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Polycarp Africanus

Female Genital Cutting and Gender Relations in Kurya Society

PETER LANG

Chapter One
Overview of the Research Problem

1.0 Introduction

Female genital cutting[2] is regarded as one of the most problematic issues in sexual and reproductive health. This recognition culminated in international and national efforts to curb the practice. Tanzania has shown concern and commitment to address the practice through various initiatives. Despite efforts made, female genital cutting still persists in some areas of the country. This study explored meanings attached to the practice, taking into account gender influence in the construction of meanings in the Kurya social context where the practice is prevalent.

1.1 Background to the Research Problem

The origin of female genital cutting is unknown but the practice predates Christianity and Islam in today's practising communities (Wright, 1996:10). Globally, over 100 million living women and girls are estimated to have undergone the procedure, most of them in African countries where the practice is common (Manji et al, 2006:675). Female genital cutting is prevalent in more than 28 African countries and among African immigrants in the Middle East, Malaysia, Western Europe, Canada, Australia, New Zealand and the United States of America (Jacquemin, 2010:16-17; Morrone et al, 2002:258; Obiora, 1997: 298; Shell-Duncan et al, 2011:1276).

Estimates indicate that, in Africa alone, more than three million girls are at risk of genital cutting every year (El-Shawarby and Rymer, 2008:253; Population Reference Bureau, 2008:2). The overall prevalence rates of female genital cutting vary widely across countries. For instance, in Sudan, Ethiopia and Tanzania, the prevalence is about 90 percent, 74 percent and 15 percent, respectively in the 15 to 49 age group (Population Reference Bureau, 2008:2,5).

Although an estimated figure of the practice in Tanzania seems to be low compared with some other African countries, considerable variation exists in

2 There have been controversies over the use of terms referring to the practice. In this study, female genital cutting was used for the conceptual purpose for reasons that will be explained later in the background to the research problem.

the country. Available data show that the practice is higher in some parts than others. For instance, according to the Tanzania Demographic and Health Survey of 2004-05, in Dodoma Region, central Tanzania, the prevalence rate is 68 percent.

Female genital cutting is also prevalent in Mara Region, which is one of the leading practising Regions in Tanzania. In Mara Region, 43 percent of women are estimated to have been cut [National Bureau of Statistics (NBS) Tanzania and ORC Macro, 2005:250]. In Tarime District, part of Mara Region, the practice accounts for 85 percent (Bentzen and Talle, 2007:22).

Central reasons that justify opposition to female genital cutting at international and local levels, by both western and non-western activists are related to health and human rights. WHO, UNICEF, Amnesty International and numerous activists are against the practice, claiming that it has negative consequences for the physical, mental and sexual health of girls and women who are subjected to genital cutting.

Some of the said health consequences of the practice include bleeding, pain, reproductive tract infection, infertility, Human Immunodeficiency Virus infection, delivery complications and obstetric fistula (Eke and Nkanginieme, 1999:1082-83; El-Shawarby and Rymer, 2008:254; WHO, 2008:11). However, it should be noted that health consequences associated with the practice are the subject of hot debate because in some practising communities, the consequences have not been experienced (Klouman et al, 2005:113; Obermeyer, 2005:449).

In spite of the debate surrounding health consequences associated with female genital cutting, the practice has gained recognition as a public health issue, gender-based violence, and as a discriminatory and degrading practice against the dignity of women as well as girls. The practice is condemned internationally, for violating the women's and girls' human rights. The rights that the practice is said to violate include the right to life as the practice may cause the death of individuals who undergo the procedure.

The practice is strongly condemned as an infringement of human rights with regard to the Universal Declaration on Human Rights of 1948, particularly Article 5 that stipulates, " … no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment …" (WHO, 2008:8). According to Boyle et al (2001:528), female genital cutting also impinges on individual rights to education, when girls are taken out of school to undergo the procedure.

