

**GLOBAL PARTNERS IN ACTION: NGO FORUM ON SEXUAL REPRODUCTIVE
HEALTH AND DEVELOPMENT FROM SEPT 2 – 4TH, 2009**

**A PRESENTATION ON FEMALE GENITAL MUTILATION IN THE NORTHERN
PART OF TANZANIA**

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Tanzania is a multicultural society, comprising a variety of ethnic groups and different religions. Traditional views of the role and place of women still dominate, yet married women often face the greatest degree of discrimination. The physical integrity of Tanzanian women is not sufficiently protected. In fact, the number of complaints filed in relation to violence against women has increased in recent years.

Female genital mutilation (FGM) is common in many parts of Northern and Central Tanzania. It is among other harmful traditional practices that have violence and gender discrimination and also violates the SRHR such as early marriages, widow inheritance, polygamy, domestic violence and gender biased education. On a national scale, it is estimated that one in six women have been subjected to the practice but the incidence varies widely from region to region. The practice is systematic in some ethnic groups; others groups are believed to prohibit women who have not undergone FGM from marrying.

The survey conducted by Tanzania Health Demographic Survey shows the region affected by FGM are Arusha & Manyara 81%, Dodoma 68%, Mara 44%, Kilimanjaro 37%, Iringa 27%, Singida 25%, Tanga 25%, Morogoro 20% and Dar- es Salaam 5%, and other regions have less than 5%. Amongst all regions in Tanzania, Arusha and Manyara regions are leading at 81% and Kilimanjaro 37% and are located in the Northern Zone.

The reason why FGM still practiced is perpetuated by the myths/beliefs that go along with it as follows;

- Rites of passage from childhood to adulthood.
- Increases marriage opportunities
- Reduces sexual desire of girls and women.
- Reduces promiscuity and prostitution.
- It promotes the cleanliness of the genitals.
- It enhances fertility.
- It is a tradition of being accepted in the community.
- It facilitates childbirth easier and safer.
- It enhances the man's sexual pleasure.
- It reduces the misfortune deaths of a mother/child during pregnancy.

As opposed to cultural beliefs to perform FGM the victims suffer the consequences as indicated below:-

a. Immediate effects. Bleeding, Pain, Shock, Anemia, Infections, Retentions of urine, Damage of the urethra and/or anus, HIV/AIDS Infection and death due to excessive bleeding.

b. Psychological effect. Anxiety, Terror, Feeling of humiliation, Feelings of betrayal, Feelings of acceptability by society and Feelings of rejection if one does not undergo FGM.

c. Long term effects. Repeated urinary tract infection, Stones in the bladder, Excessive scar growth, Disfiguration due to scared tissue/keloids, Reproductive tract infection resulting from obstructive menstrual flow, Pelvic infections, Infertility, Painful sexual intercourse, Tears during delivery, Obstructed labor due to scar tissue, Increased changes of HIV/AIDS infection and reduces women's sexual enjoyment.

d. Socio-economic effects. Loss of human lives, Loss of human workforces, Affects school participation and achievements, Encourages early marriages and pregnancies and contribution to poverty

e. FGM and HIV/AIDS spreading. FGM practice contributes to HIV/AIDS transmission during the procedure of using the same tool such as knife, piece of glass, sharp-edged stone (O'murunya) - Maasai which are used up to 20 victims without sterilization. This could also make the circumciser/mutilator subjected to HIV/AIDS infection or pass on diseases to FGM victims/survivals if cut by the contaminated and crude equipment. A research conducted in Arusha and Manyara regions that rank first in FGM in Tanzania (81%) show that 60% of women who have undergone FGM are HIV/AIDS infected.

Tanzania has ratified many International Conventions that are against violence and gender discrimination such as:-

- Universal Declaration of Human Rights (UDHR) of 1948.
- United Nations Convention on the Elimination of all forms of Discrimination against Women (CEDAW) of 1979.
- United Nations Declaration on the Elimination of violence against women.
- United Nations Convention of the Rights of the Child (CRC) of 1989
- The African Charter on the Rights and Welfare of the child (ACRWC) of 1999.
- FGM is condemned as a form of violence Against Women by the United Nations Beijing Declaration and Platform for Action.
- The 2005 Maputo Protocol which was signed to help eliminate gender discrimination in Africa, whereby Tanzania ratified it in 2007.

In 1998, the Government of Tanzania passed a law stipulating that anyone found practicing FGM on a woman younger than 18 years of age can be given a prison sentence of 5 to 15 years. It is called Sexual Offences Special Provision Act of 1998 (SOSPA).

Using SOSPA as an opportunity, the Government under its Ministries of Health and Social Welfare, Ministry of Community Development, Gender and Children, Ministry of Education

and Vocational Training, Ministry of Labor and Youth Development, NGOs/CBOs/ CSOs and religious institutions, Tanzania Media Women Association (TAMWA), Tanzania Gender Networking Group(TGNP), WORLD VISION, IAC (The Inter African Committee on Traditional Practices), AFNET (Anti Female Genital Mutilation Network), Legal and Human Rights Centre (LHRC), Tanzania Midwives Association (TAMA), WILDAF (Women in Law and Development in Africa), Tanzania Women Lawyer's Association (TAWLA) and HIMS in collaboration with White Ribbon Alliance Tanzania (WRATZ) are creating awareness in the society in the evil practice of FGM and other forms of violation of human rights.

Moreover **HIMS** has been able to raise awareness on the Northern part of Tanzania through campaigns and educating the community on the HTPs in groups; from children and youth, women, men, traditional leaders, circumcisers, traditional birth attendants, local government leaders, politicians, health providers whereby this gives freedom of expression with no limits or fear. Also radio programs on gender based violence topics and having the survivors on the ground giving the personal testimonies and lastly trainings to various stakeholders in the community on their role and responsibility in the preventions of these HTP's.

HIMS believes that, to attain efficiency and effectiveness in FGM campaign, the networking and collaboration with other likeminded Stakeholders is very vital. In this case **HIMS** is involving different groups of people in the community to identify gender gaps and thereby suggesting the appropriate ways to fight these HTPs. This has proved to be successful as there has been a positive response from the communities that practice FGM, for instance last year 2008, 26 ex – circumcisers have abandoned themselves from practicing FGM and become peer educators on the harmful practices of FGM and role model to their communities. Also they have engaged on the alternative of the social economic empowerment, they have been trained in entrepreneurship, they are also trained with the Ministry of Health and Social welfare to become trained traditional birth attendants to operate in more hygienically environment and prevent them from HIV/ Aids, and once trained they are referred to the nearby health facility.

As such, the lessons learnt is that, since FGM has got multifaceted reasons as elaborated earlier, to curb this practice need also multifaceted strategies. The involvement of the primary stakeholders in an active participatory way will enable them own the campaign process and thereby attaining sustainability of FGM campaign initiatives.

HIMS success in this very important task is a result of employing both Problem Posing as well as Appreciative Inquiry. As a result, the confidence of the Anti-FGM multipliers is raised, hence best results which motivates all the players. Moral commitment of the Activists as well as Transparency and Accountability are some of the core Values. The expectation is to see these **“WALK THEIR TALK”!**