

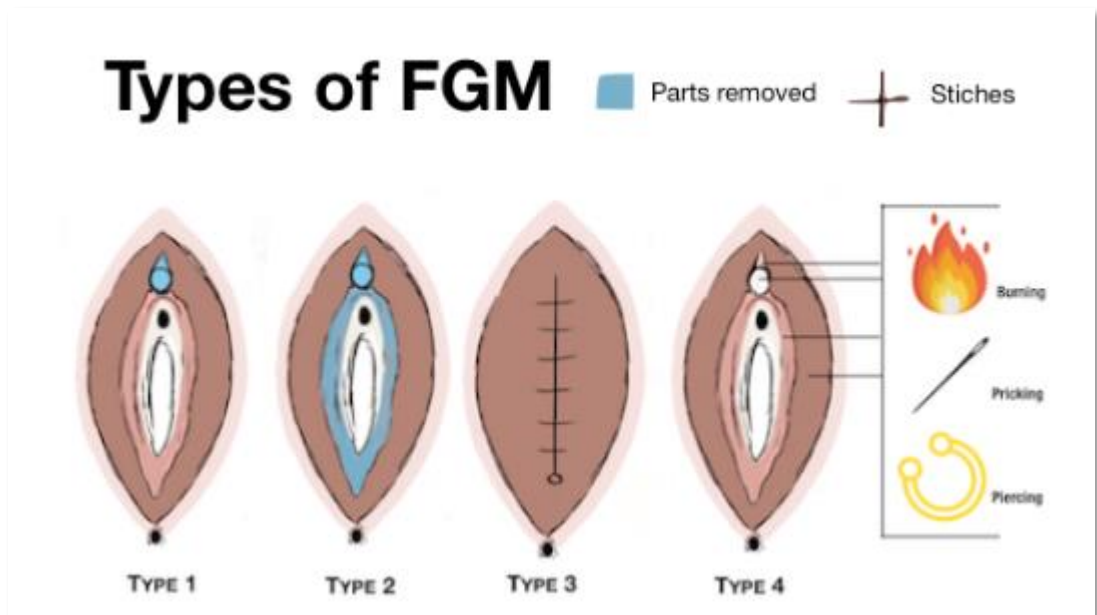
Female Genital Mutilation Information Sheet

Origin

- Unknown, but thought to have originated in ancient Egypt (Sudan and Egypt today) – circumcised mummies from 5th century BC were discovered
- Other theories find origins in the slave trade routes, and ancient Rome, deterring coitus and subsequent pregnancy in female slaves

Types of FGM

- The WHO classified 4 types:
 - Type I – Clitoridectomy. Partial or total removal of the clitoris
 - Type II – Excision. Partial or total removal of the clitoris and the inner labia, with or without excision of the outer labia
 - Type III - Infibulation. Narrowing of the vaginal opening by creating a covering seal, with or without removing the clitoris
 - Type IV – Other. All other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping, and burning the genital area



Consequences of FGM

- Short-term consequences:
 - Death from haemorrhaging and severe pain
 - Trauma and infections that may result from the procedure

- Uterus and vaginal infections
- Long-term consequences
 - Chronic pain
 - Infections – including recurrent urinary tract infections
 - Decreased sexual enjoyment
 - Psychological consequences, such as post-traumatic stress disorder
 - Increased risks of birth by caesarean section
 - Increased maternal mortality
 - Increased risks of neonatal deaths
 - Increased risks of still births
 - Postpartum haemorrhaging
 - Low birth weight in infants
 - HIV

