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United Nations TANZANIA Delivering as One

UNFPA Tanzania

Fact Sheet

Female Genital Mutilation/Cutting (FGM/C)

Female Genital Mutilation or Cutting (FGM/C) is defined by the World Health Organization (WHO) as "all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons." Between 100 and 140 million women and girls around the world have experienced cutting, including 92 million in Africa. FGM is not practiced in 80% of the Muslim world, including the countries of Iran, Iraq, Saudi Arabia Jordan and Libya.

Cutting is illegal in Tanzania, yet is still widely practiced. If caught, cutting practitioners and promoters can go to prison.

A girl's body belongs only to her, not to her mother, grandmother, boyfriend, husband, to her priest or Imam, to her community or to her country. Cutting a minor, who can't legally consent, is a violation of her human rights under the Convention of the Rights of the Child. Moreover, cutting of women and girls is a violation of their right to a healthy sexual life as naturally inscribed in their bodies.

Women who have been cut are up to

31% more likely to require a caesarean section in delivery, and babies born to women who have been cut are up to

55% more likely to be stillborn.

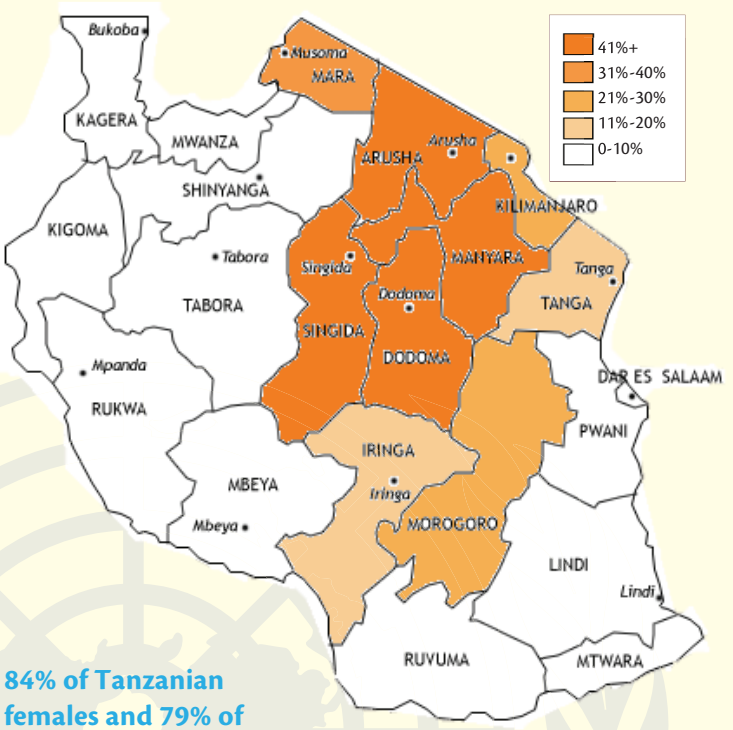
Tanzania first criminalized FGM in 1998 in the Sexual Offences Special Provisions Act (SOSPA) which amended the Penal Code as follows:

169A.- (I) 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.

(2) Any person who commits the offence of cruelty to children is liable on conviction to imprisonment for a, term of n**ot less than five years and not exceeding fifteen years, Or to a fine not exceeding three hundred thousand shillings, or to both the fine and imprisonment, and shall be ordered to pay compensation of an amount determined by the court to the person in respect of whom the offence was committed for the injuries caused to that person."**

Where is it occurring?



84% of Tanzanian females and 79% of males believe cutting should be stopped
(UNICEF 2011)

Region	Proportion of women who have undergone FGM/C
Manyara	71%
Dodoma	64%
Arusha	59%
Singida	51%
Mara	40%

Complications resulting from cutting

According to the WHO, the following complications often occur after cutting has been performed on a girl or woman. Aside from the extreme pain experienced because anaesthetics and pain killers are not commonly used, women and girls also face these risks:

At the time of the cutting:

- Extensive bleeding; anemia
- Shock
- Difficulty in passing urine or feaces
- Infections, including HIV
- Death

Long term complications:

- Vaginal cysts (up to the size of tennis balls)
- Lack of pleasure during vaginal intercourse
- Clitoral Neuroma, causing extremely sharp pains
- Vulval abscesses (deep infections)
- Recurrent urinary tract Infections
- Menstrual disorders
- Chronic pelvic infection leading to infertility
- Birth complications, 3-31% greater chance of needing a caesarian sections, 3-69% greater chance of postpartum hemorrhage, 15- 55% greater chance of stillbirth or early neonatal death, as well as obstetric fistula, and higher chance of maternal mortality
- Psychological trauma, fear of sexual intercourse, depression, anxiety and post-traumatic stress disorder.

