGM/C outside U.S.		FGM/C in U.S.	
	Coefficient	Prob.	Coefficient	Prob.	Coefficient	Prob.	Coefficient	Prob.
Religious Opinions and Practices								
Govt. Should Not Regulate Religion	.315 (.116)	.007	.001(.114)	.988	-.017(.112)	.880	.065(.117)	.576
Support Practice of Different Religions	-.231(.192)	.231	1.2(.271)	.000	.026(.196)	.893	-.204(.212)	.335
Church Attendance	.191(.093)	.039	.128(.091)	.159	.015(385)	.880	.068(.093)	.467
Muslim	.005(.107)	.961	.105(.110)	.339	.067(.111)	.546	.036(.111)	.745
Political Knowledge								
Knowledge of Substance of Politics	-1.4(.574)	.011	.798(.652)	221	-.421(.597)	.480	-.374(.593)	.528
Media Use								
Conservative Media	.032(.126)	.796	-.012(.113)	.912	.102(.107)	.341	.065(.114)	.568
Minimal Bias Media	-.050(.062)	.413	.089(.065)	.172	-.164(.067)	.015	-.206(.072)	.004
Attitude Toward Government								
Approve of President Trump	-.047(.132)	.719	-.306(.142)	.031	-.411(.162)	.011	-.433(.156)	.006
Trust Federal Government	.079(.128)	.535	-.023(133)	.859	.318(.124)	.011	.302(.140)	.031
Demographics								
Political Ideology	.219(.216)	.311	.078(.207)	.704	.416(.231)	.072	.335(.235)	.154
White	-.523(.276)	.059	.074(.297)	.803	-.392(.279)	.161	-.436(.297)	.143
Female	.299(.267)	.292	.258(.297)	.384	.355(.271)	.190	-.505(.274)	.065
Age	-.025(.023)	.292	-.030(.029)	.303	-.001(.021)	.951	-.004(.028)	.874
Married	.037(.435)	.932	.632(.486)	.194	-.358(.464)	.440	-.812(.472)	.086
Number of Children	.319(.199)	.108	-.276(.222)	.214	.047(.190)	.802	.228(.216)	.292
Socioeconomic Class	.040(.138)	.770	-.064(.147)	.662	-.028(.145)	.844	.114(.145)	.430
International Student	.285(.915)	.775	.291(.691)	.673	.789(002)	.074	.346(.864)	.007
Student Class Cohort	.061(.091)	.498	.139(.082)	.089	-.123(.085)	.147	-.121(.097)	.212
Number of Observations	245		244		245		245	
Wald Chi^2	44.94	.0004	51.74	.0000	42.62	.0009	.0000	
Pseudo R^2	.060		.126		.060		.087	
Log Pseudolikelihood	-338.530		-268.300		-298.579		-276.623	
Cut 1	-1.572(1.398)		2.036(1.454)		-1.019(1.313)		-1.903(1.490)	
Cut 2	.000(1.388)		3.210(1.532)		-.038(1.310)		-.934(1.476)	
Cut 3	1.168(1.371)		4.850(1.570)		2.267(1.315)		1.330(1.439)	
Cut 4	2.520(1.331)		6.974(1.628)		3.655(1.365)		2.546(1.459)	

Notes: Robust standard errors are in parentheses. Models estimated using an ordered logistic regression.

*(Coefficient (+) and Prob (0.00), or (1.00) more likely significant.

* (Coefficient (-) and Prob (0.00), or (1.00) less likely significant.