

Fact Sheet

Female genital mutilation in the United Republic of Tanzania

What is female genital mutilation (FGM)?

FGM is any procedure that intentionally alters or injures the female genital organs for any non-medical reasons. It is recognized internationally as a human rights violation that causes severe short and long-term damage to both physical and psychological health.

Globally it is estimated that some 200 million girls and women alive today have undergone some form of FGM across 30 countries – predominantly in Africa, but also within the Middle East and Asia.

FGM is classified into four categories:¹



Table 1. Four major types of FGM performed

Type 1	Clitoridectomy	The partial or total removal of the clitoris.
Type 2	Excision	The removal of the clitoris and labia minora, with or without incision of the labia majora.
Type 3	Infibulation	The narrowing of the vaginal opening, with or without clitoridectomy.
Type 4	Other	All other harmful procedures to the female genitalia for non-medical purposes including, but not limited to, piercing, pricking, scraping, stretching, and cauterization.

Drivers of FGM

The significance of FGM varies between cultural contexts. Some reasons include (but are not limited to) religious reasons, perceived health or hygiene benefits, a method of demonstrating cultural or ethnic identity, and a method of preventing sexual initiation and protecting virginity. FGM is also practiced in some communities as a rite of passage – an event marking the important transition from child to matured woman ready for marriage and/or motherhood.²

Prevalence of FGM in Tanzania

The prevalence of FGM in Tanzania among women aged 15 to 49 years has decreased over the past decade from 18 per cent in 1996 to 10 per cent in 2016,³ but there are significant regional variations. The five regions with the highest prevalence of FGM include: Manyara (57.7 per cent of women aged 15 to 49 have undergone FGM); Dodoma (46.7 per cent); Arusha (41 per cent); Mara (32 per cent); and Singida (30.9 per cent). Data also indicates that women and girls aged 15 to 49 who live in rural areas

¹ WHO. (2018). Female genital mutilation. Retrieved 25 July 2019, from <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>.

² Vaitla, B., Taylor A., Van Horn, J. & Cislighi, B. (2017). Social Norms and Girls' Well-Being: Linking Theory and Practice. Washington, D.C.: Data2X.

³ Tanzania Demographic and Health Surveys 1996 and 2015/16.

are twice as likely as their urban counterparts to undergo FGM (12.7 per cent rural versus 5.3 per cent urban).⁴

Laws prohibiting FGM in Tanzania

The Sexual Offences Special Provisions Act (SOSPA) 1998, specifically Article 21 that amended Section 169 of the Penal Code, criminalizes and punishes the performance and procurement of FGM on girls under the age of 18 years in Tanzania. Section 169A(1) of the Penal Code determines the penalty for performing and procuring FGM in Tanzania to be imprisonment for a time, not less than five years and not more than 15 years, a fine of 300,000 Tanzanian shillings or both imprisonment and a fine.⁵



Photo: Karlien Truyens, UNFPA

The national response to eliminate FGM

The Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) is committed to ending violence against women and children in all its forms in Tanzania as an urgent priority. The five-year National Plan of Action to End Violence Against Women and Children (NPA-VAWC) 2017-2022⁶ identifies costed activities to address 18 key issues, specific to the Tanzanian context, that are grouped into eight thematic areas:

- Household economic strengthening
- Social norms and values
- Safe environments
- Parenting /family support and relationships
- Implementation and enforcement of laws
- Response and support services
- Safe schools and support services
- Coordination

Tackling the social norms and values that perpetuate harmful practices against women and girls, including FGM, is one of the key issues identified in the NPA and there is a set target to reduce the national prevalence of FGM over the course of the five-year strategy.

To further articulate the actions needed to end FGM for good, Tanzania is currently finalizing a National Strategy to End FGM. Internationally, Tanzania has signed and ratified a number of treaties that work to protect women and girls from harmful practices such as FGM, specifically Sustainable Development Goal 5, target 5.3, which aims to eliminate all harmful practices, including FGM, by 2030.

Root causes of FGM in Tanzania

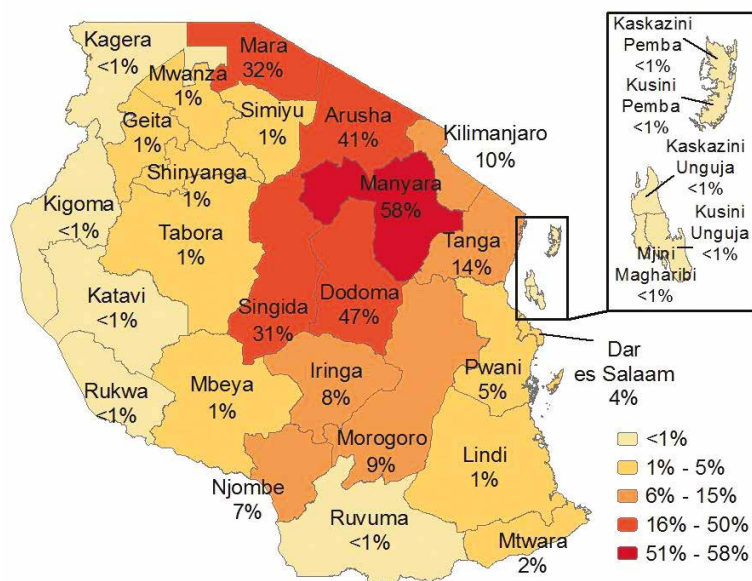
FGM remains primarily a cultural rather than a religious practice, occurring across different religious and ethnic groups in Tanzania and with wide variation between different ethnic groups within the same region. For example, in Mara Region FGM prevalence is high among the Kuria ethnic group, but much lower among others.