Situation and Beliefs Today

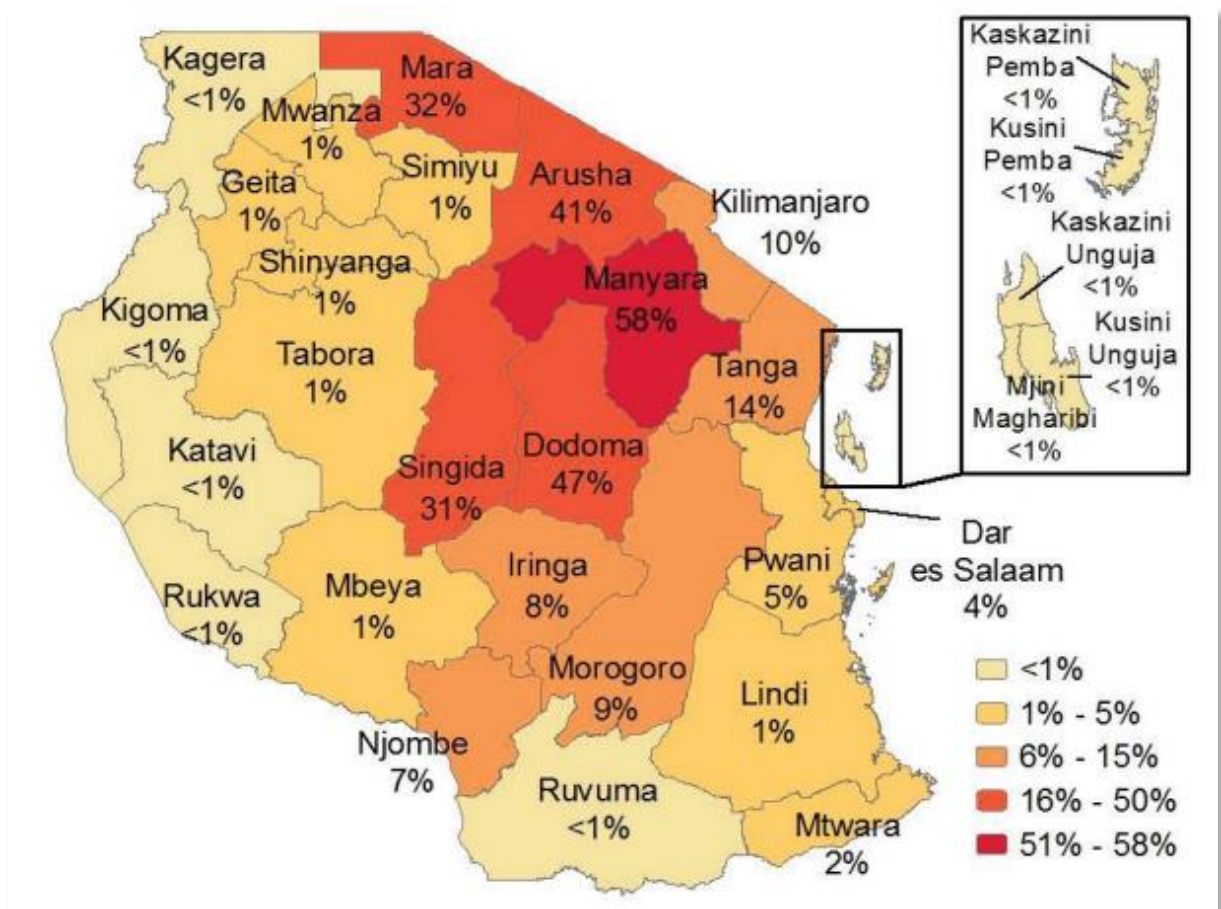
- Today: emphasizing “marriageability” – virginity, purity, sexual restraint, a rite of passage to adulthood, demonstrating obedience and respect required for marriageability
- Beliefs: improves hygiene, preserves physical beauty – women are told their clitoris could grow until it “touches the ground”, increases the probability of pregnancy, physical contact between the baby and clitoris during childbirth is thought to be fatal to the baby, removes the “obsession for sex” therefore avoiding HIV/AIDS, un-cut women are considered to be the cause of any ill-fate, to prevent pre-marital intercourse, to obtain a higher bride price, uncut girls give birth to disabled children, prevents them from developing lawalawa (urinary tract infection in Swahili).
- In Kenya: circumcised women solidify their cultural identity through circumcision and are called the Kipsigis, translating as “we the circumcised” - women are thought to be reborn. Therefore, parents fear their child would be banned from their society if they refuse circumcision

Overview Global Situation

- Female genital mutilation (FGM) – also known as female circumcision or cutting
- Global incidence around 3 in 1 million people
- UNICEF estimated around 200 million women living in 30 countries had been cut (2016 data)
- Most girls are cut before the age of 5 (is performed from the day after birth to puberty and beyond)

Situation In Tanzania

- 9 in 10 women in Tanzania believe it should be stopped (WHO data).
- 1 in 10 women (aged 15-29) has undergone FGM. 35% of these before the age of 1.
- December is considered the “cutting season”, “kundinwa” means to be cut
- Manyara: highest prevalence. Believed that parents force the children as they are otherwise considered unclean and unworthy in society. Here the body parts were being dried and sold as charms to use in witchcraft (ngekewa) to bring good fortune.
- The image below shows the prevalence of FGM (data June 2018)