Some writers referred female genital cutting to female circumcision (see, for example, Upvall, 2009:361). Although such authors used the phrase female circumcision analogous to male circumcision, female practice is not the same as male circumcision (Monahan, 2008:21). Anatomically, it is acknowledged that clitoridectomy or the clitoral removal, the most common form of female genital

cutting, could be equal to male castration or penisectomy – cutting off the penis (Boyle et al, 2002:9).

However, while the clitoris is cut for the female, the penis is not cut for men. Only the foreskin or the prepuce that cover the penis is removed, and does not damage the penis as an organ for sexual pleasure. Consequently, clitoridectomy damages or destroys the clitoris, the sexual pleasure organ in the female (Gruenbaum, 2001:2). Owing to this recognition, World Health Organization jointly with United Nations Children Fund and Amnesty International adopted the term "female genital mutilation" (FGM), instead of female circumcision in order to emphasize the gravity of the act, to establish a clear linguistic differences from the male circumcision and to support advocacy towards elimination of the practice (WHO, 2008:3).

The WHO (2008:4) describes the practice to include, " … all procedures that involve partial or total removal of female external genitalia and / or injury to female genital organs for cultural or any other non-therapeutic reasons …". The term female genital mutilation which in the context of WHO implies harm or evil intent, has been debated and perceived as a western concept, which is judgmental on other peoples' norms and values (Bailey, 2003:79; Gruenbaum, 2001:3; Monahan, 2008:22).

In order to avoid controversy over the terms, some individuals and groups adopted the term "female genital cutting," as it was considered a less judgmental term when referring to the practice. For example, the term female genital cutting has been adopted in studies conducted by Anoma and colleagues (2008), El-Shawarby and co-workers (2008), Tanzania Demographic and Health Survey (2005) and Winterbottom and co-authors (2009).

In this study, the term female genital cutting (FGC) has been adopted for conceptual purposes. In Tanzania, 91 percent of the practice involves the cutting and removal of flesh and, in very rare cases infibulation and other minor forms take place specifically in the Eastern and Southern highlands of the country [National Bureau of Statistics (NBS) Tanzania and ORC Macro, 2005:251].

However, adoption of the term female genital cutting in this study does not mean downgrading the importance of the problem; it is an attempt to conceptualize the practice in what is perceived to be a less judgemental way, to help grasp underlying meanings of the practice in a local context where it is prevalent. It should be understood that different terms can be used to refer to the practice, depending on the context of the practice and the author's viewpoint.

The World Health Organisation classifies the practice into four types: Type one, which is clitoridectomy, involves the partial or entire removal of the clitoris, sometimes together with the prepuce. Type two, which is excision, is described as partial or entire removal of the clitoris and *labia minora*, with or without excision

of *labia majora*. Type three, described as infibulation, involves narrowing of the vaginal opening (orifice) through creation of a covering seal, formed by cutting and repositioning the inner, and sometimes outer *labia*, with or without removal (excision) of the clitoris. Type four, which is unclassified, includes pricking, piercing or incision of the clitoris and / or labia, and cauterization by burning of the clitoris and surrounding tissue (WHO, 2008:4). WHO condemns and prohibits all forms of the practice.

In Tanzania, all forms of the practice are illegal under the Sexual Offences Special Provisions Act Number. 4 of 1998 [National Bureau of Statistics (NBS) Tanzania and ORC Macro, 2005:247]. The Tanzanian government has also adopted several International Conventions, Declarations and Programmes against the practice and other forms of violence and oppression against women as well as girls. They include the following: Convention on the Rights of the Child of 1989, Convention on Elimination of all forms of Discrimination against Women, Declaration and Programme of Action of the International Conference on Population and Development of 1994 (Muteshi and Sass, 2005:19).

Since women and girls are considered the most vulnerable to female genital cutting, women have mostly done campaigning against the practice in Tanzania. Some women's organizations against the practice in Tanzania include the Tanzania Gender Networking Programme (TGNP), the Women Wake-Up Para-legal Unit (WOWAP), Feminist Activists Coalition (FEMAC) and the Tanzania Media Women's Association (TAMWA).