⁴ Ministry of Health, Community Development, Gender, Elderly and Children – MoHCDGEC/Tanzania Mainland, Ministry of Health (MoH)/Zanzibar, National Bureau of Statistics – NBS/Tanzania, Office of Chief Government Statistician – OCGS/Zanzibar, and ICF. 2016. Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015-16. Dar es Salaam/Tanzania: MoHCDGEC, MoH, NBS, OCGS, and ICF.

⁵ The United Republic of Tanzania (1998) The Sexual Offences Special Provisions Act 1998. Available at http://tanzania.go.tz/egov/uploads/documents/The_Sexual_Offence_Special_Provisions_Act_4-1998_en.pdf.

⁶ The Government of The United Republic of Tanzania (2016). The National Plan of Action to End Violence Against Women and Children in Tanzania 2017-2022. Retrieved from: http://www.mcdgc.go.tz/data/NPA_VAWC.pdf.

Figure 1. Regional prevalence of FGM in Tanzania



Social norms and values that perpetuate FGM

The reasons why young women and girls undergo FGM in some communities in Tanzania are deeply rooted in traditional culture and driven by constructed social norms and values. At its root is gender inequality.

- FGM is linked to climate change - there are indications of increasing linkages between FGM and climate change where bridal price assumes a higher importance due to poverty, but further analysis is required.

Norms and values that perpetuate FGM include:

- FGM is often motivated by beliefs about what is considered to be appropriate sexual behaviour, with some communities believing that it ensures and preserves virginity, marital faithfulness and prevents promiscuity. As such it serves to control a young woman's sexuality in a society where discussions about sexual behaviour are taboo.
- FGM is often a prerequisite to marriage and can influence the price a father receives for his daughter in communities where bridal price is a social norm, as such it is interlinked with child marriage.
- FGM is viewed as a rite of passage, marking the transition of a young girl from childhood to adulthood. Girls, and their mothers, are often subject to extreme social pressure, including pressure from their families, peers and communities and risk victimization, stigma and exclusion if they refuse to be cut.
- FGM is seen as a cure for *lawalawa* - a term linked to vaginal or urinary tract infections. This belief, which is prevalent among some community groups, may be a pretext under which to continue the practice since its criminalization in 1998.



Photo: Julius Moshiro, European Union



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UNFPA's strategies for the abandonment of FGM in Tanzania

UNFPA Tanzania recognizes that ending FGM in Tanzania requires a multisectoral and diverse approach and we work at both the policy level (with key Ministries such as MoHCDGEC) supporting the Government of Tanzania through the NPA-VAWC and with our partners at the implementation level. Our focus is on regions where FGM prevalence is high.

The promising decline in FGM prevalence, as indicated in the Tanzania Demographic and Health Survey 2015/16, suggests that these efforts are beginning to bear fruit, but it is acknowledged that in some communities the practice of FGM is still universal.

Our programme activities include:

1. Building the capacity of duty bearers: The Tanzanian Police are on the front line of efforts to ensure that laws prohibiting FGM are enforced. UNFPA Tanzania is a leading partner of the Tanzania Police Force and has strengthened their capacity to both detect and respond effectively to FGM cases. We have supported the establishment of 420 [Police Gender and Children's Desks \(PGCDs\)](#) across the country where women and girls who are at risk of or have been subjected to gender-based violence (GBV), including FGM, can access health, legal and psychosocial support.

Over 400 police officers have received training on the Gender and Children's Desk Manual, a training curriculum on GBV that incorporates FGM. The feedback from NGOs providing safe havens for girls fleeing FGM is that there has been a sea change in the attitude of the

police to FGM subsequent to the trainings and they are now the biggest ally in the battle to end this practice. This initiative needs to be expanded so that it is country-wide and the government is committed to this.

A Gender Responsive Reporting System has also been set up to collect data from all 420 PGCDs to determine how many cases of FGM, rape, and other incidences of GBV reported to the police are successfully investigated, prosecuted and result in the perpetrator being sentenced.

