The United Republic of Tanzania is an East African coastal country. There is great ethnic diversity in Tanzania, with 150 different ethnic groups; but 95 per cent of the population belong to Bantu groups, the largest of which are the Sukuma with twelve per cent, followed by the Nyamwezi (nine per cent), the Hehet/Bena (eight per cent), the Haya (seven per cent) and the Swahili (six per cent). The Masai represent three per cent of the population.

On the whole, Tanzanian women are at a disadvantage socially and economically despite legislation guaranteeing gender equality.

Female Genital Mutilation (FGM) refers to all practices involving partial or complete removal of or injury to the external sexual organs of women and girls for non-medical reasons. The World Health Organisation (WHO) distinguishes among four types of FGM based on the invasiveness of the procedure.

14.6 per cent of all women between 15 and 49 have been subjected to FGM according to the Demographic and Health Survey (DHS) of 2004-2005. This figure indicates a slight decline (3 percentage points) of the practice since the 1996 DHS. The decline is also confirmed by the fact that among women aged 15 to 19, nine per cent report that they have been cut, compared to 23 percent among women 45 to 49 years old.

Uncertainty about an actual decline in the practice remains, however. Because the legal situation had changed since the last survey, it may be that some of those queried claimed that they had not been cut although in fact they had.

A large majority of women who were cut underwent excision (Type II of the WHO classification), in which the clitoris and labia minora are partially or entirely removed. Only two per cent were subjected to the most severe form of mutilation, infibulation (WHO Type III, involving narrowing of the vagina with (partial) removal of the labia minora/majora and/or the clitoris).

There are major regional variations in the prevalence of female genital mutilation as well as a marked urban/rural gap: in rural areas 18 per cent of women have been subjected to FGM; in urban areas seven per cent. FGM is most widespread in the Manyara (81 per cent), Dodoma (68 per cent), Arusha (55 per cent), Singida (43 per cent) and Mara (38 per cent) regions. In other parts of Tanzania, the prevalence is lower than 0.5 per cent, as in Mtwara, Kagera, Zanzibar and Pemba. The regional differences may be accounted for by the occurrence of high prevalence rates where traditions of the ethnic groups living there include FGM.

Unlike other countries, the differences between the various religious groups in Tanzania tend to be minimal in regard to FGM. Only eleven per cent of Muslims are cut, for example – fewer than either Roman Catholics (14 per cent) or Protestants (20 per cent).

The age at which the procedure is conducted varies more widely in Tanzania than in other countries. 28 per cent of girls have already been cut at the age of one year, just as many (29 per cent) are not cut until they are 13 years or older.

Here, however, there is a clear difference between urban and rural areas. While in urban areas 35% of girls are cut when they are less than one year old, only 28% of girls in rural areas are cut at that age. Only 19% of girls in urban areas are older than 13 when they are cut; in rural areas 31% of them are. The age for the procedure...
also varies from region to region, the tendency being toward cutting girls at a younger age.

FGM is seldom carried out by medical personnel (one per cent of all cases). The majority of girls are cut by circumcisers (82 per cent) or traditional midwives (14 per cent). The DHS in Tanzania did not inquire into the reasons why girls were subjected to FGM.

Of all women and girls who know of the practice, 90 per cent believe it should be abolished. In areas where the FGM tradition is weak, this comes as no surprise. In some areas with a high prevalence a change in attitude is also observable, however. For example in Dodoma, only five per cent of women are in favour of continuing the practice. But in other areas with a high prevalence many people still favour continuation of the practice, for example, in Manyara 17 per cent and in Arusha 15 per cent of those surveyed.

Generally speaking, there appears to be a connection between rejection of the practice and the educational level and living standard of those surveyed: the higher these are, the greater the probability that people will be critical of the practice. The position of men vis-à-vis FGM is similar to that of women, even if somewhat more men are in favour of maintaining the practice (nine per cent of men compared to five per cent of women).

APPROACHES  Tanzania has ratified a number of international conventions condemning female genital mutilation. Among these are the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the UN Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child, and the Maputo Protocol on the Rights of Women in Africa, a protocol to the African Charter on Human and People's Rights, which explicitly speaks out against FGM and other harmful practices.

On the national level, the Sexual Offences (Special Provision) Act has been in force since 1998. Among its provisions, this act, a supplement to the penal code, makes FGM punishable by law. It provides for five to 15 years of imprisonment and/or a fine of up to 300,000 Tanzanian shillings (about USD 230).

According to Amnesty International, however, the law has seldom been applied since it was passed, and in any case it only provides for the protection of girls under 18 years of age. Besides this, the numerous non-governmental organisations in Tanzania working against FGM report that some girls who at first managed to avoid genital mutilation were then forced to submit to it when they were over 18, when the practice is no longer illegal.

Sources
For further information about the work of GIZ on FGM: www.giz.de/fgm.