Male and Female Viewpoints On Female Circumcision in Tarime District Kuria community in Tanzania.

DEVINE ECONOMIC DEVELOPMENT GROUP
December 2009

Research on the obstacles of change towards female circumcision in kuria community

One hundred and ninety five male and female volunteers across the social strata were interviewed using structure questionnaire. Data were analyzed using frequency tables. The study revealed that 74.7% of female respondents were circumcised. They believed that the practice would help prevent sexual promiscuity, curb sexual desires and that it is a custom they cannot do without. Most of the men would not marry an uncircumcised female, while a substantial number of the respondents would like to circumcise their daughters. Community effort to eradicate the practice is very minimal. Based on the findings, it is suggested that communities where female genital mutilation (FGM) is practiced as a social norm should be involved in eradication campaigns with support from National and International Organizations. (Afr Reprod Health 2008; 6(3): 44-52)

Introduction

The traditional operations that involved cutting away parts of the female external genitalia or other injury to the female genitals, whether for cultural or any other non-therapeutic reason, is called female circumcision (FC) 1.The world health organization (WHO) and advocates of its eradication now refer to the operation as female genital mutilation (FGM) a term that more accurately describes the consequences of the procedure. In this paper, the terms FC and FGM are used interchangeably depending on the perception of participants but both mean the same. We have, however, adopted the term FGM since this is a scholarly paper.

There are apparent harmful physical, psychological and human rights consequences of FGM. It is practiced in one form or the other in 28 African countries, in a few countries on the Arab Peninsula, among minority communities in Asia, and among migrants form these areas who have settled in Europe, Australia and North America.2-4 FGM is also thought to have been practiced at one time or the other in many western countries.3, 5,6, Indeed, Baasher 7 reported that the ancient ritual of FGM has been practiced an all continents of the world at one time or the other.

Arbesman, Kahler and Buck8 estimated that 80 million women world wide have undergone one type of circumcision or the other, and a variety of health risks resulting from the procedure such as severe bleeding, infection, shock, difficulties with menstruation and urination as well as painful intercourse have been reported. Hosken3, Toubia4 and UNICEF9 estimated that 100-132 million women now living have undergone the procedure and another two million procedures are done each year. According to Calder and Brown10, FGM is still a prevalent custom in some African countries.

The practice of FGM has also become an issue for health care providers in the West because of increasing immigration of Africa families. Because practioners in Western

countries may not have access to information necessary to ensure that circumcised women obtain medically and culturally appropriate health care while in western countries, Lightfoot Klein and Shaw11 have discussed the urinary, gynecologic, and obstetric complications including a Tanzanian physician's protocol recommended to avoid tearing, during the delivery of a neonate.
However, there are now organizations in Western countries dealing with FGM among recent immigrants. For instance, in Kenya mama cash she fund Foundation funded universal relief foundation to do research on why the kurian Kenya community cannot abolish the practice. Group Femmes Four L'Abortion des Mutilation Sexualles (GAMS) and Commission Pour I'Abortion des Mutilation Sexualles (CAMS) have raised the issue of FGM for national and international discussion. Along with public information and advocacy campaigns, they are active among migrants communities providing information and conselling families.2,12,13 Also, Black and Debelloe14 stated that the UK has incorporated FGM prevention into its child protection laws, and this has been used successfully in the courts to protect some girls from genital mutilation. France has successfully used existing sections of the penal code on violence against children to persecute circumcisers or parents who have submitted their girls to FGM13,15. Also, a strong campaign against FGM supported by medical and health personnel is adopted in Canada16. But in Africa there are no clear indications of legal interventions.
In Tanzania, female circumcision is still widely practiced. Local DEVINE GROUP affiliates spearhead anti-FGM work and train traditional birth attendants (TBAS) who in turn train their colleagues all over the country. According to ghati and wanjara17, among 453 women and 28 men interviewed in nyamongo tarime, 71.3% of the women had been circumcised and almost half of them (48%) had their last female child circumcised. About 67% of respondents who favored the practice gave their reasons as maintenance of strong cultural traditions, reduction of sexual promiscuity, prevention of prenatal mortality and reduction of excessive vaginal secretion. Wegesa 18 study also confirms the role played by culture in perpetrating FGM in a community where the practice is compulsory.