The truth about cutting

- **Myth:** The clitoris will continue to grow as the girl gets older and so it must be removed.
- **Fact:** The clitoris is a perfectly designed piece of female anatomy that assists in childbirth. Its removal is detrimental to a woman's health.
- **Myth:** The external genitalia of a woman are unclean and can cause death of an infant during delivery.
- **Fact:** There is no truth to this statement, as can be seen in countries that do not practice cutting and have much lower infant mortality rates.
- **Myth:** In Singida region, it is believed that FGM cures a disease called 'lawalawa.'
- **Fact:** A milky white vaginal discharge is normal in babies of 2 – 3 days old: it is caused by a withdrawal of the pregnancy hormones which the baby was exposed to while in the womb. This is normal and usually resolves itself within 1 – 2 weeks.
- **Myth:** Girls who have not been cut will never get married and will be shunned by their communities.
- **Fact:** Girls who haven't been cut get married and have families, leading full productive lives. Especially as church and mosque leaders are coming out against the practices, attitudes are changing.

How should a police officer be dressed when entering a suspected scene of a female genital mutilation crime? UNFPA supported Gender and Children's Desk Police Training held in Mara in October 2013 answered this and many other questions.

The traditional leaders in the community (wazee wa mila) plan the FGM/C ceremony and choose the ngariba – a village may have up to 30 practitioners. The ngariba get paid a fee for each procedure, and they must give some of this to the wazee wa mila , who must authorize every cutting ceremony to take place. The wazee wa mila's influence over the process makes them key targets for any attempts to end cutting in Tanzania. It is important to think critically about who benefits financially from cutting and how that may be sustaining the practice, against the wishes of religious, health and political leaders.

What has been done to date

- ***Rights holders and duty bearers are being engaged and sensitised*** through the media and community meetings: this has included journalist trainings; teacher trainings and subsequent school events; meetings with traditional leaders.
- ***Capacity building has been provided to key duty bearers:*** this has included Police Gender and Children's Desk trainings with specific modules on FGM; meetings with traditional leaders; engagement with policy makers on FGM to change attitudes and to gain political commitment to make ending FGM a priority.
- ***Safe place have been supported for girls to stay during popular cutting periods*** such as the alternative rites of passage provided by Sisters of Charity Masanga Centre in Tarime, Mara Region during December;
- ***Enforcement of the law has been strenghtened.*** This includes enhanced skills in evidence collection and child friendly interview skills of law enforcement officers.
- ***Engaging in national level policy dialogues*** to ensure the momentum and commitment to end FGM is maintained.

What more is needed?

- The law criminalizing FGM needs to be enforced. This includes education campaigns and sensitization of leaders; training the police and judiciary; encouraging girls to report to police and supporting them to prepare personal safety plans.
- Health care providers should be trained to prevent FGM and to address complications of FGM. Important departments include maternal and child health services. Providers' attitudes and communication skills should also be addressed.
- Multi-faceted interventions matching a community's readiness to change. Alternative livelihood opportunities should be created for FGM practitioners only once a community has decided to abandon the practice.
- Religious leaders should be encouraged to speak out against FGM. They often hold very powerful positions in their communities to do so.
- Alternatives rites of passage for girls in practicing communities should be created and promoted. This only works where FGM is part of a social rite of passage and where it is accompanied with community sensitization.
- Parents should be supported to resist the pressure to cut their daughters.
- Qualitative and quantitative data from the local level should be collected to monitor progress and to inform locally relevant responses.
- Use the media. Public discussions aired by the media can help communities openly question and confront this traditional norm.

Partners

Provision of alternative rites of passage for girls at risk of FGM in Mara region:
Sisters of Charity
Masanga Centre
Tarime
Tel: +255 784 503 126

Awareness raising; media training and investigative journalism:
Tanzania Media Women's Association, nationwide including Zanzibar
Dar es Salaam office
Tel: +255 22 277 2681

School based human rights education; engagement of traditional leaders and FGM practitioners in FGM prevalent areas:
Children's Dignity Forum
Tarime office:+255 715 267 550, +255 784 267 550
Dar es Salaam office:
+255 22 2775010,
+255 768 638 182

Tailor made courses on human rights and FGM response for rights holders and duty bearers:
Gender Training Institute (GTI)
Dar es Salaam
Tel:+255 22 244 3450

Police response to FGM nationally:
Tanzania Police Female Network (TPFNet),
Ministry of Home Affairs
Police help line:**116,** 111, 112

Faith based organisations' response to FGM:
Tanzania Interfaith Partnership
Tiptz2012@gmail.com