- In the Kilimanjaro area (where the Chagga reside) cutting was performed on girls between the ages of 14 and 30. With governmental pressure, cutting has now gone underground and performed on babies between the ages of 1 month and 1 year to avoid detection from the authorities.
- In the Dodoma area, where the Gogo reside – previously practiced on children aged 10-15, now also on infants, but has dropped to a “very low level” and in some communities even died out.
- Maasai beliefs:
 - Different views -could reflect diverse perceptions, or a reluctance to share information due to fear of prosecution. Some elders claim it has been completely abandoned.
 - Cutting is usually done when girls reached sangito (the age when girls reach maturity between 12 and 20 years) – amongst the Maasai there has also been a shift to cutting infants (around 7 days old) by the engamuratani (excisors), mother and aunts of the baby. Some fathers are unaware it is happening. Infant deaths occur as families are reluctant to take the wounded babies to a hospital due to fear of prosecution.
 - It is intended to prevent girls from engaging in pre- and extra-marital sex, and pregnancies before marriage.
 - Cut Masai women fetch a higher bride price, married shortly after puberty, and are denied an education as a result. Some are expected to run a household at age 10.
 - Women are seen as potential wives and mothers and parents are not motivated to keep girls in school longer than necessary, which delays marriage. This prolongs the

financial responsibility for the child – seen as not in the economic interests of the parents.

- The earlier a girl is married, the higher the likelihood of virginity and the higher the price.
- Uncut girls are called “endito” meaning rubbish or useless women and are considered bringers of misfortune.
- Uncut women would not be able to take part in the traditional greeting from an elder/honoured adult of having one’s head touched.
- Some perform it to appease the ancestors (Mizimu) – it is commonly believed that the ancestors must be “fed” with the blood from the FGM. Many believe if it is stopped, the ancestors will become angry and bring wrath upon the community.

Laws and Conventions in Tanzania

- Criminalized in Tanzania in 1998 (since then reduced from an average of 18% in 1996 down to 10% in 2021)
- The main law criminalising FGM in Tanzania is the Sexual Offences Special Provisions Act 1998 (SOSPA), which amended Section 169 of the Penal Code and prohibits FGM on girls under the age of 18 years. Article 21 prohibits FGM:

21. The Penal Code is hereby amended by inserting immediately after section 169 the following: 169A.-(1) Any person who, having the custody, charge or care of any person under eighteen years of age, ill treats, neglects or abandons that person or causes female genital mutilation or procures that person to be assaulted, ill treated, neglected or abandoned in a manner likely to, cause him suffering or injury to health, including injury to, or loss, of sight or hearing, or limb or organ of the body or any mental derangement, commits the offence of cruelty to children.

- Tanzania adopted a National Plan of Action to end Violence against Women and Children and is committed to ending violence against women and children in all its forms, including female genital mutilation, by 2030
- A 4-year programme launched in March 2021 aims to address FGM: National Strategy to Address FGM
- Tanzania has signed several international human rights conventions (a basis that FGM is a violation of human rights):
 - Convention on the Elimination of Discrimination Against Women (CEDAW). Art. 2 states: “take all appropriate measures, to stop customs and practices which constitute discrimination against women”
 - Convention on the Rights of the Child (CRC). At 24(3) states: “State Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children”
 - International Covenant on Economic, Social and Cultural Rights (ICESCR)
 - African Charter on the Rights and Welfare of the Child
 - Maputo Protocol to the African Charter on Human and Peoples’ Rights on the Rights of the Women in Africa (the ‘Maputo Protocol’) – this protocol explicitly refers to FGM
 - African Charter on Human and People’s Rights (the ‘Banjul Charter’)

- In December 2012 the UN passed a resolution calling on countries to eliminate FGM
- In 2016 the East Africa Community (which includes Kenya, South Sudan, Tanzania, and Uganda) enacted the East African Community Prohibition of Female Genital Mutilation Act (EAC Act) 10 to promote cooperation in the prosecution of perpetrators of FGM through the harmonisation of laws, policies, and strategies to end FGM across the region. The EAC Act aims to raise awareness about the dangers of FGM and provide for the sharing of information, research, and data.