2. Alternative Rites of Passage (ARP) programmes consist of a series of activities that replace FGM with non-harmful, traditional rituals to mark and celebrate a girl's initiation into adulthood. The Association for the Termination of Female Genital Mutilation (ATFGM) has established an ARP programme in Masanga, Mara Region, and Hope for Women and Girls runs ARP programmes in Butiama and Serengeti. At the camps where ARP programmes are held, girls who have sought protection from FGM learn about their culture and sexual and reproductive health and rights. The ARP culminates in a graduation ceremony.

Psychosocial support is also provided to parents of girls at the camp to ensure that they do not cut their daughters on their return home. More recently Tanzania Gender Networking Programme has started a parental outreach programme.

UNFPA also hosted a retreat for anti-FGM first line responders, which included staff from ATFGM and Hope for Women and Girls, to outline strategies for first line responders to prevent and manage stress as well as to safeguard their personal and organizational security as they tackle FGM in their communities.





Photo: Emanuel Feruzi, European Union

3. Increasing social support for ending FGM: Programme activities engage elders, religious leaders and other influential voices, and FGM 'cutters' – who for so long have been advocates of FGM – as champions of ending FGM efforts. Activities raise awareness about human rights and the harmful effects of FGM, create spaces for dialogue and community leadership and challenge social norms and values that perpetuate harmful practices against women and girls, including FGM. Maasai elders, among others, are actively engaged in the Anti-FGM Campaign in their communities. Activities also focus on alternative income-generation sources for FGM cutters to eliminate the financial drivers of FGM.

At the national level a [dialogue](#) led by government – with multi-stakeholder participation from local government, development partners, civil society, and academia – was held in the run-up to International Day of the Girl Child, 2018, to accelerate efforts to end all forms of violence against women and children, including FGM.

4. Multi-media communication initiatives: Communication and advocacy efforts, including both [traditional and social media](#), ensure a cohesive and sustained stream of information about FGM and amplify discussions at the community and national levels about FGM and its harmful impacts.

A manual on GBV, that includes FGM, has been developed and over 100 journalists have been trained, resulting in more evidenced-based coverage of FGM and investigative journalism that has revealed new forms of FGM.

5. Empowerment of girls, adolescents and women: [Programme activities](#) seek to empower women and girls, recognizing that no one can be greater advocates for change than women and girls themselves.

Knowledge Centres have been established in communities that provide a common platform to drive socioeconomic change and focus on both prevention and response to all forms of GBV, including FGM. The centres also run entrepreneurship programmes that economically empower young girls.

6. Working with FGM survivors: Rhobi Samwelly nearly bled to death when she was subjected to FGM as a young girl and has dedicated her life to saving girls from FGM and child marriage. She has set up two safe houses in Butiama and Serengeti that act as a refuge for girls fleeing FGM during the biannual cutting season and has taken her story to the international stage, advocating for an end to FGM at the United Nations General Assembly in 2019. She appears in the award-winning film, [“In the Name of Your Daughter”](#), currently being screened around the world.



Photo: Warren Bright, UNFPA

7. Linkages and systematic referrals between national and decentralized systems and services: UNFPA supports the work of the National Child Helpline, operated by C-Sema, that responds to children in need of care and protection, including those at risk of FGM, and provides linkages and referrals to duty bearers at the community level. The Helpline also consolidates call data to strengthen national protection services.

In 2019, representatives from C-Sema attended a regional consultation on National Child Helplines to strengthen cross-border coordination and collaboration to prevent and respond to violence against children, including FGM.

8. Mapping for FGM: Innovative mapping technologies, such as OpenStreetMap, are being used to strengthen FGM prevention and response systems. Using open-source data, volunteers fill in the gaps on rural maps – compensating for the lack of information from demographic and health or household surveys in rural and remote areas of Tanzania. The benefits are two-fold: the detailed maps help local NGOs, grassroots organizations, activists and police to physically get to girls at risk of FGM, while girls and communities can use the maps to locate rescue centres and safe houses.

9. Cross-border initiative: UNFPA Tanzania has been spearheading the process of supporting the Government of the United Republic of Tanzania in disseminating the Cross-border Anti-Female Genital Mutilation Declaration⁷ by mobilizing stakeholders working in the border areas of Mara Region (specifically the Tarime-Sirari border) as a strategic pilot area, as well as other partners who are well-placed to intervene and tackle cross-border FGM.



Photo: Gonzalo Bell, UNFPA

⁷ In April 2019 Ministers [and representatives] from the Federal Democratic Republic of Ethiopia, Republic of Kenya, Federal Republic of Somalia, United Republic of Tanzania and Republic of Uganda gathered in Mombasa, Kenya for a ministerial-level meeting on strengthening coordination and cooperation to address FGM. The meeting established a declaration and plan of action to end cross-border FGM. A key recommendation resulting from the ministerial-level meeting was that all governments should return to their respective countries and domesticate the newly-established Cross-Border Anti-FGM Plan of Action, which translated how to implement the declaration signed by all East African Community Ministers.