Background

The objectives of the study are specifically to examine males' and females' attitude towards female circumcision; community belief about female circumcision, whether circumcision is still compulsory and community effort towards its eradication.
The bakira ethnic group of west Kuria in Tanzania is made up of four sub-divisions, namely, nyansincha, bomani, werema, and nyabange with an estimated population of over 50,000 inhabitants. They occupy a highland rainy forest area of tarime. The main occupations of this ethnic group are headsmen as livestock keeper and banana farmers. They also involve in petty trading that makes up the economic life of the people along the Kenya Tanzania border.
For generations it has been a custom among the bakira to circumcise their female folks. In the past, an uncircumcised female was usually ostracized and hides in shame.

Data and Methodology

One hundred male and one hundred female volunteers were interviewed by means of structured questionnaires with the assistance of a **Devine group** staff and university of

Dar es salaam students who were some circumcised. The questionnaires were in two parts, each designed for males and females. Apart from the socio-demographic data, questions eliciting respondents' attitude towards circumcision, reasons for circumcision and whether respondents would circumcise their daughters were asked. Isolated questions for males such as whether they would refuse to marry an uncircumcised female and community effort to abolish female circumcision were also asked. An attempt was made to interview males and females from across the social strata, reflecting age and education background. All one hundred questionnaires from the males were returned while only ninety-five females returned their questionnaires, which were used for data analysis. Data collected were analyzed using frequency tables.

Findings

Table 1 shows the percentage distribution of the sample by selected socio-demographic characteristics. The mean age male and female respondents was 34.8 and 31.0 years respectively with 59.5% males between 30 and 44 years and 50.5% of females between 15 and 29 years. With regard to education, a greater proportion of the males (63.0%) than females (32.1%) had higher education such as National Certificate of Education, Diplomas and University degree. Also 20.0% and 23.7% of males and females respectively had secondary education, while 13.0% of males and 7.4% of females had elementary education. However 14.0% of males and 16.8% of females did not attend any formal school. The occupation of respondents differed; 21.0% of males were civil servants while 26.8% of females were traders. A higher proportion of females (31.6%) were farmers compared to 15.0% of males. Sixteen percent and 15.8% of the respondents were students.

Table 2 shows that majority (84.0%of males and 64.2% of females) felt that female circumcision is compulsory in the study environment and Table 3 shows that most of the respondents (74.7%) said that they were circumcised. Table 4 indicates that the type of circumcision commonest among the study participants was the removal of the clitoris and labia minora (89.5%).

Table 5 shows respondents belief about female circumcision. A greater proportion of males (45.0%) said circumcision reduces sexual promiscuity while the female respondents (61.0%) said custom is responsible for the prevalence of the practice in the community. More males (39.0%) than female (25.2%) believed that circumcision reduce sexual desires.

Table six shows that circumcision was performed on female respondents during infancy (33.6%) and anytime (30.5%), while table 7 shows that most (51.0%) of the respondents reported that most men in the community would not marry a woman who is not circumcised as against (49.0%) who think otherwise.

Table 8 shows that 55.8% of female and 44.0% of male respondents would circumcise their daughters. In table 9 62.0% of the respondents stated that no community effort has so far been initiated towards abolition of female circumcision, while 38.0% said there has been community effort towards its abolition. Such efforts, they said, were initiated by

government and the medical association (31.5%), socio-cultural groups (23.7%) and churches (13.2%)

Table 1 **Distribution of Respondents by Selected Demographic Characteristics**

Characteristics	**Males**		**Females**	
	Number	**Percentage**	**Number**	**Percentage**
Total	100	100	95	95
Age				
15-19	4	4.0	10	10.0
20-24	9	9.0	20	21.0
25-29	14	14.0	18	18.9
30-34	20	20.0	8	8.4
35-39	18	18.0	14	14.7
40-44	21	21.0	16	16.0
45-49	14	14.0	9	9.5
Education				
Elementary six	13	13.0	7	7.4
Secondary	30	30.0	32	34.2
Higher (e.g. NCE, diploma)	19	19.0	27	28.4
University degree	24	24.0	13	13.7
No formal education	14	14.0	16	16.8
Occupation				
Farming	15	15.0	30	31.6