These organisations have been involved in providing education, conducting seminars and raising awareness of the practising communities in order to stop female genital cutting. The campaigns have proved successful in some areas such as Same District in Kilimanjaro Region, where practitioners officially announced they were abandoning the practice. But in some areas, such as parts of Arusha and Mara Regions, the practice continues unabated [National Bureau of Statistics (NBS) Tanzania and ORC Macro, 2005:247].

Most societies practising female genital cutting in East Africa are characterized by the patriarchal system of social relations (Creighton and Omari, 1995:213). According to Meena (1992:76), "patriarchy refers to a specific form of male domination based on the powerful role of fatherhood". It is a system of social structures and practices in which men dominate women (Walby, 1990:20). It is argued that most East African societies where gender relations are patriarchal, men are the rightful leaders, spokesmen and decision-makers (Joshua, 2001:40).

1.2 Statement of the Problem

Female genital cutting is viewed as one of the central problematic issues in sexual and reproductive health (Russo and Pirlott, 2006:179). It has been scientifically established that the practice is associated with physical and mental complications in both girl and women victims of the procedure (WHO, 2008:11). Such recognition culminated in international and national efforts to curb the practice. The government of Tanzania has shown concern and commitment to stop female genital cutting through adoption of various International Conventions, Declarations, Programmes and enactment of the law against the practice, including other forms of violence and oppression against women as well as girls in the country. Efforts to put an end to the practice have been made by various stakeholders, including Non-Governmental Organizations, both at national and local levels.

Despite the various initiatives that have been taken to curb female genital cutting, the practice still prevails in Tanzania [see also National Bureau of Statistics (NBS), Tanzania and ORC Macro, 2005:247]. Although the practice has been abandoned in some areas of the country, in the Kurya social context it continues unabated. Therefore, the questions, which need an answer are, why is the practice prevalent? Is it because intervention strategies have not considered gender an important aspect of female genital cutting? What are socio-cultural bases of the practice?

Socio-cultural bases of female genital cutting are under-researched and hence information that accounts for the continuation of the practice is limited. This study sought to establish reasons why female genital cutting is prevalent in Kurya social context, through exploration of the meanings attached to the practice, taking into account gender as an important aspect in construction of meanings.

1.3 Research Objectives

The study generally intended to increase understanding of the influence of gender on the social construction of meanings of the practice of female genital cutting. This was to be achieved through the following specific objectives:

1.1.1 To explore meanings and significance that Kurya people attach to the practice of female genital cutting;
1.1.2 To identify the role of Kurya males as well as females in the practice of female genital cutting;
1.1.3 To identify gendered power relations, which engender the practice of female genital cutting; and

1.1.4 To examine intervention strategies against the practice of female genital cutting.

1.4 Research Questions

The study was guided by the following research questions:

1.4.1 Why is female genital cutting prevalent in Kurya social context?
1.4.2 How are Kurya males and females involved in propagating female genital cutting?
1.4.3 What types of gendered power relations engender the practice?
1.4.4 How are Kurya males and females involved in intervention strategies?

1.5 Significance of the Study

This study will contribute to knowledge of Kurya meanings and significance regarding female genital cutting with a gender perspective. Through revealing the influence of gender in the construction of the meanings attached to the practice, the study will contribute towards addressing the problem of female genital cutting at the local context. By uncovering meanings attached to the practice, the study revealed the missing link between intervention discourses against female genital cutting and local discourse regarding the practice. Hence, the study will provide baseline information for designing social change programmes in the problem area. The study is timely and pertinent because female genital cutting viewed as a global health and developmental issue needs an adequate solution. Since one gender is the most affected, the practice is related to gender inequality.

Female genital cutting has been widely documented for causing increased susceptibility to HIV infection and maternal complications, including obstructed labour that may lead to an increased chance of infant and maternal mortality (Lane and Rubinstein, 1996:33; Morison et al, 2001:643; Russo and Pirlott, 2006:176). The study will be valuable to researchers, professionals, students and those interested in knowledge about the practice.