Penalties and Consequences

- Penalties:
 - imprisonment for no less than 5 years and no more than 15 years.
 - A fine of no more than 300,000 Shillings (approx. 120 -130 CHF).
 - Both the fine and imprisonment.
 - Compensation to the victim (amount determined by the court).
- Girls are encouraged to report their parents to local authorities or anti-FGM organizations such as AFNET
- Girls can also face compulsory checks at school to check if they have undergone FGM

Problems with Implementation and Enforcement of the Law

Overview of Domestic Legal Framework in Tanzania	
<i>The Constitution explicitly prohibits:</i>	
X	Violence against women and girls
X	Harmful practices
X	Female genital mutilation (FGM)
<i>National legislation:</i>	
X	Provides a clear definition of FGM
✓	Criminalises the performance of FGM
✓	Criminalises the procurement, arrangement and/or assistance of acts of FGM
X	Criminalises the failure to report incidents of FGM
X	Criminalises the participation of medical professionals in acts of FGM
X	Criminalises the practice of cross-border FGM
✓	<i>Government has a strategy in place to end FGM</i>

- Lack of resources and funding: the Government adopted a National Plan of Action on the Eradication of FGM/C (2001-2015). In 2008, however, the government had 'only implemented several activities, including awareness raising and participation in training, all sponsored by donors'

- In 2012 the Ministry of Community Development, Gender and Children began a mandate against FGM, but its wide-reaching nature resulted in a lack of capacity and resources to advance issues effectively
- Corruption and bribery
- Lack of knowledge of the law and adequate training both of the police and victims
- Lack of confidence in the legal system
- Strong traditional ties
- Fears of being thrown out of the community or retaliation of the family/excisors

Organizations working against FGM

- Anti Female Genital Mutilation Network of Tanzania (AFNET)
- Girls are sheltered at the Masanga Rescue centre, which is managed by Catholic Church in Tarime District
- Terminate FGM's (TFGM) network
- NGO called "Equality Now"
- The Tanzania Coalition against FGM
- The Network against Female Genital Mutilation
- In 2017, the European Union Delegation in Tanzania funded (Tanzanian Shilling 1,400,000,000, equivalent to EUR 600,000) a three-year project (2017 – 2020) to counter child marriage and female genital mutilation (FGM) that was implemented by Plan International Tanzania in partnership with Children's Dignity Forum (CDF) and New Light For Children Organisation (NELICO), Tackle Africa and Tanzania Football Federation (TFF) in Geita and Tarime Districts

Suggestions for Improvement

- National Legislation
 - As a member of the East African Community, Tanzania should fully implement the EAC Act (which takes precedence over national law) to tackle FGM.
 - The national law itself could also be strengthened by reflecting the detailed content of the EAC Act and ensuring protection for women and girls of all ages and punishment for all perpetrators, including medical professionals. Those victims who are pressured by society into agreeing to FGM should not be subject to further punishment.
 - The national law needs to clearly address cross-border FGM and the failure to report FGM that has taken place or is planned.
 - The law needs to protect uncut women and girls (and their families) from both abusive language and actions that exclude them from society, including from family events and community activities.
 - Laws need to be made accessible to all members of society and easy to understand in all local languages.
- Implementation of the Law
 - Adequate monitoring and reporting of FGM cases in Tanzania would improve efficiency and inform policymakers, the judiciary, the police, civil society, and all those working to implement and enforce the law.

- Anti-FGM programmes should disseminate clear, easy-to-understand, and accurate information about the law. There needs to be a focus on further strengthening partnerships across borders where illegal activity continues to take place.
- Increased involvement of local and religious leaders in education around the law should be encouraged, including education on their responsibilities and the importance of the law in protecting women and girls in their communities.
- Judges and local police need adequate support and training around the law and enforcement procedures. They should be encouraged to fully apply the sentences provided for by the legislation.
- Tribunals could be encouraged to make sure any prosecutions relating to FGM are clearly reported, including through local media such as community radio, and made available in local languages.
- Increased support and protection for victims and witnesses in FGM cases is needed.
- Where literacy rates are low, information about the law needs to be made available through different media channels and resources, particularly in remote rural areas, where girls are at the greatest risk.
- Mandatory reporting of instances of FGM by medical staff in hospitals and health centers could be considered.
- Where they are currently unavailable and a need is identified, appropriate protection measures (for example, emergency telephone helplines or safehouses) should be put in place for girls at risk of FGM.

Contacts in Tanzania

- Chief Girihuida Gegasa Shulumbu is a traditional leader in the Mara village of Tanzania. As a father of three daughters, Shulumbu works with other male leaders to end the practice and find “alternative rites of passage.” Shulumbu recognizes that FGM impacts the most impoverished people and impacts education by keeping girls out of school due to recovery time and health complications that may ensue.
- Dr Edwin Swai, National Program Officer RMNCAH-FHP, WHO Country Office, United Republic of Tanzania, Tel:+255 (22) 2113005/2111718, Mobile: +255 754 375200, Email: swaie@who.int
- Ameyo Bellya Sékpon, Technical Officer – Communication, Sexual and Reproductive Health and Rights, Tel: +242 05 393 7852, Email: asekpon@who.int

Compiled and partially copy/pasted from the following sources in August 2022:

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