Fishing	11	11.0	
0	0		
Trading	16	16.0	
35	36.8		
Civil servants	31	31.0	
12	12.6		
Students	16	16.0	
15	15.8		
Others	11	11.0	
3	3.2		

Table 2 **Respondents' Perception about Circumcision in bakira Community**

Responses	Males		Females	
	Number	Percentage	Number	Percentage
Is female circumcision In your community?				
Yes	84	84.0	61	64.2
No	16	16.0	34	35.8
Total	100	100.0	95	100.0

Table 3 **Respondents' Circumcision Status**

Response	Number	Percentage
Number	Percentage	
Have you ever Been circumcised?		
85	89.5	
Yes	71	74.7
10	10.5	
No	24	25.3
Total	95	100.0
95	100.0	

Table 4 **Circumcision Performed on Female Respondents**

Type
Removal of the clitoris And labia minora
Removal of the prepuse
Total

Table 5 **Respondents' Belief about Female Circumcision**

Belief	**Males**		**Females**	
	Number	Percentage	Number	Percentage
Reduces sexual promiscuity	45	45.0	3	3.2
It is a custom	16	16.0	58	61.0

Reduces sexual desire	39	39.0	24
25.2			
Enhances women dignity	-	00.0	10
10.5			
Total	100	100.00	95
100.00			

Table 6 **Respondents Age at the Marrying Time of circumcision respondents)**

Age at circumcision (Years)	**Number**	**Percentage**
	Number	**Percentage**
During infancy0-1)	32	33.7
Childhood(about 5)	17	*17.9*
Adolecent(12-18)	10	10.5
		51.0
Adulthood(>20)	7	7.4
		49.0
Anytime	29	30.5
Total	95	100.00
		100.00

***Table 7* Attitude of Men towards an uncircumcised female (male**

Would most men in your community Marry an uncircumcised female?	
No	51
	51.0
Yes	49
	49.0
Total	100
	100.00

Table 8 **Response to whether Respondents would like their daughters to be circumcised**

	Female		**Male**	
	Number	Percentage	Number	Percentage
Would you like any of your Daughters to be circumcised?				
Yes	44	44.0	53	55.8
No	56	56.0	42	44.2
Total	100	100.0	95	100.0

Table 9 **Community Efforts towards Abolishing Female Circumcision (Male Respondents)**

	Number	Percentage
Is there any community effort to abolish Female circumcision?		
Yes	38	38.0
No	62	62.0
Total	100	100.0

Discussion

Demographic analysis indicates that the mean age of males and females were 34.8 and 31.0 years respectively. These are matured age groups likely to give objective responses to the study questions. Majority (84.0% of male and 64.2% of female interviewees) stated that female circumcision is compulsory in the study environment. In recent times women groups have advocated against female circumcision and have tried to reach communities where the practice is common through the mass media. It is noteworthy that 74.7% of the female respondents have been circumcised.

The findings also revealed the type of circumcision performed on participants. The WHO categorized FGM into four types, I, II, III, IV. Inn type 1 the prepuce (clitoral hood) is removed, sometimes along with part or the entire clitoris. In type II both the clitoris and part or the entire labia minora (inner vaginal lips) are removed. In type III (infibulations) the clitoris is removed, some or all of the labia is amputated, and incisions are made on the labia majora (outer lips) to create a raw surface. These raw surfaces are either stitched together and/or kept in contact until they seal as a 'hood of skin' covering the urethra and most of the vaginal opening. Type IV involves other operations on the external genitalia, including the introduction of corrosive substances and herbs into the vagina, and similar practices. In this study, it seems type II(removal of the clitoris and labia minora) is mostly practiced. As for the age at which circumcision is performed, analysis shows that it could be done at anytime for infancy.

Findings indicate that 84.0% of male and 61.0% of female respondents said female circumcision is a custom in the community because of its perceived tendency to curb sexual desires among women. Most men in the community would not marry an uncircumcised woman.

