

Female Genital Mutilation Practice in Tanzania

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Country Profile

Location: Tanzania is located in East Africa in the African continent. In the East it is bordered by the Indian Ocean; in the North by Kenya and Uganda; in the North West by Rwanda and Burundi; in the West by the Lake Tanganyika and in the South by Malawi and Mozambique.

Area: The total area of the country is km² 945087, which is including both Tanzania mainland and the Zanzibar Islands.

Independence: Tanzania attained its independence on 9th December 1961, with her first president being the late Mwalimu Julius Kambarage Nyerere.

Population: The total population of the country, according to population census of 2002, is 34,569,232, whereby females are more than males. Females are 17,658,911 while males are 16,910,121 (Commission of population census, 2002). The population of Tanzania can generally be categorised into rural population (77%) and the urban population (23%). Population growth rate is high standing at 1.95% according to 2004 estimates. The average life expectancy is 44.39 years. Males have a life expectancy of 43.2 years while females have a life expectancy of 45.61 years. Therefore, females generally live longer than males.

Introduction

Female Genital Mutilation (FGM) is the cutting or removal of external female genitalia. FGM is performed in unhygienic conditions with razor blades, knives or broken glass. This paper provides a brief overview of Female Genital Mutilation practice in Tanzania and effort made by Tanzania Government and Non Government Organizations (NGOs) to stop this practice.

Type of Female Genital Mutilation

The World Health Organization (WHO) has identified four types, which are:

- (i) Excision of the clitoris with or without excision of part or the entire clitoris.
- (ii) Excision of the clitoris with partial or total excision of the labia minora.
- (iii) Excision of part or all of the external genitalia and stitching/narrowing of the vagina (infibulations sometimes referred to as pharaonic circumcision).
- (iv) Others e.g. pricking, piercing or incising, stretching, burning of the clitoris. Surrounding the vaginal orifice, cutting of the vagina, and introduction of corrosive substance herbs into the vagina to cause bleeding or to tighten the opening.

Type (i) and (ii) are the most common with variation among countries, for Tanzania case it is type (i) and (ii).

Most Affected Areas

Female Genital Mutilation is traditionally performed on women in Tanzania. The most affected areas include Arusha, Kilimanjaro, Dodoma, Singida, Mara and Morogoro regions,

other regions include Iringa, Mbeya, and Zanzibar. According to Tanzania health statistics, FGM affects 18 percent of the female population in Tanzania.

Why Female Genital Mutilation?

Women have little choice in the practice of this ancient ritual despite the physical and psychological harm. The practice is seen as necessary preparation for woman's marital and family responsibilities. There are social stigmas associated with women who are not circumcised. For example it is thought that a woman not operated on will suffer ill health, disease and be affected by a taboo. Traditionally males are strongly prohibited from marrying into a family where women do not undergo female genital mutilation.

Parents and communities who support FGM believe that it protects girl's virginity, discourages female promiscuity, promotes cleanliness, guarantees marital prospects, improves fertility and prevents stillbirths.

Who performs FGM?

Elderly people in the community, who have been specially designated for this task, usually carry out female Genital Mutilation. These people receive a fee from the girls' family members, in money or in kind. Sometimes FGM carried out by herbalists, or by a female relative. In Swahili language those people are called "Ngariba".

The procedure takes fifteen or twenty minutes depending on the sharpness of the knife. The old women justified that FGM is a rite of passage for girls into womanhood, grooming and training of cultural values that maintain domestic stability within the community. Male are not allowed to marry women who are not mutilated because they said such women are not polite and are oversexed.

At what age is FGM performed?

In some areas it is carried out during infancy, others during childhood, at a time of marriage, during a women's first pregnancy or during the birth of her first child. The most typical age is 7 – 10 years or just before puberty, although the age is dropping in some areas due to the fact that the government (TZ) has made the practice illegal. The Tanzania Sexual offences special provisions Act, a 1998 amendment to the Penal Code, specifically prohibit FGM. Section 169A(1) of the act provides that any one having custody, charge or care of a girl under 18 years of age who causes her to undergo FGM commits the offence of cruelty to children. The penalty for this offence is imprisonment up to fifteen years, a fine up to 300,000 Tanzania shillings or both imprisonment and fine. The law also provides for the payment of compensation by the perpetrator for the victim of the offence.

Consequences of FGM

FGM is a danger to health and life. FGM is usually performed without anesthesia and is intensely painful. Life threatening complications are hemorrhaging; blood poisoning, tetanus and gangrene. Long-term consequences include persistent pain, psychological distress and chronic infection from shared cutting instruments. Others are genital scarring which can obstruct childbirth, causing permanent injury even death to women in labour.

Genital Mutilation may leave a lasting mark of the life and mind of the women who have undergone the procedure. Children lose trust and confidence in car-givers. In the long term

women may suffer feelings of anxiety, depression, and frigidity. Sexual dysfunction may be the cause for marital conflicts and eventual divorce.

FGM is discriminatory and violates the right to equal opportunities, right to be free from violence, injury, torture, abuse, and cruel, right to health, the right to be protected from harmful traditional practices and to make decisions concerning reproduction.

Link Between FGM and the Risk of HIV/AIDS Infection

The risk of HIV/AIDS transmission is increased in this practice because the procedure is coupled with the loss of blood, and sharing of instrument for a number of operations. Also, due to damage to the female sexual organs, sexual intercourse can cause lacerations of tissues, which greatly increases risk of transmission. The same is true during childbirth and subsequent loss of blood.

Fight against FGM in Tanzania

Non Government Organizations have been committed to eradicating female genital mutilation by creating awareness of such practice to communities. Thus the Tanzania government has made the practice illegal. In 1998 the Tanzania Government criminalized FGM, saying the practice is cruelty to girls and children less than 18 years of age. The crime is punishable by up to 300,000/= Tanzanian Shillings (equivalent to \$340) or both.

However, in many regions of Tanzania this traditional cultural practice remains common. It is regularly being performed on girls as young as seven and eight so as to go unnoticed. In Singida region in central Tanzania people evade the law by privately cutting baby girls when they are a few days old. In Mara region the ceremony is now shrouded in secrecy.

Although the Tanzania Government officially discourages the tradition of FGM it still is performed at an early age in approximately 20 of the country's 130 ethnic groups. The Tanzania legal and Human Rights Centre estimated that 1.5 million women have been subjected to the practice.

Conclusion

Female Genital Mutilation affects 18 percent of the female population. In some ethnic groups, FGM is compulsory, and in others a woman who has not undergone the virtual may not be able to marry.

Therefore there is a need for NGOs, Government and International Organizations to conduct training to girls and community at large on effect of FGM practice to their health and wellbeing. Also NGOs and International organizations should sensitize girls affected to be able to testify against women who conduct this practice.

References

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