In keeping with the findings of Ghati and Wegesa17, participants justified FGM because they feel that it forms the basis for socialization into womanhood and it curbs female sexual desires. This is also supported by the findings of others.3,4,19,20It seems women are rewarded for the practice it terms of social recognition and status.9,21,22Undoubtedly one of the main factors behind the persistence of FGM is its social significance for females. In most regions where it is practiced, a woman receives recognition mainly through marriage and child bearing and men may refuse to, marry a woman who has not been circumcised. Therefore, to be uncircumcised is to have no access to status or voice in these communities. In this study, 55.8% of females and 44.0% of males would like their daughters to be circumcised. Werema23 study in mwanza city reaffirmed the special significance of FGM as symbol of full womanhood and an instrument for the control of female sexuality. As was observed by the joint report of the World Health Organization and the International Federation of Gynaecology and Obstetrics (FIGO), victims of the practice are often its strongest proponents.24

Another finding in the study also indicates that a greater number of respondents (62.0%) stated that there was no community effort towards abolishing female circumcision in Nyamongo. However, community efforts involving the government, medical practioners, socio-cultural groups and the churches were reported by 38.0% of the male subjects. Although these efforts have no proof of total eradication, the groundwork has been initiated as a strategy for its eradication. The success of the community effort is yet to be ascertained. It is laudable development that women advocacy groups have placed FGM on the agenda of government as well as regional and international organizations.
The WHO25,UNICEF9, UNFPA26, USAID27, and FIGO24, among others, have condemned the practice. The 1994 International Conference on Population and Development (ICPD)28 held in Cairo spotlighted the matter in conference recommendations urging governments to prohibit FGM wherever it exists and to give vigorous support to efforts among non-governmental and community based organizations and religious institutions to eliminate it.

Egyptian Task Force Against FGM and the Egyptian Society Against Practices Harmful to Women and Children have programmes in nursing schools, women's' associations, health care facilities and the mass media.3,31 Similar activities have also been undertaken in Kenya and part of Tanzania.2,3
Because FGM is so entrenched in some societies, including Tanzania and Nigeria, legal decrees and policy statements alone are unlikely to abolish it. For example, resolutions against the practice were signed in Egypt in 1959 and a law was passed by the British colonial government in Sudan in 1946, yet it persists.32However, the 1946 law in Sudan no longer exists. It seems changes in social norms are necessary for long lasting results. To this end, some grassroots community education and advocacy groups have taken the lead in ongoing reform efforts. The largest of such groups, the Inter African Committee onTraditional Practices Affecting the Health of Women and Children (IAC) received the 1995 United Nations Population Award in recognition of its work.26In Burkina Faso, the government's National Committee Against Excision has used the broadcast media, video, film, and other educational materials to teach the public.3Simlarly in Kenya the largest women's organization, Maendeleo ya Wanawake Organization (MYWO), is at the forefront of anti-FGM activities. According to Mohammed3 3, the Population Action International (PAI) 34, MYWO with the assistance from the programme for Appropriate Technology Health (PATH) and PAI has conducted research on FGM in various areas and is now mounting a public education campaign. Similar anti-FGM activities have taken place in Mali3, , Sudan and Somalia.2,3,30In Nigeria the National Association of Nigerian Nurses and midwives (NANNM) has mobilized its members to educate the public through plays, skits, and other live performances.3,35Also, the Family Support Programme (FSP) initiated by the Nigerian military government has taken keen interest in educating women against FGM.
The MYWO in Kenya encouraged communities to find healthy alternatives to genital mutilation without giving up its social and ritual aspects. For example, by providing a rite of passage for adolescents girls including the celebration, gift giving and recognition that are key to traditional passage into womanhood, while omitting the actual operation.36In Sierra Leone the Kenewas Project worked with opinion leaders of the secret circumcision societies to educate them about harmful effects of FGM and to encourage them to allow

adolescents to go through ceremonies without the harmful operations. The project also encourages young men to pledge that they would not insist on marrying only circumcised women, and young women to pledge that they would not circumcise there daughters.30, 35In order to reduce opposition from practioners by giving them alternative employment, one project in Ghana trains circumcisers to become traditional birth attendants, while another in Ethiopia trains them in sandal-making and bread-making.

Conclusion

This paper has confirmed that FGM is practiced in Tanzania and explains underlying reasons for its prevalence. Grassroots organizations fighting FGM need the support of national and international organizations since the practice is often at the heart of the community's belief, the community first must acknowledge its medical dangers before change can begin. Every human behavior has a cause and all health conditions have behavioral correlates. It is critical, therefore, that the members of the community participate in designing and conducting eradication campaigns.37Furthermore, it should not be forgotten that in order to design effective reforms, more research is essential in understanding FGM.

Recommendations

Bakira is a traditional ethnic group with a defined culture different from its neighbors. Culture being an accumulation and development of experiences over many generations, has a deep influence on the behavior of people. This study can form the basis of designing programme to eradicate female circumcision in the study environment; however, there are certain limitations that have to be addressed. For instance the effect of education on attitudes of respondents and occupational relationship to female circumcision were oversights in the study, which need to be included in further research. Based on the findings, it is recommended that any eradication programme should:

1. Endeavour to learn as much as possible about the reasons for the people's behavior.
2. Treat female circumcision as human rights and gender issue intergrated into the overall efforts of development, health and sustainable growth.
3. Get the community involved in any eradication programme
4. Use information education and communication (IEC) as necessary ingredients in gradually enlightening a traditional society. A change in culture may be very low and sometimes rapid as a result of social events or contact with other cultures.

Acknowledgements

This work would not have been possible without the active cooperation of Miss Prisca Ogola and Dr Miriam Van Leer, a final year student of Rivers State College of Education, I am greatly indebted to her Ms Prisca Ogola, was motivated by course in sex education covering female circumcision and its implications.

REFERENCES

1. WHO. Female genital mutilation. Draft from the WHO Technical Working Group Meeting on FGM, July 17-19, 1995.

2. Dorkenoo E and Elsworthy S. Female genital mutilation: Proposals for change. London Minority Rights, 1992, 43.
3. Hosken FP. The Hosken report: Genital and sexual mutilation of females. Fourth Edition. Women's International Network News, Lexington, Massachusetts, 1993.
4. Toubia N. Female genital mutilation. A call for global action. Women Link 2007.
5. Gallard C. Female genital mutilation inn France. Br Med J 1995;310(6995):1592-1593.
6. Hosken FP. Legal status of FGM in various countries Personal Communication, 1995..
7. Briggs LA. Female circumcision in Nigeria: is it not time for government intervention. Health Care Analysis 2008;6:14-23.
8. Slack AT. Female circumcision: a critical appraisal. Human Rights Quarterly 2008;10:437-486.
9. Hicks EK. Infibulations. Female Mutilation in Islamic North Eastern Africa. New Jersey: Transaction Publishers,2005.
10. Assaad MB. Female circumcision in Egypt. Social implications, current research and prospect for change. Stud Fam Plan 1980;11(1):3-16.
11. El Saadwi N. The Hidden Face of Every Woman in the Arab world. Bacon Press,1980.
12. Ntiri DW. Circumcision and health among rural women of Southern Somalia as part of a family life survey. Hlth Care Women Inter 1999;14(3);215-226.
13. WHO and FIGO Task Force. Female circumcision: female genital mutilation. EUR J Obstet Gynaecol Reprod Biol 2008;45(2):153-154.
14. WHO. Female circumcision statement of WHO position and activities, 1982(published).
15. UNFPA. Population award. Eyeing the prize. Popul 1995;22(3):5.
16. USAID. USAID'S Approach to Female Genital Mutilation. Washington DC: USAID,1995.
17. United Nations. Report of the International Conference on Population and Development, Cairo,5-13, September 1994(preliminary version).
18. Inter-African Committee. Ghana legislation against FGM. Women's Inter Net News 1995;21(3):38.
19. Mohamud A. Female genital mutilation: a continuing violation of the human rights of young women ICAF/Passages, 1992.

Women should be empowered to navigate through the problem (Afr Reprod Health 2002; 6(3): 53-58).

Research done through women department for
DEVINE ECONOMIC DEVELOPMENT GROUP
P.O BOX 122, TARIME MARA
UNITED REPUBLIC OF KENYA
TELL: +255 028 55898788
CELL: +255 713 290404
ATT: DR Mrs. MIRIAM VAN LEER

COORDINATOR- WOMEN ACTIVITIES